

Chapter 18 — Contraception—Birth Control

from the 1938 edition of *The Sex Life Before and After Marriage* (a.k.a. *Living a Sane Sex Life*)
by
William S. Sadler, M.D. and Lena K. Sadler, M.D.

© 2011, 2013, 2019 Matthew Block

Sources for Chapter 13, in the order in which they first appear

- (1) G. V. **Hamilton** and Kenneth **Macgowan**, *What Is Wrong with Marriage* (New York: Albert & Charles Boni, Inc., 1929)
- (2) Havelock **Ellis**, *Psychology of Sex: A Manual for Students* (New York: Emerson Books, Inc., 1933, 1938)
- (3) Oliver M. **Butterfield**, Ph.D., *Marriage and Sexual Harmony* (New York: Emerson Books, Inc., 1938)
- (4) James F. **Cooper**, M.D., *Technique of Contraception: The Principles and Practice of Anti-Conceptional Methods* (New York: Day-Nichols, Inc., 1928)
- (5) Millard S. **Everett**, Ph.D., *The Hygiene of Marriage: A Detailed Consideration of Sex and Marriage* (New York: The Vanguard Press, 1932)

Key

- (a) **Green** indicates where a source author (or an earlier Sadler book) first appears, or where he/she reappears.
- (b) **Yellow** highlights most parallelisms.
- (c) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (d) An underlined word or words indicates where the source and the Sadlers pointedly differ from each other.

- (e) **Pink** indicates passages where the Sadlers specifically share their own experiences, opinions, advice, etc.
- (f) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.
- (g) **Red** indicates either an obvious error on the Sadlers' part, brought about, in some cases, by miscopying or misinterpreting their source, or an obvious inconsistency brought about by the Sadlers' use of an earlier Sadler text.

Work-in-progress Version 12 nov. 2011
 © 2011, 2013, 2014, 2019 Matthew Block
 Revised 22 Jan. 2014 and 11 Oct. 2019

XVIII — CONTRA- CEPTION — BIRTH CONTROL

[See Ellis 256 and 13:4.1.]

18:0.1 Among the more intelligent classes, the practice of birth control is now almost universal, only a few refraining from it because of religious convictions.

VI: THE SEXUAL SIDE (Hamilton & Macgowan 88)

Only eight of the hundred men and thirteen of the hundred women said they were not using some method of contraception (H&M 97).

Hamilton reported 90 per cent of the married couples investigated employed contraceptives,

Exactly one-half of each sex said they had a contraceptive that they felt was safe (H&M 99).

but only about one-half of them felt satisfied in their technics.

[contd] Just how effective existing contraceptives may be is suggested by the fact that 21 per cent of our sophisticated New York women had found it necessary at one time or another to have abortions performed (H&M 99).

Of this group, 20 per cent of the women had had one or more abortions.

VI: MARRIAGE (Ellis 256)

The Control of Procreation (Ellis 285)

The necessity for birth control is now generally recognized, not only by those who do not desire to have children but by those who do. The reason is that,

18:0.2 The reasons commonly advanced in justification of the practice of birth control are such as

both for the sake of the mother and for the health and well-being of the offspring, it is desirable that births should be properly spaced, allowing at the least an interval of two years between births,

the proper spacing of children,

SOURCE

18: LIVING A SANE SEX LIFE

while there are various legitimate reasons, economic or other, why those who marry early do not see their way to become parents immediately (E 287).

the desire to avoid having children too soon after marriage,

and the desire properly to anticipate and prepare for parenthood.

18:0.3 In general, it has been felt that it is best for parents to have most of their children when they are young,

WHAT IS MARRIAGE? (Butterfield 17)

II. The Economic Test (Butterfield 21)

Population experts tell us that in order to maintain a stable population it would be necessary to have at least three children: two to replace the parents and one to make up for losses by illness and accidents (B 23).

and we should remember that

three children per family would just about maintain a stationary population

since four children would provide for a slight gain.

REMOVING FEARS (Butterfield 40)

Contraception and abortion are two very different things.

18:0.4 There is a tendency in many circles to confuse contraception and abortion, but there is really no relation between the two.

While abortion necessitates the killing of the embryo, contraception prevents there being an embryo to be considered. The male and female sex cells which are kept from union by some chemical or mechanical means during or immediately following intercourse die a natural death (B 43-44).

Contraception has to do with the prevention of conception, the union of the male and female sex cells,

whereas **abortion** is the removal of the product of conception—the fetus—from the uterus by some unnatural procedure or artificial technic.

