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Birth Control Knowledge: Scotland, 1900-1975

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MB.ChB, MPhil, DOcc Med.

Submitted in fulfilment of the requirements for the

Degree of MD

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Preface

My first degree some thirty seven years ago was in medicine. In 2002 with the help of generous funding from the then Scottish Executive I was granted prolonged study leave from my job as an NHS GP, part time for 2 years, and undertook a period of study, a taught masters degree, in the History of Medicine. With not even an 'O' level in history, this was to be a steep learning curve but I was exposed to a variety of disciplines never previously encountered including Marxism, feminism, post modernism, as well as the history of medicine.

Enthused by my return to academe I aspired to undertake further research utilising oral history and drawing from an experience some forty years ago as a medical student when I was 'warned off' asking questions about the attitude of general practitioners in the mid 1970s to the provision of contraceptive advice and the prescription of the oral contraceptive pill to girls under the age of sixteen. Fortunately my academic supervisor at the time, a bit of a maverick, keen to court controversy, encouraged me to continue. The fruits of my labours were a class prize to the value of £ 5.00.

Scotland still has a higher rate of teenage pregnancies than most of Western Europe yet contraceptives are readily available, but was it always thus?

This thesis has thus been some forty years in gestation.

Abstract

This thesis is an historical account of the development and dissemination of birth control knowledge in Scotland in the twentieth century up to 1975.

The question posed is, given that Scotland in the twenty-first century has a higher rate of teenage pregnancies than most of Western Europe despite there being no restriction on the ability to access contraceptive advice, was advice always so readily available and if so from whom ?

Post 1870 there was a pan European fertility decline which was mirrored in Scotland some forty years later. The debate amongst demographers and social historians is thus as to the causes of this fertility decline. Religion being cast as the impediment to the early development of the fertility decline ensured that an examination of the Roman Catholic versus Scottish Protestant views on birth control be explored.

Historical accounts have considered that the desire for contraceptive advice was a phenomenon of the early years of the twentieth century and that letters to Marie Stopes were the first interactions between the general public and those competent to offer advice. However, the historical record shows that from the early years of the nineteenth century members of the public sought information on methods of birth control by writing to journals, a pattern that continued throughout the period covered by this thesis.

Scotland remains distinctive from other parts of the UK by virtue of its separate legal system, both civil and criminal, its separate Church history with the parish church and state having been virtually one and the same and the rural parish church being a precursor of the local authorities. The employees of the local government authorities, the Medical Officers of Health were responsible, in agreement with their political masters of whatever hue, for the policies in relation to health and welfare adopted in a particular locality; in this case birth control advice. The administrative devolution of central government has meant that successive Scottish Secretaries of State have been able to obfuscate and hinder developments in Scotland which would have facilitated widespread dissemination of birth control advice and of course the fact that the NHS Acts in Scotland and England and Wales are distinct has ensured that legislative change has been delayed.

The thesis draws upon medical and scientific journals and contemporary literature to set the scene by explicating the developments in the understanding of sexuality and reproductive physiology, a necessary precursor to the developments later in the twentieth century of the oral contraceptive pill and the impact that this preparation had on society,

removing the procreative function of sexual intercourse from the hedonic. Thus freeing women from 'the burden of pregnancy' should they wish it, should it be available, from whom and at what cost. The politicians having debated from the 1930s to the 1970s the subject of contraceptive advice being available only to married women and initially, only available to those for whom a further pregnancy would be hazardous.

Oral history testimony has been taken, and used to inform the discussion, from retired health care professionals, family planning nurses, GPs, family planning doctors, pharmacists and obstetricians as well as patients and retired clergymen who were involved in prescribing, dispensing, researching methods of contraception or in the case of the patients at the receiving end of the wisdom or ignorance of the professionals and of course in the case of the clergy advising on the moral questions in relation to the practice of birth control.

In Glasgow, poor housing and social conditions, grassroots' feminism and working class women were instrumental in establishing the first birth control clinics whereas in Edinburgh the Cooperative Women's Guild organised public meetings to raise the issue and call on government to allow maternity centres to provide guidance and instruction in birth control to married women. In Aberdeen it was wealthy philanthropic women who promoted birth control ideals and facilitated the first birth control clinic in the north of Scotland. The issue however was politically sensitive, especially in the west of Scotland, as the Labour Party needed to secure the votes of the Roman Catholic Population.

The medical profession were not at the forefront of providing this advice in part due to ignorance but also lack of interest and also not wishing to be seen as promoting immorality and offending the Church, a powerful body in Scotland. The Protestant and Catholic Churches in Scotland had an alliance condemning all acts of birth control until the 1930s when the clamour from the public forced politicians, heretofore virtually absent from the debate, to confirm what was and was not available at government expense. That guidance, similar to that offered in England, was not available to the public in Scotland as evidenced by contemporary accounts in the National Records of Scotland, merely highlights the differing attitudes of politicians in Scotland who at a local and national level were ever mindful not to risk offending the Roman Catholic Church's teachings or risk suffering at the ballot box.

