

made my life as unhappy as possible. The general atmosphere was anything but pleasant, and none of the younger members of the family had a happy childhood. I used to resent this and feel very bitter about it, though now, when I consider all the worries the large family must have entailed, I can make due allowances. There is no doubt, however, that the trials and tribulations due to the excessive size of the family permanently affected the physical health, and to a far greater extent the happiness, of both parents and children.

I am accustomed to read glowing articles describing the transcending joys of being one of a large family, generally written by people who have taken good care not to have their own quiver too full. Somehow or other these joys seem to have left *us* cold. Of the ten children in my family three are still unmarried, two have one child each, two have two children each, and three have three children each.

I have not hesitated to discuss frankly the somewhat intimate details of my own family life, because I think there is a real need for the expression of opinion by those who *know* what being one of a large family means, to correct the opinions of those who only *theorize* about it. And it must not be supposed that our expe-

rience was exceptionally unfortunate. On the contrary, we came of a pretty healthy stock, we always had plenty of wholesome food, warm clothing, sunlight, and fresh air. We were middle-class people, living in a big house, and able to afford domestic servants. We did not suffer from absolute poverty at all. Our poverty was only relative. The worst factor was the unfortunate psychological effect of too many children, in mildly unfavourable financial circumstances, on both our parents and ourselves. Consider the plight of my poor mother. For eighteen years she was either pregnant or suckling. For eighteen years she was never without one baby under two years of age—generally there were two. For eighteen years she could scarcely have had a night's unbroken sleep.

Imagine the case of a similarly large family less fortunately placed, where the poverty is acute, where there is a shortage of food and clothing, where the housing is inadequate, where there is nobody to help the harassed mother with her swarm of children, where there is not even enough sunlight and fresh air, where the family are of poor stock to begin with, where the father is unemployed or unemployable, the mother unintelligent or thriftless,

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and one parent or both drunkards. There are many large families whose position is worsened by many of these disadvantages, there are few who do not suffer from at least one of them.

Large families are less frequent to-day than they were when I was born, but the difference must not be exaggerated—I have only just completed one-half of man's allotted span. One is apt to under-estimate the frequency of large families, because in them the death-rate is so high that very often only a small number of the children survive, and unless careful inquiries are made as to how many have died, one is likely to mistake them for small families.

The most cursory study of vital statistics illustrates the sheer wastefulness of excessively large families. As the family increases in size from two upwards, the death-rate increases, at first slowly, later by leaps and bounds. Dr. Ploetz,<sup>1</sup> a former President of the German Eugenics Society, gave particulars of the infantile mortality among 26,429 children of 5,236 working-class families in Saxony. In the families which had more than two children the infantile mortality in the first year of life was as follows :—

<sup>1</sup> Quoted by Dr. J. Rutgers, *Eugenics and Birth Control*, Dresden, 1923, p. 23.

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	PER CENT.
Of all first-born children .. . .	22·9
„ second .. . .	20·4
„ third .. . .	21·2
„ fourth .. . .	23·2
„ fifth .. . .	26·3
„ sixth .. . .	28·9
„ seventh .. . .	33·1
„ eighth .. . .	33·2
„ ninth .. . .	36·1
„ tenth .. . .	41·3
„ eleventh .. . .	51·4
„ twelfth .. . .	59·7

Siegel, the German observer whose carefully selected extracts are so helpful to medical opponents of Birth Control, quotes these figures, which he corroborates with additional observations of his own on the increasing mortality rate as the number of conceptions in a family becomes greater. He says :—

It is of no practical importance whether this mortality is due to purely biological, or to a combination of social and biological, forces. In any case, it is quite clear that there is a higher mortality among the children of marriages with more than five, six, or seven children.

We find further corroborative evidence in a Danish table published in a book by Dr. J. de Bruin and Dr. C. de Lange.<sup>2</sup>

<sup>1</sup> Siegel, *op. cit.*, p. 134.

<sup>2</sup> *De Voeding Van Het Kind in Het Eerste Levensjaar*, Amsterdam, 1905.

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In a working class population the infantile mortality per hundred children was as follows :—

	PER CENT.
In families with 1 child .. ..	20·1
„ „ „ 2 children .. ..	19·1
„ „ „ 3 „ .. ..	25·1
„ „ „ 4 „ .. ..	23·4
„ „ „ 5 „ .. ..	24·5
„ „ „ 6 „ .. ..	31·1
„ „ „ 7 „ .. ..	35·8
„ „ „ 8 „ .. ..	40·3
„ „ „ 9 „ .. ..	52·5

In the journal *Sozialharmonie* of October 3, 1905, the following statistics are given :—

	PER CENT.
Families of 1-4 children .. ..	22·6 infantile mortality
„ 5-8 „ .. ..	30·2 „ „
„ 9-12 „ .. ..	49·5 „ „

How far this higher mortality is due to attempts at abortion, how far to exhaustion of the mother, and consequent congenital weakness of the offspring, how far to lack of individual care owing to the competition of the other children, and how far to insufficient feeding and inadequate housing, it is impossible to say. Under ideal circumstances it might be possible to lower this excessive mortality in large families, but we are dealing with facts as they are, not as they would be in Utopia, and

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it is impossible to escape the conclusion that excessively large families are wasteful.