CHILDLESS MARRIAGES

VI: MARRIAGE (Ellis 256)

The Problem of Childless Marriage (Ellis 298)

If there is a strong wish for children it is highly desirable that both parties should submit themselves to medical investigation before marriage, if only to ascertain that there is a fair probability of successful conception and parturition. This cannot, however, be more than a probability, as is sufficiently evidenced by the cases in which a couple cannot produce the child they are eager for, though, **after divorce and subsequent remarriage, they both become parents** (E 298-99).

There remain four possible solutions all of which have their psychic aspects (E 299).

[contd] (1) To **accept the situation**. For many this solution may prove the best.... But the instincts of parenthood may be in large measure **sublimated**; the maternal instinct may be directed to **social** ends (E 299).

18:1.1 Failure to have children does not necessarily mean that either parent is sterile

as we commonly meet with childless couples who **divorce, remarry, and both become parents**.

This is a misfortune which **parents** are compelled to **accept**,

as there are but two things to be done about it—

to adopt children

or to seek **sublimation** of the parental instinct in **social** and other activities.

SOURCE

(2) *To seek divorce* (E 300).

(3) *To adopt a child* (E 300).

To neglect consideration of the child's parentage and ancestry may lead to bitter results. A child should never be adopted until all the ascertainable facts of its history have been carefully considered with the physician's aid (E 300-01).

[contd] (4) *To have a child by a union outside marriage...*

It is true that there are two modifications of this solution: one, altogether to be disapproved, when the wife takes the matter into her own hands, without consulting her husband, and another, which is the most practicable form of this solution, by *artificial insemination*.

It has often failed and it presents obvious disagreeable features. But it is practicable, and is from time to time carried out successfully (E 301).

18: LIVING A SANE SEX LIFE

Divorce can hardly be recommended to otherwise happily married couples as a solution of the fundamental problem.

18:1.2 In the *adoption of children*

great care must be exercised to find out everything possible about their heredity

and to see that they are properly tested for syphilis in order that the foster parents may not be unduly disappointed,

for, while our friends the sociologists claim that great things can be accomplished by suitable environment, *much of which we freely admit*, nevertheless, "blood will tell." *After all is said and done*, we cannot ignore the facts of human heredity.

18:1.3 About the only other solution of this problem of the childless marriage is *artificial insemination*.

We are aware that much has been said for and against this practice, but it should be recorded here that

it is an accomplished fact.

When the wife is fecund and the husband is sterile, this procedure does offer a way out, and certain physicians in the larger cities specialize in its practice, having surrounded the operation with all the safeguards of confidence and secrecy.

SOME HINDRANCES TO PREGNANCY (Butterfield 76)

[contd] Some couples find that they are unable to secure a pregnancy when they greatly desire to have children.

Some of the commonest hindrances are:

1. *The Inflammation of the Lining of the Cervix.* (B 76)

2. *The Closure of the Fallopian Tubes.* This may be due to some form of inflammation or to some displacement of the uterus (B 76).

3. *The Sterility of the Husband.* (B 76)

[In a HYPER-ACID vagina, sperms are killed off quickly according to the degree of hyper-acidity. This condition of hyper-acidity occurs in a few women to a sufficient degree to make them sterile (Cooper 45).]

4. *Intercourse at Unfavorable Times.* (B 76)

[See 18:3.3, below.]

18:1.4 There are many reasons why married couples fail to have children,

the chief of these being:

1. Displacement of the uterus.

2. Sterility of the husband.

3. Closed Fallopian tubes.

4. Hyperacidity of the vagina.

5. Coitus at wrong times.

6. Various malformations.

II: BASIC PHASES OF CONTRACEPTION (Cooper 23)

CONDITIONS UNDER WHICH PREGNANCY OCCURS (Cooper 36)

INSEMINATION (Cooper 36)

[contd] In normal coitus where there is no displacement of the uterus, the semen is usually deposited in the vagina on the cervix uteri.

If the opening in the glans penis is in apposition with the os uteri or in close proximity and in a direct line thereto during ejaculation,

the semen may be deposited fairly well into the cervical canal, other things being equal.

This is the most favorable condition for pregnancy to take place (C 36).

[contd] The modern teaching on this subject was recently summarized by Meaker as follows: "Hühner has shown that

pregnancy is most unlikely to occur unless semen is ejaculated directly into the cervical canal or at least onto the os externum.