Teaching of birth control techniques was absent from most medical schools in Scotland although Edinburgh University appointed a lecturer in family planning in 1946. Thus most

young practitioners from Scottish medical schools remained ignorant and unable to help their patients even if willing to do so. Despite the Royal Commission on Population of 1949 recommending that advice on contraception to married persons be available, as part of the National Health Service, it was to take nearly another thirty years before contraceptive advice to all who wished it were freely available. In the intervening years the medical profession, although reluctant to become involved, had accepted initially that they could charge a fee for this private service and later that item of service payments for providing contraceptive advice was acceptable, although interviewees conceded that in many cases general practitioners were untrained to provide this service.

This account of the history of the dissemination of birth control advice shows how the medical profession, initially uninterested in this subject, became, as reproductive physiology was better understood and with developments of hormonal manipulation of the menstrual cycle, to embrace contraception as a legitimate topic on which to provide advice to patients. The notion, of course, of general medical practitioners having responsibility for a group of patients unless as private practitioners was only apparent after the inception of the NHS.

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Dedication

This thesis is dedicated to the memory of my parents,
James and Helen.

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Acknowledgements

I should like to express my sincere thanks to my supervisors, Professor Malcolm Nicolson and Dr Kenneth Mullen for their support and encouragement throughout this period of study and for their suggestions and comments which were always helpful.

I am immensely grateful for the help from specialist librarians and archivists around the United Kingdom who generously gave of their time to encourage me in this work. I am especially grateful to Professor Chapman of Nottingham who advised on the History of the Boots Company and to Dr Barbara Thomson, of Aberdeen, who directed me to the wealth of research undertaken by the MRC sociology unit in Aberdeen and to Dr John Loudon, of Edinburgh, who advised on the history of the Edinburgh Mother's Welfare Clinic in Edinburgh. I am also grateful to Professor Donald Macleod of the Free Church of Scotland for providing me with access to the archives and library of the Free Church College and to the archivists of the Scottish Catholic Archives.

Dr Sandy Pollock, my colleague and fellow student is thanked for his friendship, encouragement, support and words of wisdom throughout this period of study.

I am particularly grateful to the witnesses who generously allowed me to record interviews, often touching on delicate issues.

My children Paul and Fiona have good humouredly supported their old man's return to academe.

Finally, I wish to record my appreciation for the unwavering, encouragement, advice, support and love of my wife, Alison. Without her steadfast support this project would not have been possible.

Author's declaration

I declare that this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Kenneth Edwin Charles Macaulay

Abbreviations

British Board of Film Censors	BBFC
British Broadcasting Corporation	BBC
British Medical Association	BMA
British Medical Journal	BMJ
Constructive Birth Control Clinic	CBCC
Cumulative Index to Nursing and Allied Health	CINAHL
Edinburgh Mothers Welfare Clinic	EMWC
Excerpta Medica Database	EMBASE
Family Planning Association	FPA
General Medical Services	GMS
General Practice Sub-Committee	GPSC
Independent Labour Party	ILP
International Publishing Corporation	IPC
Intrauterine Contraceptive Device	IUCD
Intrauterine System	IUS
Local Medical Committee	LMC
Medical Defence Union	MDU
Medical Officer of Health	MOH
Medical Officers of Health	MOsH
Medical Research Council	MRC
National Birth Control Association	NBCA
National Birth Control Council	NBCC
National Health Service	NHS
National Records of Scotland	NRS
Pelvic Inflammatory Disease	PID
United Free Church General Assembly	UFCGA
Wellcome Library	WL

Chapter One

Introduction

Scotland has a higher rate of teenage pregnancies than most of Western Europe. In 2010 the number of pregnancies in under 16s was 7.1 per 1000 girls with NHS Fife recording the highest teenage pregnancy rate for both the under 16s at 9.2 and under 18s at 47.7 and Dundee recording the highest teenage pregnancy rate of any city in Scotland. This is despite there being no restriction on the ability to access contraceptive services. There is considered to be a strong deprivation gradient. In the under 20 age group, the most deprived areas have approximately ten times the rate of delivery as the least deprived (65.3 per 1000 and 7.6 per 1000) and nearly twice the rate of abortion (26.0 per 1000 and 14.6 per 1000). These proportions have not varied much over the most recently available ten years, and do not vary much with age.¹

In 2014, more and more women are having unprotected sex, as a positive choice because of their concerns about the perceived adverse effects of hormonal contraception, whether orally, by injection, implant or as part of intrauterine system (IUS). They are prepared to take the risk of a pregnancy knowing that the morning after pill and abortion are fall back positions and they are willing and acquiesce in adopting *coitus interruptus*.^{2,3}

Nowadays contraceptives are readily available from pharmacies, family planning clinics or General Practitioners, but it was not always thus.

The purpose of this thesis entitled *Birth Control Knowledge: Scotland 1900-1975* is to explore how people in Scotland in this period obtained knowledge of birth control by considering the historiography of birth control and the factors which promoted or hindered the dissemination of such knowledge and what motivated and influenced the people to make the choices they did.