I do not advocate the one, two, or three child family as a general rule, though supporters of Birth Control are popularly represented by their opponents as doing so universally. I consider rather that some parents ought to have no children at all, and that others ought to have a number suitable to their physical, mental, and economic circumstances. There are few parents whose conditions are so favourable that they can do well with more than six. Even if the State assumes the financial responsibility of supporting the children of healthy parents, as I think it should and eventually will, six will probably be the largest number that any ordinary woman can bear and rear to advantage.

Our birth-rate<sup>1</sup> in this country is already decreasing regularly, though our population is still increasing by more than 200,000 every year. If the present trend continues we shall, within comparatively few years, reach a condition when the population will be stationary, or will perhaps even decrease. We can turn,

<sup>1</sup> Many people seem to be confused by the difference between the birth-rate and the number of children born. The birth-rate may be decreasing, and yet the actual number of children born each year may for a long time go on increasing.

therefore, from the menace of quantity to the menace of quality.

What is needed is the application of Birth Control knowledge so that no woman shall be burdened beyond her capacity—physical, mental, and economic. To achieve this end, contraceptive knowledge must be made available to those who labour under the disadvantage of poverty, squalor, or ill-health.

It is frequently stated by opponents of Birth Control that those most in need of family limitation are so careless and thriftless that they would not use any contraceptive method even if they knew about it. It is amazing that a man of the distinction of Sir Arthur Newsholme<sup>1</sup> should hold this view, which is so diametrically opposed to the facts. Any doctor who has worked at a Birth Control Clinic for the poor will unhesitatingly bear testimony to the contrary. The poor mothers who used to come to the Walworth Welfare Centre, and those who come now to the Cromer Welfare Centre<sup>2</sup>—either spontaneously, or on the recommendation of doctors, friends or social workers—are pathetically eager to safeguard their own welfare and that of their families by the avoidance of

<sup>1</sup> *Medical Views on Birth Control*, p. 159.

<sup>2</sup> 59, Cromer Street, Gray's Inn Road, London, W.C.

excessive motherhood! Their husbands are little less eager.

Let the medical opponents of Birth Control themselves found such a clinic for the study of Contraception, and they will learn much that is now hidden from them. I do not suggest that *none* of the poor are too careless and thriftless to apply the methods taught them—some of them are, of course, but it is not true in general. And I am quite ready to admit that, even of those who come for advice, failures may occur from time to time in a few cases. Nobody disputes that. But even if every one of the patients could be shown to fall pregnant sooner or later owing to some fault in themselves or in the method, that would still not render the teaching valueless. If the instruction only enables the woman to avoid pregnancy for a few years or a few months longer than she otherwise would, and for health or economic reasons she needs to avoid it, useful work has undoubtedly been done. But experience shows that the teaching is really far more successful than this.

The opponents of Birth Control make a curious demand for *perfection* in the matter of contraceptives. They will apparently be satisfied with nothing less than an absolutely fool-

proof method, which can be used by a person without any intelligence and yet yield 100 % of success. It must not entail a visit to a doctor ; the woman must be able to choose it herself without any special fitting ; it must require no expense, no manipulation, no need for cleanliness, no care or trouble of any sort. It must under no conceivable circumstances be able to cause any harm.

But why this sudden clamour for perfection exclusively in the matter of contraceptives ? We do not demand it concerning spectacles or false teeth. We never hear complaints that spectacles are entirely unsatisfactory, because a person with defective sight cannot go to a shop and pick out for himself a pair which will suit his eyes perfectly. Nobody alleges that spectacles are dangerous because there is a remote possibility that something may break the spectacles and the glass may cut him, or that if he lets the frames get bent so that the glasses are at the wrong angle he may harm his sight. Nobody derides the dentist because he has not invented stock sets of artificial teeth from which the patient may choose a set for himself without any sort of fitting by an expert. Nobody alleges that false teeth are a danger to the community, although we know quite well that

people have occasionally been choked by them, and that some sets have been swallowed and caused death. We do not suggest that false teeth should be avoided, because, if left in the mouth for a month or so at the time without removal, they will become filthy and offensive and give rise to inflammation or ulceration.

But these are precisely the sort of charges that are brought against contraceptives. Even if it could be proved that all methods of Birth Control were more or less harmful either physically or psychologically, we should still have to ask ourselves, *Is the harm caused by contraceptives greater or less than the harm we aim at avoiding by their use ?* Careful consideration of this question leads me to the conclusion that the use of almost all the contraceptives known to us is frequently amply justified.