Such semen as reaches the vagina only is useless for fertilization,

since in the ordinarily acid vaginal environment spermatozoa are injured almost at once, lose much of their motility within fifteen minutes, and are all dead within the hour" (C 36-37).

18:1.5 If there is a displacement of the uterus, in normal coitus the semen is ordinarily deposited in the vagina on the cervix uteri.

If conditions are favorable,

when the opening of the glans penis is directly opposite or in close proximity to, and in a direct line with, the os uteri during ejaculation,

the semen is usually deposited pretty well into the cervical canal,

this being the most favorable condition for the occurrence of pregnancy.

18:1.6 It is generally thought by modern authorities that

pregnancy is not at all likely if the semen is not ejaculated directly into the cervical canal or onto the external os.

Semen which gets no farther than the vagina cannot fertilize the ovum

because the acid secretions of the vagina almost immediately so injure the spermatozoa that within fifteen minutes they lose much of their motility and die within an hour.

VAGINAL CHEMICAL REACTION

CHEMICAL REACTION (Cooper 37)

[contd] The reaction of the vagina is normally acid and, being unfavorable to germ life, affords a natural protection against infection.

It would be fatal also to the spermatozoa if nature had not provided a special protection by producing from the cervix a secretion with an alkaline reaction

which is exuded in larger amounts during coitus.

The alkaline semen also tends to neutralize vaginal acidity,

so that after the orgasm

there is a favorable field in the upper vagina near the cervix.

This alkaline reaction lasts for only a relatively short time, however, and those sperms which have failed to gain the cervix within one hour are normally killed by the acid vaginal secretion.

The acidity of the vagina is due principally to lactic acid,

but it is not known whether the acidity alone kills the sperms or whether it is only a part of a bio-chemic hostility.

18:2.1 The normally acid reaction of the vaginal secretions is a protection against infection because it is not propitious to germ life.

If it were not for the alkalinity of a secretion of the cervix

which flows in increased amounts during coitus,

the acids of the vagina would destroy the spermatozoa.

The alkalinity of the semen also helps to neutralize the acidity of the vagina.

This alkaline condition existing immediately after the orgasm

creates a field in the upper vagina near the cervix that is favorable to the sperms.

Since this alkaline reaction persists for only a little while, the sperms that do not reach the cervix within an hour are usually destroyed by the acidity of the vagina,

which is chiefly due to lactic acid;

whether the acidity is alone responsible for the death of the sperms, or whether this is but a factor in a biochemic hostility, is not known.

SOURCE

Instances have been cited of sperms living for days in the vagina and also of causing pregnancy after being deposited on the vulva.

In those cases the vaginal secretions were probably altered, possibly by a sub-acidity. At any rate such cases constitute the very rare exceptions (C 37-38).

When semen is deposited in the vagina it lies in a coagulated mass,—the so-called “seminal lake.”

It is known that in some mammals at the time of the female orgasm

a suction takes place whereby some of the semen is aspirated directly into the cervix.

Some investigators suppose that this occurs also in human beings, but no proof of the theory has yet been adduced.

However, there is some evidence for believing that during the female orgasm the uterus makes excursions upward and downward

which help to smear the cervix with any semen that may be present (C 38).

[contd] It follows, then, that the chief factors in temporary contraception must be:

1. Mechanical covering of the os uteri to prevent direct insemination.
2. Paralyzing of spermatozoa as quickly as possible, usually by chemical means.

18: LIVING A SANE SEX LIFE

In those rare cases where sperms have lived in the vagina for days, and where pregnancy has occurred when they were merely deposited on the vulva,

it is probable that the vaginal secretions were changed in some way, perhaps by a subacidity.

18:2.2 The semen deposited in the vagina is in a coagulated mass called the “seminal lake.”

The female orgasm of some mammals

is accompanied by a suction which aspirates some of the semen directly into the cervix.

It has never been definitely proved that this also occurs in human beings, but it may.

On the other hand, there is evidence that the uterus makes up-and-down excursions during the female orgasm

which tend to smear the cervix with semen.

18:2.3 From these facts it is evident that temporary contraception consists in:

18:2.4 a. Mechanical protection of the os uteri against direct insemination.

18:2.5 b. Prompt paralysis of the spermatozoa. This is usually accomplished chemically.

SOURCE

3. Mechanical removal of sperms from the vagina, usually by douching after devitalization (C 38).

SEMEN (Cooper 37)

[contd] The amount of a single ejaculation of semen is from one to ten c.c. The average, about three c.c.,

contains more than two hundred million spermatozoa.