The historiography of birth control, also known as contraception and fertility control is considered to encompass those methods or devices that have historically been used to prevent pregnancy or limit fertility. Birth control is the choice of the most effective means (contraception) to a desired end (prevention of pregnancy).⁴ Regulating reproduction was through delayed marriage, infanticide, abortion, abstention or *coitus interruptus*, or before

¹ Information Services Division NHS Scotland, 'Teenage Pregnancy', < <http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Publications/2011-06-28/2011-06-28-TeenPreg-Report.pdf?38283938170> > [accessed 6 September 2012]

² In common parlance 'pulling out'.

³ R.L. Cosslett, 'Unsafe Sex. Why Everyones At It', *The Guardian Weekend*, 23 May 2014, pp. 73-79.

⁴ G.Hawkes, *A Sociology of Sex and Sexuality* (Buckingham: Open University, 1996), p. 75.

oral contraceptive pills, rudimentary chemical and physical barriers, condoms and caps. In the latter years of the nineteenth century birth control was conflated with criminal abortion which was considered to be on the increase. 'The crime is fast becoming, if it has not already become, an established custom, less honoured in the breach than in the observance'.⁵ The number and success of abortionists was notorious yet newspapers openly advertised nostrums as supposed abortifacients. However the practice was opposed by the medical profession.

Abortion in this thesis is discussed in relation to the theory that abortion was widespread in working class districts at least in the nineteenth century but also that the Abortion Report of 1939⁶ highlighted the increasing incidence of criminal abortion. Increasingly there was concern about high rates of maternal mortality, in part for want of readily available and adequate contraception. Yet it was the evidence that, despite moral pronouncements and the ignorance of the medical profession, women wished to plan their reproductive lives that provided the greatest impetus for the medical profession's reluctant acceptance of birth control into their domain of knowledge and practice.⁷

Leathard in *The Fight for Family Planning* considered that 1921 represented a turning point for the birth control movement as Marie Stopes opened the first birth control clinic in the British Empire in March of that year.⁸ Yet I have chosen to concentrate on the period 1900-1975. The later date being when the legislative changes from 1974 which allowed for contraceptive advice to be freely available came into force and the date of 1900 is considered to span the time frame when the understanding of 'secreting glands' and the 'chemical messengers or hormones they produced began to be understood; that chemical control of bodily functions was more extensive than nervous control. This knowledge was fundamental to an understanding of the role of sex hormones and the hormonal control of the menstrual cycle which presaged the development of hormonal manipulation of the menstrual cycle and the development of the contraceptive pill.

Little research has been undertaken in this field in Scotland and local studies have been considered to highlight regional differences in birth control behaviours. The aim of this study is thus to examine the Scottish dimension to the knowledge and practices of birth

⁵ T.E. Beatty, 'Address in Midwifery, Delivered at the Thirty-seventh Annual Meeting of the British Medical Association', *British Medical Journal*, 2.449 (1869), p. 141.

⁷ G.Hawkes, *A Sociology of Sex and Sexuality* (Buckingham: Open University, 1996), p. 76.

⁸ Leathard, *The Fight for Family Planning. The Development of Family Planning Services in Britain 1921-74*, p. 1.

control and to ascertain whether in relation to the dissemination of birth control advice there was a uniquely Scottish dimension.

According to Porter, Foucault has considered that ‘the modern “patient” is in some sense a fabrication of the “medical gaze,” a role scripted by the overall scenario of the medical system’.⁹ Yet he does not accept that you can only know about the sick through the eyes of the medical profession and through official histories. We, however, have little archival material written by patients regarding contraceptive practices and so we must turn to some of Porter’s fertile sources by inference – the visual arts, government information films, literature and popular magazines. Yet despite literature searching and archival examination the voices of the recipients and the advice given by the ‘professionals’ will not be heard unless by taking oral testimony. As most medical practice takes place in confidence, what goes on there can thus be hard to recover and this indeed is the challenge in interviewing patients about sensitive, personal matters. Nonetheless a number of lay interviewees for this research were happy to talk of their experiences, good and ill, of embarrassment, anxiety but overall of ignorance of matters sexual. Unless and until every medical consultation is audio/video recorded we only have the ‘memory’ of the patient whether short or long term and the ‘contemporaneous’ notes of the doctor, which of course are not contemporaneous but written after the event, with or without due consideration for historical accuracy but at times reflecting what ‘should have been written’.

Yow has considered that: ‘all of us who study humans ... know that we cannot hold our conclusions with absolute certainty’ and that by taking oral testimony one is ‘open to observing the informant’s choice of behaviours ... and in this way the researcher learns new things not in an original hypothesis’ and ‘in fact many qualitative researchers do not form hypotheses at the beginning of research’.¹⁰ Qualitative research is considered to explore ‘human experience, perceptions, motivations, intentions and behaviour’¹¹ and it is this theoretical approach which allows it to get close to the experiences and views of the researched through in-depth exploration capturing how individuals construct meaning and explore their own perceptions.¹²

⁹ R. Porter, ‘The Patient’s View. Doing Medical History from Below’, *Theory and Society* 14.2 (1985), p. 182.

¹⁰ V.R. Yow, *Recording Oral History* 2nd edn (Walnut Creek, CA: AltaMira Press, 2005), p. 6

¹¹ K. Parahoo, *Nursing Research Principles, Process and Issues* 2nd edn (Basingstoke: Palgrave Macmillan, 2006), p. 63.