I do not intend to discuss contraceptive methods at length in this article. I have done so elsewhere, and the reader who is interested can follow the gradual evolution of my views by consulting the various articles I have written during the last six years.<sup>1</sup> But I do want to say

<sup>1</sup> (a) *Hygienic Methods of Family Limitation*, London, 1922.  
 (b) *Contraceptive Technique*, Presidential Address, Contraceptive Section, 5th International Neo-Malthusian and Birth Control Conference, London, 1922.  
 (c) "Contraceptive Technique: A Consideration of 1,400 Cases," *The Practitioner*, London, July, 1923.

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Certain opponents of Contraception have raised the objection that all vaginal pessaries require "a manipulation of her own genital organs which must be repugnant to every nice-minded woman." Why a nice-minded woman should object to touching her genitals I cannot imagine. But I have never heard anybody assert that the cleansing of the glans penis, or the use of a condom, involved a manipulation of his genital organs which must be repugnant to every nice-minded man.

Those who draw their conclusions from wide experience, and not from fanciful theories evolved in the study or the cloister, are aware that contraceptives are available which are easy, harmless, and almost perfectly certain. For the minority of cases, for which such contraceptives are unsuitable, there remains the alternative of *voluntary* sterilization. This can be achieved by tying and cutting the sperm-ducts in the man, or the Fallopian tubes in the woman. The operation is easy, safe, and harmless. If done with the consent of the patient, and providing the patient is legally capable of giving consent,<sup>1</sup> sterilization is legal in England. But since the operation is irrevocable, it should not be carried

<sup>1</sup> Insane persons and mental defectives are not capable of giving such consent.

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out without adequate reason. No surgeon of repute would perform it, for instance, in healthy young men or women who might ask for it simply because they wanted to be free to indulge in sexual intercourse without the fear of pregnancy resulting. The younger the patient the more carefully should the surgeon consider before he decides that the indications for the operation are adequate.

*Compulsory* sterilization of the racially unfit is not legal in England, though it is permitted, or even prescribed, by law in certain other countries. In my opinion, it is a measure desirable in the interest of racial health, and I have little doubt that its adoption in this country is only a matter of time.

I might sum up my views on Birth Control by quoting a passage which I have written elsewhere<sup>1</sup> :—

In many cases of maternal ill-health the mother's illness is aggravated by maternity, and either permanent or temporary avoidance of parenthood may be called for in the mother's own interest.

If either of the parents is unhealthy, it may be necessary in the interest of the unborn child to prescribe avoidance of parenthood, either for a time or for ever. No crime is

<sup>1</sup> *Hymen*, pp. 78-85.

greater than that of bringing a child into the world handicapped from its birth by the inheritance of actual disease, deficient resistance to disease, or deficient life-energy.

Prohibition of parenthood is often necessary in the interest of Society. Physically or mentally deficient children are of no use to Society—they are indeed a burden upon it, both in times of peace and in times of war. They are often not only unproductive—they actually handicap the progress of useful citizens by competing with them in the struggle for existence ; and, indeed, with our modern extreme humanitarianism, we often pamper the weed to the detriment of the useful plant.

Even with healthy parents, the limitation of offspring will always be necessary, for many reasons :—

1. To prevent debility in the mother due to too frequent child-bearing. The period of pregnancy and suckling should last eighteen months, and most mothers need nine months' rest before they begin again the strain of another reproductive cycle. The optimum interval between births<sup>1</sup> is from two to three years.
2. If the mother is debilitated by too frequent pregnancies, the unborn child is enfeebled by its mother's debility—it is robbed of its birthright before it comes into the world.
3. The first two years of a child's life are critical years, and during this time it needs its mother's undivided attention. If babies are born at too frequent intervals, the attention of the mother must be divided between her babies and both may suffer.
4. At present the number of children in a family should be limited in accordance with the economic re-

<sup>1</sup> In the absence of ill-health, poverty, or other unfavourable circumstances.

sources of the family, but when Society assumes the support of mothers and children this reason for Contraception will disappear.

Contraceptive knowledge may be, and undoubtedly often is, used for selfish ends. Many persons avoid parenthood simply because they want to have "a good time." The best way to overcome this tendency is to educate people better in their duty to Society, and to establish a public opinion which will regard the production of *desirable* children as a social service of primary importance. But there is no hope of establishing such a public opinion unless or until it is made quite clear that the procreation of *defective* children is a grave offence against Society.

Birth Control is *not* a panacea for all evils ; but in my opinion no plan, without it, can hope to ameliorate the present miserable condition of a large proportion of humanity, or to achieve the increase of individual and racial health and happiness, towards which all but those of the meanest, or most perverted, intelligence must aim.