They are capable of a rate of movement of two mm. per minute

and, if they always moved in a straight line, unimpeded by the irregularities of the mucous membrane in the uterus and tubes,

they could arrive in the tube in about six hours.

The flow of mucus from tubes, uterine body and cervix is downward toward the vagina, and against it the sperms must make their progress.

By some instinct they always head against a current, so that the downward flow of mucus attracts them in the direction of the tubes where conception normally takes place (C 37).

18: LIVING A SANE SEX LIFE

18:2.6 c. Mechanical removal of sperms from the vagina. The method ordinarily employed is douching subsequent to devitalization.

18:2.7 In the average ejaculation of semen of about 3 cc.—the amount may vary from 1 cc. to 10cc.—

there are more than two hundred million spermatozoa.

These microscopic organisms can move two mm. per minute;

if their advance were always in a straight line, unhindered by the irregularities of the mucous membrane in the uterus and tubes,

their trip to the tube would require about six hours.

The sperms must force their way upward from the vagina against the flow of mucus from the tubes, uterus, and cervix.

Instinctively they head against the current, the downward flow of mucus attracting them toward the tubes, where conception usually occurs.

CONTRACEPTION

VI: MARRIAGE (Ellis 256)

The Control of Procreation (Ellis 285)

Since most contraceptive methods involve either the avoidance of contact of the sperm with the vagina

or at all events its speedy removal,

are the benefits of intercourse for the woman thus diminished? (E 295)

We may certainly believe that the semen may be absorbed naturally in coitus,

even apart from the evidence alleged by Van de Velde that the breath after recent coitus may sometimes exhale an odor of semen (E 297).

It is, further, demonstrated that

the spermatozoa also are really absorbed, and can produce a ferment in the blood, apparently able to break up the testicular proteids. This was shown in 1913 by the important investigation of E. Waldstein and R. Ekler in Vienna on rabbits.

18:3.1 Practically all contraceptive technics are based on some theory which avoids the contact of the male sperm with the cervix or the vaginal walls

or else that necessitates its immediate removal.

In this connection there comes up for consideration the question as to

whether the woman can receive any possible benefit from the absorption of certain chemical elements present in the male sperm.

That certain elements of the sperm can be absorbed through the vaginal wall, as well as through the mucous membrane of the uterus,

is not only proved by the claims of physicians to have detected the characteristic sperm odor on the breath of women who have recently had intercourse,

but it is further shown by the actual fact that

a definite ferment reaction in the blood can be demonstrated.

SOURCE

Later in 1921 the experiments of Dittler, in injecting semen into the blood of female rabbits,

indicated that they were thereby rendered immune to the fertilizing effects of semen in coitus (E 296).

There cannot be the slightest doubt that, even with the absence of contact with the semen, coitus can be completely pleasurable and entirely beneficial in its results. There may be further benefits proceeding from the semen itself,

but there are other ways of securing them and not all contraceptive measures involve absence of contact with the semen (E 297).

X: PHYSICAL AND MENTAL EFFECTS OF CONTRACEPTIVES (Cooper 153)

POSSIBILITIES OF PSYCHIC DISTURBANCES (Cooper 158)

THE FEAR OF UNWANTED PREGNANCY DOES MORE PSYCHIC DAMAGE THAN DO ALL THE REACTIONS AGAINST PREVENTIVES (C 159).

II: BASIC PHASES OF CONTRACEPTION (Cooper 23)

USUAL CONTRA-INDICATIONS TO PREGNANCY (Cooper 29)

A brief statement only is given of some of the more common causes in which pregnancy may be contra-indicated (C 29).

18: LIVING A SANE SEX LIFE

18:3.2 Among many other investigators into this particular field,

Dittler injected semen into the blood of female rabbits

and thereby rendered them immune to the fertilizing effects of semen derived from coitus.

Even though we admit that there may be some slight chemical benefit to be derived from sex relations without contraceptive technic,

it appears to us that the psychic disturbance associated with the fear of undesired pregnancy would far more than offset any such possible benefit.

18:3.3 Pregnancy should be avoided for many reasons, the principal of which are

SOURCE

18: LIVING A SANE SEX LIFE

PELVIC DEFORMITY (Cooper 30)

pelvic deformity,

PERNICIOUS VOMITING (Cooper 30)

pernicious vomiting,

VENEREAL DISEASES (Cooper 31)

venereal disease,

HEART (Cooper 31)

heart disorders,

KIDNEYS (Cooper 31)

kidney involvement,

TUBERCULOSIS (Cooper 32)

tuberculosis,

PSYCHIC, SOCIAL AND SEX CONDITIONS
(Cooper 32)

poverty, and serious mental disorders.