¹² E. Batty, ‘Reflections on the use of Oral History Techniques in Social Research’ *People, Place and Policy Online*, 3 February 2009, p.112 < http://extra.shu.ac.uk/ppp-online/wp-content/uploads/2013/06/reflections_oral_history_techniques_social_research.pdf > [accessed 1 July 2013].

The phenomenological approach, with its roots in the philosophy of Husserl, utilises a qualitative method used to discover and develop an understanding of the subjective ‘lived’ experience of individuals, in effect how individuals make sense of the world around them.¹³ Husserl’s philosophy highlighted the need for researchers to suspend their previous knowledge to prevent it interfering with the pure description of the phenomenon, by bracketing all prior knowledge to prevent bias and preconceptions influencing the research study. Thus phenomenological studies do not attempt to generate wider explanations; rather the focus is on providing research accounts for individuals in a specific setting.¹⁴

Fisher^{15,16} has interviewed pensioners, members of the working class in Oxford, Wales and Blackburn and has written of their experiences when younger, of courtship, birth control, sex and marriage but little work has been done in Scotland to assess whether experiences were similar. Levine has concluded that ‘a consensus is emerging that if we want to study the ways in which large scale social processes are refracted, through the prism of personal experience, into changing strategies of reproduction, then we have to adopt a micro level mode of analysis’.¹⁷ Davidson has considered that ‘the absence of a devolved focus is apparent in the case of Scotland given its separate traditions of law, local government, and medical practice as well as arguably its distinctive civic and sexual culture’.¹⁸

1.1 Setting the Scene

The size of the human population of an area can only be affected in three ways, inward/outward migration, death and birth, but as the control of birth is a much more ancient activity and the desire to influence the number of his/her children is one of the most fundamental of all mankind’s aspirations Wood and Suitters feel that the longing for fertility and sterility has been finding practical expression for many thousands of years.¹⁹

In 1798, in an essay on the *Principle of Population* the Rev. Thomas Malthus proposed that the unchecked geometrical growth of population would exceed a nation’s arithmetical

¹³ A. Bryman, *Social Research Methods* (Oxford: Oxford University Press, 2004), p.13.

¹⁴ S.Reeves, A. Mathieu, A. Kuper and B.D Hodges, ‘Why use theories in qualitative research?’, *British Medical Journal* 337 (2008), p.631.

¹⁵ K. Fisher, ‘Contrasting Cultures of Contraception. Birth Control Clinics and the Working-Classes in Britain Between the Wars’, *Clio Medica-Amsterdam*, 66 (2002), pp. 141-157.

¹⁶ K. Fisher, *Birth Control, Sex and Marriage in Britain 1918-1960* (Oxford: Oxford University Press, 2006).

¹⁷ D. Levine, ‘Review of Michael S.Teitelbaum, The British Fertility Decline. Demographic Transition in the Crucible of the Industrial Revolution’, *Journal of Social History*, 19 (1986), pp. 720-721.

¹⁸ R. Davidson, ‘The “Sexual State”. Sexuality and Scottish Governance, 1950-80’, *Journal of the History of Sexuality*, 13.4 (2004), p. 501.

¹⁹ C. Wood and B. Suitters, *The Fight for Acceptance. A History of Contraception* (Aylesbury: Medical and Technical Publishing, 1970), pp. vi-vii.

ability to provide appropriate sustenance and advocated 'moral restraint' that is delayed marriage until it was too late to have large families.²⁰ Malthus was strongly opposed to birth control but accepted that 'moral restraint' would give rise to smaller and probably fewer families. He was clearly aware that postponement of marriage might result in an increase in illegitimate births.

In 1927 Himes wrote in *The Lancet* of how he disputed the then current belief that the organised birth control movement was of 'recent origin'. He proceeded to explain that in 1822, there was an attempt to provide the general population, especially the working classes of access to knowledge on birth control without the cooperation for the most part of the medical profession.²¹

Francis Place in *Illustrations and Proofs of the Principle of Population*²² published in 1822 advocated adopting means to prevent breeding and distributed handbills amongst handloom weavers of Spitalfields in London in 1823 explaining his philosophies as part of what Himes has characterised as 'an organised, concerted attempt to bring contraceptive technique to the working classes without extensive aid from the medical profession'.²³ Place was well aware of what living conditions were like for the poor, as his childhood was spent in a private debtor's prison where his father was keeper.²⁴ He considered that the miseries of the poor were primarily due to their excessive numbers, simply, that there were more workers than jobs available. He wrote:

If methods can be pointed out by which all the enjoyments of wedded life may be partaken of without the apprehension of too large a family, and all its bitter consequences, he surely who points them out, must be a benefactor of mankind.²⁵

The tenor of the advice he offered being, that for those in 'genteel life' 'marriage in early life, free from the evil consequences of too large a family is the only truly happy state'.²⁶ His advice to the working people however was simple, procreate at current levels and when:

²⁰ T. Malthus, *Essay on the Principle of Population*, 1803.

²¹ N.E. Himes, 'The Birth Control Handbills of 1823', *The Lancet*, 210.5423 (1927), p. 313.

²² F. Place, *Illustrations and Proofs of the Principle of Population* (London: 1822).

²³ W. Langer. 'The Origins of the Birth Control Movement in England in the Early Nineteenth Century', *Journal of Interdisciplinary History*, 5.4 (1975), p. 675.

²⁴ Wood and Sutters, *The Fight for Acceptance. A History of Contraception*, p. 133.

²⁵ F. Place Handbill I. *To the Married of Both Sexes*. The printed handbills being addressed respectively, "To the Married of Both Sexes," "To the Married of Both Sexes in Genteel Life," and "To the Married of Both Sexes of the Working People." Quoted in N.E.Himes, 'The Birth Control Handbills of 1823', *The Lancet*, 210.5423 (1927), p. 314.

²⁶ Himes. 'The Birth Control Handbills of 1823', p. 314.

... the number of working people become too great, wages are reduced and the working people become little better than slaves; but if family size is limited then the wages and working hours will improve and there will be time for recreation'.²⁷

Place further considered:

If, above all, it were once clearly understood, that it was not disreputable for married persons to avail themselves of precautionary means as would without being injurious to health, or destructive to female delicacy, prevent conception, a sufficient check might at once be given to the increase of population beyond the means of subsistence...²⁸

Richard Carlile, considered by Himes to be 'Place's birth control disciple',²⁹ received letters from members of the public whilst an inmate of Dorchester Gaol requesting information 'of a plan for a prudent check on conception' and information 'concerning anti-conception'.^{30,31}

The cause was taken up by Robert Dale Owen, son of Robert Owen of New Lanark, who published in 1830 a pamphlet entitled *Moral Physiology* considered by Langer to be 'the most attractive of all the early writings on birth control'.^{32,33} Owen in addressing himself to the common man who was burdened by too large a family was convinced that control over sexual relations was possible and that:

men and women may, without injury to health, or the slightest violence done to moral feelings, and with but small diminution of the pleasure which accompanies the gratification of the instinct, refrain at will from becoming parents.³⁴

Charles Knowlton, a New England Physician and admirer of Owen, published *Fruits of Philosophy* in 1832, which is considered to be the first modern study of contraceptive techniques.³⁵ Knowlton dismissed *coitus interruptus* as a contraceptive method of choice and advocated the use of the vaginal syringe.³⁶ Langer has considered that John Stuart

²⁷ F. Place *Handbill III. To the Married of Both Sexes of The Working People*. Quoted in Himes 'The Birth Control Handbills of 1823', p. 314.

²⁸ F. Place, *Illustrations and Proofs of the Principle of Population. Including an Examination of the Proposed Remedies of Mr. Malthus, and a Reply to the Objections of Mr. Godwin and Others*. vol. 1 (London: Forgotten Books, 2012), p. 165.

²⁹ N.E. Himes. 'The Birth Control Handbills of 1823', p. 313.

³⁰ Carlile was imprisoned in Dorchester Gaol having been prosecuted for blasphemy, blasphemous libel and sedition for having published amongst other works Tom Paine's *The Rights of Man* and the *Age of Reason*.

³¹ R. Carlile, 'What is Love', *The Republican*, 18.11 (1825), p.560.

³² R.D. Owen, *Moral physiology; or, a Brief and Plain Treatise on the Population Question* new edn (London: Truelove, 1870).

³³ Langer 'The Origins of the Birth Control Movement', p. 678.

³⁴ Owen in the preface to *Moral Physiology* 3rd edn. (Boston, 1831.) Quoted in Langer 'The Origins of the Birth Control Movement', p. 678.

³⁵ C. Knowlton, *The Fruits of Philosophy* (London: 1834).

³⁶ Langer 'The Origins of the Birth Control Movement', p. 679.

Mill, prominent among the Benthamites, never wavered in his belief in the rightness of birth control but believed that it was up to medical men to provide guidance to their patients.³⁷

The decline of fertility in Europe was as a social revolution, a demographic transition from natural to controlled fertility;³⁸ the termination of child bearing in marriage before the cessation of the woman's physiological capacity to reproduce and this subject has traditionally been the province of historical demographers.³⁹ Himes, a physician and pioneer in fertility research, writing in *Medical History of Contraception* considered that the 'vital revolution' was the stabilisation of the population at an economic level with low rather than high birth and death rates. He further considered that, 'men and women have always longed both for fertility and sterility; each at its appointed time and in its chosen circumstances. This has been a universal aim, whether people have always been conscious of it or not.'⁴⁰

Social historians however have more recently addressed the issues as to the causes of fertility limitations and have recognised that information about 'birth control' was from the early nineteenth century available, if at all, from 'quacks and charlatans'. The artificial control of fertility being considered self help or folk medicine according to Soloway, 'traditionally associated with midwives and purveyors of rubber goods whose practices were beyond the interest of the medical profession'.^{41,42}

There is no firm evidence that the working classes were influenced by the early birth control movement but Langer considers that by the middle of the nineteenth century contraceptive practice had spread amongst the educated middle classes with the professions taking the lead.^{43,44}

³⁷ N.E. Himes, 'John Stuart Mill's Attitude towards Neo-Malthusianism', *Economic History*, 1 (1929), pp. 457-484. Quoted in Langer 'The Origins of the Birth Control Movement', p. 680.