IX: CONTRACEPTIVE FALLACIES
(Cooper 147)

HOLDING BACK (Cooper 150)

[contd] There is a popular notion that if a woman does not experience the orgasm, she will not become pregnant.

18:3.4 Many people think that, unless a woman experiences orgasm, she will not become pregnant.

As a result, many women “hold back”; that is, they assume a passive role and deliberately avoid the supreme pleasure from the marriage relation.

Because of this idea many women “hold back,” passively submitting to intercourse and deliberately avoiding the supreme pleasure provided by the marriage relation,

It need hardly be said that such a method is more than worthless (C 150).

and this notwithstanding that this method of contraception is absolutely worthless.

It is known that pregnancy can take place while a woman is unconscious or as a result of a rape which she has resisted (C 150-51).

18:3.5 We know that pregnancy can result while a woman is unconscious, or from a rape which she has fiercely resisted.

It is astounding to discover that practically nine women out of ten are influenced by this superstition (C 150).

It is said that almost 90 per cent of women are influenced by this superstition.

Trained from childhood in the habit of sex repression she easily adds this one after marriage.

This *sex repression* is but another added to those to which they were trained almost from their cradles.

SOURCE

A great deal of the disappointment and unhappiness of women in the married life is due to this repression of feeling and fear of pregnancy.

This passive attitude is often interpreted by the husband as indifference or as a disappearance of conjugal love,

thus leading to quarrels and not infrequently to separations (C 150).

The haunting fear of an unwanted pregnancy causes the frantic wife to resort to all measures (C 150).

Anything which will help women to overcome these inhibitions and cause them to enter the marriage relation with more mutually reciprocal confidence and appreciation

will be a great contribution to the health and happiness of parenthood (C 151).

[In addition to these handicaps, there are restrictive Federal and State laws which prevent a wholly free discussion of the subject (Fielding 150).]

18: LIVING A SANE SEX LIFE

Much of the unhappiness of married women is caused by this repression of feeling and by their fear of pregnancy.

The wife's attitude is often thought by the husband to be indifference or an indication of waning love;

it is not a far cry from such a situation to quarrels and separation.

The fear of pregnancy leads distressed wives to adopt almost any measure to prevent it.

18:3.6 How much the women of the world need help in overcoming their *inhibitions* so that they can marry with greater confidence and with an appreciation of all this relation may bring to them and their mates!

Health and happiness will both be promoted if this can be accomplished.

TECHNICS OF BIRTH CONTROL

18:4.1 Regardless of the Federal laws which restrict the dissemination of contraceptive information,

it is not deemed wise in such a book as this to provide detailed instructions about the proper carrying out of the different technics of birth control. We would advise the reader who desires further information along these lines to consult the family physician or to refer to reliable medical works dealing fully with this subject, such as Cooper's "Technique of Contraception."

SOURCE

18: LIVING A SANE SEX LIFE

VIII: A NEW METHOD FOR AMERICA (Cooper 133)

18:4.2 The authors, when consulted about contraceptive methods, are in the habit of advising the employment of

COMBINATION OF DIAPHRAGM AND CONTRACEPTIVE JELLY (Cooper 133)

[Among [the contraceptive] methods, there is one which, in combination with another method, seems most nearly to meet the requirements of an ideal contraceptive. This is the **Diaphragm** Pessary of the Mensinga type, used in connection with a **contraceptive jelly**,—now available in America in a modified form, known as the “Ramses” (C 133).]

the double technic of the **diaphragm and contraceptive jelly**.

FITTING (Cooper 139)

However, it should be made clear that these diaphragms must be properly **fitted**.

As condoms and withdrawal are uncertain especially with the inexperienced and newly married, it is preferable to fit the woman at the first visit (C 141).

The woman must go to a physician experienced in these matters, who, after taking proper measurements, will order a suitable diaphragm

INSTRUCTING THE PATIENT (Cooper 142)

and will **instruct the patient** in its proper use.

II: BASIC PHASES OF CONTRACEPTION (Cooper 23)

RELIABILITY OF CONTRACEPTIVE METHODS (Cooper 23)

18:4.3 Many different methods of birth control are employed at the present time,

[A]lthough dwelling on the reliability of the clinically tested method discussed in Chapter VIII [*i.e.*, the **diaphragm**], the author first presents in adequate detail the technique of commonly used methods, old and new, including the following:

The Condom
 Cervical pessaries
 Stem pessaries
 Powders
 Effervescent tablets
 Suppositories
 Contraceptive jellies
 The douche
 Coitus interruptus
 Coitus reservatus
 Abstinence (C 25)

XIII: SCIENTIFIC VERSUS HEARSAY METHODS OF CONTRADICTION (Everett 215)

PERMANENT CONTRACEPTION
 (STERILIZATION WITHOUT UNSEXING)
 (Everett 230)

Since **vasectomy**, described in Chapter II, is a very simple operation, taking about ten minutes and requiring only a **local anesthetic**, it is preferable for the husband rather than a wife to be sterilized, for sterilization is at present a more serious operation in woman, inasmuch as *salpingectomy*, or **cutting** the Fallopian tubes, **necessitates opening the abdomen** and is thus a major operation (Ev 230-31).

but the following represent the principal technics:

The **diaphragm**.

The condom.
 The suppository.
 Cervical pessaries.
 Stem pessaries.
 Contraceptive powder.
 Jellies.
 Douches.
 Coitus interruptus.
 Coitus reservatus.
 Abstinence.

18:4.4 The permanent sterilization of either sex can be effected by surgical procedure—

tying the tubes in the case of the female, which **necessitates an abdominal incision**;

SOURCE

18: LIVING A SANE SEX LIFE

an analogous type of operation (vasectomy) in the male can be done under local anesthesia and is a minor surgical operation.

VII: PERMANENT METHODS OF CONTRACEPTION (Cooper 123)

PERMANENT AND TEMPORARY STERILIZATION BY X-RAY AND RADIUM (Cooper 126)

[See 9:0.3, 9:1.3, 16:1.1.]

18:4.5 X-ray and radium can both be used to bring about permanent sterilization,

and of course many men and women are unwittingly sterilized by venereal disease.

IX: CONTRACEPTIVE FALLACIES (Cooper 147)

INTERNAL MEDICINES (Cooper 151)

[contd] Text books on toxicology list several drugs which are said to prevent pregnancy or to produce early abortion,

but which, if taken in quantities sufficient for those purposes, will prove dangerous for life.

Hence, drugs taken internally as contraceptives need not be considered in this book.

Many women, when their monthly period is overdue,

make a practice of taking emmenagogues such as rue, savin, apiol, quinine, ergot, etc., believing that these will "bring them around."

The fact is that if pregnancy has not taken place no medicine is needed, and that if it has, drugs will do little to change matters.

18:4.6 There are several drugs which are supposed to prevent pregnancy or to produce early abortion,

but unless taken in doses sufficiently large to endanger life, they are ineffective.

Drugs taken internally are not safe contraceptives.

If they overrun the date of the beginning of their monthly periods, many women

take such drugs as rue, savin, apiol, quinine, and ergot, thinking that they will bring on menstruation,

but if conception has taken place, drugs will have little effect.

SOURCE

In fact, most physicians have known of many drugs being taken in **alarming doses without interrupting pregnancy** (C 151-52).

VI: TEMPORARY METHODS CONTINUED—MISCELLANEOUS (Cooper 105)

HORMONAL CONTRACEPTION (Cooper 120)

[contd] By the use of certain animal extracts such as those of the liquor folliculi, of the corpus luteum, or of the placenta, by daily or short interval injection, temporary sterility may be induced in rabbits lasting the equivalent of **many months** in women (C 120).

Some day this may be developed for use in human beings (C 120).

IX: CONTRACEPTIVE FALLACIES (Cooper 147)

LACTATION (Cooper 151)

[contd] **It has been not only a medical but also a general observation that the incidence of pregnancy is less in nursing mothers than in those not nursing babies.**

Many foreign-born women in the crowded quarters of our large industrial cities

may be found nursing their babies upwards of two years in the attempt to avoid pregnancy.

18: LIVING A SANE SEX LIFE

Many women have taken drugs in very **dangerous doses without interrupting pregnancy.**

18:4.7 It is highly probable that in the near future contraceptive **hormones** may be developed

so that a woman can be rendered immune to pregnancy for **several months** by a hypodermic injection of such a product.

But up to the present time such a compound has not been discovered for the human species.