³⁸ J. Van Bavel and J. Kok. 'A Mixed Effects Model of Birth Spacing for Pre-Transition Populations', *The History of the Family*, 15.2 (2010), p. 125.

³⁹ S.C. Watkins, 'Conclusions', in *The Decline of Fertility in Europe. The Revised Proceedings of a Conference on the Princeton European Fertility Project*, eds. A.J. Coale and S.C. Watkins (Princeton, New Jersey: Princeton University Press, 1986), p. 420.

⁴⁰ N.E. Himes, *Medical History of Contraception* (New York: Gamut Press, 1936), p. 391.

⁴¹ It is acknowledged that early condoms were not made from rubber.

⁴² R.A. Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill: University of North Carolina Press, 1982), p. 112.

⁴³ W. Seccombe. 'Starting to Stop. Working Class Fertility Decline in Britain', *Past and Present*, 126 (1990), p. 168.

⁴⁴ Langer, 'The Origins of the Birth Control Movement in England in the Early Nineteenth Century', p. 684, quoting an anonymous correspondent of *Carlisle's Republican* of May 1835, 'apparently nine out of ten English medical men practiced birth control, judging from the size of their families.'

Yet even before the First World War workers were attending meetings on birth control. Teresa Billington-Greig, a suffragette and full time organiser of the Independent Labour party spoke to the Glasgow Clarion Scouts on ‘Commonsense on the Population Question’ and Stella Brown an early birth control advocate informed workers in London of contraceptive methods.^{45,46} It is said some Marxists were suspicious of birth control and that it would divert workers from revolution⁴⁷ yet Guy Aldred (the Glasgow based anarchist) considered that birth control was being presented as an alternative to social change.⁴⁸ The working class movement indeed is considered to ‘have a long memory’ and ‘the old suspicion of Malthusian theories of population control as an alternative to social reform’ are considered to ‘die hard’.⁴⁹ Orwell characterised birth controllers as fanatics together with ‘earnest ladies in sandals’, ‘fruit juice drinkers’ and ‘vegetarians with wilting beards’ and he is said to have seen ‘birth control as some Malthusian plot to limit the lower orders’.⁵⁰

Francis Place, in 1823 in *Handbill II* stated that ‘accoucheurs of the first respectability and surgeons of great eminence’ have in some peculiar cases recommended birth control⁵¹ and John Stuart Mill as previously mentioned considered that it was up to medical men to provide guidance to their patients. Margaret Sanger, the pioneer of birth control in America, on a visit to Holland in 1915 to enquire about the causes of the low Dutch mortality rates, found that voluntary parenthood had meant ‘quality breeding and race improvement’. The Dutch had applauded contraception as a constructive force and the developments had been introduced by medical doctors.⁵² Yet Dr Florence Inglis of Dundee writing in the *BMJ* in 1921 considered that ‘the practice of contraception strikes at womanhood’ and ‘it is revolting to consider the whole of womanhood coming under the influence of such a practice.’ The medical profession were thus divided, by reluctance or ignorance in embracing birth control and much has been written over the years about the role of the medical profession in not promoting safe and effective birth control, not least because they feared the disapproval of colleagues and patients lest, they be promoting

⁴⁵ www.spartacus-educational.com [accessed 15 January 2015]

⁴⁶ P. Fryer, *The Birth Controllers* (London: Corgi 1967), p. 287.

⁴⁷ S. Rowbotham, *A New World for Women. Stella Browne - Socialist Feminist* (London: Pluto Press, 1977), p. 12.

⁴⁸ G.A. Aldred, *Rex v. Aldred. No Traitors Gait. The Autobiography of Guy A. Aldred* (Glasgow: Strickland Press, 1955), p. 453.

⁴⁹ Rowbotham, *A New World for Women. Stella Browne - Socialist Feminist*, p. 23.

⁵⁰ J. Rodden, *The Politics of Literary Reputation. The Making of “St George” Orwell* (Oxford: Oxford University Press, 1989), pp. 220-221.

⁵¹ F. Place, *Handbill II. To the Married of Both Sexes in Genteel Life*. Quoted in R. Carlile *The Republican*, Vol, 11, p. 564.

⁵² E.T. Douglas, *Margaret Sanger. Pioneer of the Future* (Garrett Park: Garrett Park Press, 1975), p.83.

immoral behaviour.^{53,54} The lack of undergraduate medical education, ignorance and downright hostility of the profession to being burdened with a role have ensured that controversy has raged and this area is explored in this thesis. Indeed both Marie Stopes and Margaret Sanger are considered to have ‘looked to the medical profession for information on contraceptive devices ... but that texts describing contraceptive technologies and their use did not exist’.⁵⁵ Himes states that, although there is no record of physicians having taken part in the early birth control propaganda, Place had ‘taken pains in his enquiries on this subject’, from surgeons and physicians and that they may have had an indirect hand in fostering reform.⁵⁶ Indeed Dr George Jones reviewed favourably editions of Marie Stopes’ *Married Love* in 1919.⁵⁷ *The Times*⁵⁸ continued to boycott the book whilst *The Lancet*⁵⁹ in 1918 described it as ‘an extremely sensible little book’ which ‘by sheer frankness remains decent’. Other reviewers, albeit anonymously, considered that in post World War One Britain there was a need for commonsense instruction on sex and its problems.⁶⁰