18:4.8 **According to medical as well as popular observation, the frequency of pregnancy in nursing mothers is less than in those who are not nursing their babies.**

Foreign-born mothers

sometimes nurse their children for a couple of years in the hope of escaping pregnancy.

SOURCE

Some women seem to avoid pregnancy for a year or more by nursing their babies.

Others, however, become pregnant two or three months after the last birth while still nursing their children.

Past experience of a woman is a fair rule which usually holds true.

If she can avoid pregnancy for a year or more by nursing a baby, it is likely that this can be done after subsequent births,

but this is not invariably so.

There is a dearth of real scientific or reliable information on this matter. All the factors causing this decreased incidence are not known.

It is also known that all women do not act alike in this matter.

But we do know that out of one lot of 1,208 patients who visited our Clinical Research Department, 362 reported that they had tried this method and had sooner or later failed (C 152)

18: LIVING A SANE SEX LIFE

In some cases this practice seems to be effective,

but in others pregnancy occurs within two or three months after the last birth, even though the baby is still being nursed.

18:4.9 A woman's past experience in this matter is almost always fairly reliable.

If pregnancy can be avoided for a year or more while she is nursing her first baby, it is probable that she will be equally safe after subsequent births,

although this may not prove to be the case.

The reasons for this decreased incidence are not all understood because of the lack of scientific information.

However, it is known that women differ in this matter.

Out of a group of 1,208 patients in a maternity clinic, 362 had tried this method of contraception without consistent success.

C O N T R A C E P T I V E FALLACIES

[PREAMBLE] (Cooper 147)

[contd] An attempt has been made in the several preceding chapters of this book to give some information on the relative values of contraceptive measures. Not only is information of this kind needed,

18:5.1 Scientific information regarding contraceptive measures is needed for its own sake,

SOURCE

but it is also valuable as a means of correcting certain false notions, unjustifiable practices, and even superstitions, concerning the practice of contraception.

The practice of unwarranted methods by the uninformed and their high percentage of failures have led many to say that contraceptive measures are inefficient and in some instances dangerous.

It will be well, therefore, to consider some of these contraceptive fallacies (C 147).

MISCELLANEOUS FALLACIES (Cooper 152)

[contd] The author has met many women who have believed that jumping, running, sneezing, coughing, urinating, or straining in any way,

will prevent pregnancy if indulged in immediately after coitus.

It is needless to say that there is no foundation whatever for such belief. There are many other equally absurd beliefs and superstitions current.

They are interesting principally as indicative of

a conscious and earnest desire on the part of a not too intelligent group to regulate the size of their families (C 152).

18: LIVING A SANE SEX LIFE

it is also an important means of correcting false ideas and unwise practices, as well as superstitions, regarding contraception.

The high percentage of failures following the adoption of inefficient contraceptive methods has led many persons to condemn all such measures as useless and even dangerous.

We propose to discuss some of these fallacious notions in the following paragraphs.

18:5.2 Many women believe that such heavy exercise as jumping and running, as well as sneezing, coughing, urinating, or straining,

will prevent pregnancy if engaged in immediately after coitus.

These ideas, like many other ridiculous notions and superstitions, are utterly foolish.

They merit mention here merely to emphasize the fact that

the desire to prevent conception and thereby regulate the size of the family, is almost universal among women, even among those who cannot be classed as highly intelligent.

THE SO-CALLED SAFE PERIOD

THE SAFE PERIOD (Cooper 147)

[contd] A good many persons who should know better, including not a few doctors, share with the public the belief that

conception takes place only at certain stages of the menstrual cycle,

and that an interval exists during which the woman is protected from the risk of pregnancy.

It seems to be commonly supposed that this "safe period" begins about ten days after the menstrual flow ceases

and lasts until about four or five days before it begins again.

There is no scientific basis for this theory.

With many healthy women, there appears no interval of security;

others, who may for a time appear to have a safe period, sooner or later find themselves pregnant, unless they use effective contraceptives (C 147-48).

[contd] During the World War, a series of cases was studied where German soldiers were at home on leave from two to eight days. Several hundred cases were included in this investigation.

18:6.1 It is the popular opinion, shared by some physicians, that

conception occurs only during certain stages of the menstrual cycle,

and that there is a period each month in which the woman is free from the possibility of pregnancy.

The supposition is that this so-called "safe period" runs from about ten days after menstruation is completed

to some four or five days before it begins once more.

This idea is unsound, entirely unscientific.