The main Christian churches voiced opposition in principle and the moralists promoted the view that practising contraception was deleterious to health. From the 1920s however private clinics came into existence, many of which were eventually taken over by local authorities and incorporated into the health service. Marks states that only the introduction of the oral contraceptive pill in the 1960s saw the medical profession consider that the pill, a medical tool, could rescue women from the ‘precarious nature of their menstrual and reproductive cycle’ and protect women from the dangers of pregnancy and childbirth.⁶¹ ‘Pregnancy was thus transformed into a disease against which women had to be protected’ and women anxiously sought that protection.⁶² As Watkins states, the pill served as a vehicle for greater authority in the field of contraception for both doctors and patients.⁶³ The medical profession were considered to have found a legitimate role, the role of general practitioners post the inception of the National Health Service being to offer contraceptive

⁵³ ‘Social Dialectics.’ *British Medical Journal*, 2.397 (1868), p. 113.

⁵⁴ T.E. Beatty. ‘Address in Midwifery, Delivered at the Thirty-seventh Annual Meeting of the British Medical Association’, *British Medical Journal*, 2.449 (1869), pp. 141-142.

⁵⁵ P. Neushul, ‘Marie C. Stopes and the Popularization of Birth Control Technology’, *Technology and Culture* 39.2 (1998), p. 247.

⁵⁶ Himes, ‘The Birth Control Handbills of 1823’, p.315.

⁵⁷ WL MSS 58561 19 April 1919 Stopes’ Papers, Jones to Stopes.

⁵⁸ J. Rose, *Marie Stopes and the Sexual Revolution* (Stroud: Tempus, 2007), p. 150,

⁵⁹ ‘Reviews and Notices of Books’, *The Lancet*, 192.4974 (1918), p. 886.

⁶⁰ A.C. Geppert, ‘Divine Sex, Happy Marriage, Regenerated Nation. Marie Stopes’ Marital Manual *Married Love* and the Making of a Best-Seller, 1918-1955’, *Journal of the History of Sexuality*, 8.3 (1998), p. 394.

⁶¹ L. Marks, ‘“Andromeda Freed from Her Chains”. Attitudes Towards Women and the Oral Contraceptive Pill, 1950-1970’, *Clio Medica*, 61 (2001), p. 219.

⁶² Marks, ‘Andromeda Freed from Her Chains’, p. 221.

⁶³ E.S. Watkins, *On the Pill. A Social History of Oral Contraceptives, 1950-1970* (Baltimore: The Johns Hopkins University Press, 1998), p.52.

services if the doctors wished, and felt competent, for an extra remuneration; contraceptive services never having been seen as a core part of primary care services until the General Medical Services Contract (GMS) of 2004.⁶⁴

1.2 Methodology

1.2.1 Sources

This thesis relies on two main sources: the published record and the testimonies of witnesses.

Much of this study will consider the history of the evolution of birth control clinics in Scotland and the availability, and fight for the availability, of adequate ‘birth control’ advice. The religious, political, legal and secular dimensions will be explored as well as the role of the medical, nursing and allied professions.

1.2.2 The published record

The research described relies on the published record of the period 1800 to 1975 largely extracted from scientific articles and texts. Extensive use has been made of the digitised archives of United Kingdom medical journals, *The Lancet* and the *British Medical Journal* (*BMJ*), and in addition many other scientific and sociological journals, newspapers both local and national, contemporary literature, popular magazines and text books have been examined. Articles and reports in learned journals give a flavour of contemporary thinking on issues and the correspondence columns of medical journals often highlight the controversial issues in the medical politics of the day and here one can hear the dissenting voices.⁶⁵ In addition Parliamentary Papers, Hansard and Governmental reports have been examined. Much of the literature used to inform the discussion is based on research in many different countries but it will be shown that by evaluating this work one can draw parallels with the position in Scotland.

Academic journals designed to keep professionals up to date on research within a field have been invaluable in this study, although without having access to editorial decisions we cannot comment about what has not been published. It is clear however from *The Lancet* and *British Medical Journal*, weekly journals, that topics had a finite lifespan and that the subsequent correspondence columns which detail inter and intraprofessional disputes often did not enhance reputations. Yet *The Lancet* and the *BMJ* often offered

⁶⁴ Trained and morally competent, that is not disapproving.

⁶⁵ H. Thomas ‘The Medical Construction of the Contraceptive Career’, in *The Sexual Politics of Reproduction*, ed. H. Homans (Aldershot: Gower, 1985), p. 46.

differing interpretations and comments on research or events. Sometimes even failing to comment at all, or voicing outright disapproval as in the case of early twentieth century commentaries on birth control. The intended audience of course will always affect the editorial decisions made by the publishers and ultimately learned journals have to defend their editorial decisions. What is clear in the extensive correspondence of the major British medical journals is the kudos attached to having a letter published, and the risk of libelling fellow 'professionals' as evidenced by the acrimonious correspondence from Norman Haire and Marie Stopes.⁶⁶

Historical issues of academic journals however can reveal how in the past, events and developments were interpreted, analysed, accepted or rejected.