Many healthy women have no interval of security,

while others, who may appear to, eventually become pregnant unless they employ some effective contraceptive.

18:6.2 An investigation of several hundred cases was conducted during the World War among wives of German soldiers who were home on leave from two or eight days.

One series of three hundred and twenty cases cited by Siegel showed the fertility curve beginning at the onset of menstruation;

reaching the peak at the sixth day and remaining there until the twelfth to the thirteenth day; then declining to the twenty-first day.

From this day until the onset of the next period, no conceptions resulted.

This shows the fertility curve highest just when popular opinion has conceived it to be at its lowest.

Other investigators have plotted this curve differently (C 148).

[contd] Some studies have been made during abdominal section to determine the age of the corpus luteum.

Then, by noting the date of the last period, attempts have been made to determine the relationship between menstruation and ovulation.

Varying estimates have been given by different investigators, the date of ovulation being placed from the eighth to the eighteenth day after the onset of the menses (C 148).

[contd] Papinicoiou, Evans and others have shown that

in rats and guinea pigs there is a change in the vaginal epithelium and in the quantity of leucocytes in the vaginal discharge before each ovulation.

Siegel reports three hundred and twenty cases which showed that the fertility curve begins at the onset of menstruation,

reaches its highest point on the sixth day, remains there until the twelfth or thirteenth, and then declines to the twenty-first day.

From the twenty-first day to the beginning of the next period, conception did not occur.

In this study the fertility curve was highest during that part of the menstrual period when it has been popularly thought to be at its lowest.

In other studies the fertility curve has been plotted differently.

18:6.3 Attempts have been made during abdominal operations to determine the age of the corpus luteum.

Continuing the study by noting the date of the last period, efforts have been made to ascertain the relationship between menstruation and ovulation.

The conclusions have varied, the time of ovulation having been fixed at from the eighth to the eighteenth day after menstruation begins.

18:6.4 Various authorities have shown that

a change occurs in the vaginal epithelium and in the number of leucocytes in the vaginal discharge of rats and guinea pigs before each ovulation,

SOURCE

Changes are supposed to be identical throughout the genital tract (C 148).

It thus becomes clear that we have as yet no exact knowledge concerning the so-called "safe period" (C 149).

SUMMARY (Cooper 149)

[contd] Asdell, summarizing the literature on this subject, comes to the following conclusions:

"Curves showing the relation of fertility to the menstrual cycle in woman, drawn from a variety of sources, are substantially the same.

Fertility is higher in the early part of the cycle, but falls rapidly from the sixteenth to the twentieth day.

There is little evidence in favor of a period of complete sterility (C 149).

[contd] "Differences in the duration of pregnancy, when reckoned from the onset of menstruation and from conception, are interpreted as indicating that the preovulation phase is extremely variable in its length and the postovulation (corpus luteum) phase relatively constant.

It is on these lines that an interpretation of variation in the length of the menstrual cycle may be sought (C 149).

[contd] "*The time of conception is held to have no effect on the sex-ratio*" (C 149).

18: LIVING A SANE SEX LIFE

these changes being thought to be identical throughout the genital tract.

18:6.5 From this it is evident that there is so far no reliable information concerning the so-called "safe period."

18:6.6 One author, in reviewing the literature on this subject, reaches the following conclusions:

18:6.7 Curves resulting from the various studies of the relation of fertility to the menstrual cycle in women vary but little,

fertility being shown to be higher early in the cycle but to fall rapidly from the sixteenth to the twentieth day.

Evidence that there is a period of complete sterility is lacking.

18:6.8 That the length of the preovulation period varies greatly, and that that of the postovulation phase is comparatively constant, is thought to be demonstrated by reckoning the difference in the duration of pregnancy from the onset of menstruation and from conception.

It is probable than an interpretation of the differences in the length of the cycle may be arrived at by study in this field.

18:6.9 The sex ratio is not affected by the time of conception.

SOURCE

[contd] Norman Haire stated that in an investigation covering several hundred cases who trusted in this method, there was failure in over ninety-five per cent of the cases.

He also stated that from a practical point of view he had found most couples unwilling to abstain from the fundamental relationship underlying marriage during one-half of every month (C 149-50).

18: LIVING A SANE SEX LIFE

18:6.10 Another authority reports that an investigation of several hundred cases in which the so-called safe period had been depended upon to prevent conception, revealed that failure occurred in over 95 per cent.

He added that his experience showed most couples to be unwilling to abstain from sexual relations during half of every month.