Newspapers have been utilised to identify the 'what happened' and what people knew about what was happening and also how current events were viewed from the details of salacious criminal trials to the activities of celebrities like Marie Stopes, twisting her ankle whilst visiting a fish market in Aberdeen. 'For the historian of the future, interested in the human reaction to the march of history no source book could be more important than the correspondence column of *The Scotsman* or *The Glasgow Herald* ', for here 'it is possible to get something of the current gossip... that goes on ... wherever men meet and talk'.⁶⁷ The newspaper can thus be seen as a window on the life of our ancestors. The owners and publishers and editors however would bias the reporting in favour of advertisers, sponsors and the readership, and promote the causes dearest to them, perhaps not critically.

Newspapers and journals have been used to disseminate medical information since the eighteenth century and indeed it is because reviews and magazines reflect the current situation that they are indispensable for the study of opinion at a given moment or in a short span of years.⁶⁸ Nowadays it is scarcely possible to open a magazine or newspaper without finding the obligatory medical advice column and the views endorsed by the publishers are no doubt validated and authoritative and can adhere to quality standards. Porter has written of the experiences of the layman accessing medical knowledge through the pages of the *Gentleman's Magazine* in the eighteenth century while Spencer has considered medical knowledge in a popular middle-class journal in the mid nineteenth century, *Blackwood's Magazine*.⁶⁹ From the correspondence columns of the *Christian*

⁶⁶ N. Haire, 'Clinic Experience in Contraception', *The Lancet*, 200.5164 (1922), p. 588.

⁶⁷ J.P.S. Ferguson, *Directory of Scottish Newspapers* (Edinburgh:National Library of Scotland, 1984),p. ix

⁶⁸ *The Wellesley Index to Victorian Periodicals 1824-1900* (London, Routledge, 1989)

⁶⁹ T. Spencer, 'The literary representation of the medical profession and medical knowledge in a popular middle class journal of the mid- nineteenth century' (unpublished MPhil dissertation, University of Glasgow, 2001)

News and the *English Mechanic* it is evident that the public still wished to consult with and seek a medical opinion anonymously. That this desire continued into the twentieth century is evidenced by the medical queries covered in ‘agony columns’ in women’s and girls’ magazines of the early part of the century. Dedicated medical question and answer columns, however, are a feature of the post-war period despite the advent of the NHS in 1948 which was to provide universal health care free at the point of need.

Popular print media can thus be considered as a productive source of health information and exchange and help as evidenced by the interviewee who wrote to a magazine for help when finding herself pregnant (see Chapter 7). Articles in popular magazines however are essentially for entertainment and are generally written in non technical language and published as a commercial venture. They are unlikely, unlike academic journals to be peer reviewed.

Documents such as Hansard and Parliamentary Papers provide direct evidence of Government’s activities, functions and policies and are readily available. Through these documents one can hear the voices in debate of the legislators, even evidencing at times how ill informed, yet opinionated they were. No doubt elected parliamentarians would hope that their views would ultimately be reported by local newspapers and influence their constituents although not positively in the case of Rev. Barr MP for Motherwell who opposed the 1924 Bill to offer family planning (see Chapter 5).

Archival material from the National Records of Scotland the Scottish Catholic Archives and the Free Church of Scotland Archives has provided a wealth of detail on the interdepartmental correspondence at UK government and Scottish office level, which at times has revealed hitherto undocumented opinions of politicians. Similarly the thoughts and influences of particular religious denominations are revealed by archival exploration. However, what archival material is retained, in what form and whether time embargoed, will dictate what can be elucidated from the archives.

A literature search was undertaken using the databases Medline (Ovid), Excerpta Medica dataBASE (EMBASE), Cumulative Index to Nursing and Allied Health (CINAHL) and JSTOR. Similarly the library catalogues of the universities of Edinburgh, Glasgow, Dundee and Aberdeen were searched as well as the online catalogues of the National Library of Scotland, the British Library and the Library of Congress. Visits were made to the Wellcome Library, London, University of Glasgow Archives and Strathclyde Archives held in the Mitchell Library, Glasgow. The National Library of Australia in Canberra provided copies of material not held in any library in the United Kingdom. The Scottish

Catholic Archives in Edinburgh, and the Archives of the Free Church of Scotland, the National Records of Scotland (NRS) also in Edinburgh, the Women's Library, Glasgow, and the Library and the Archives of the Royal College of Physicians and Surgeons of Glasgow were rich sources of information and provided invaluable help. The archivists/librarians of a number of regional newspapers have been particularly helpful in locating information not accessible on-line. The internet has of course been an increasingly invaluable resource.

1.2.3 Testimonies

Oral history testimony has thus been taken by the author, a male NHS General Practitioner with over thirty years clinical experience of interviewing patients, often about sensitive or embarrassing matters, who was trained in the techniques of oral history as part of the Master of Philosophy in History degree programme at the University of Glasgow. As a practising GP the author has throughout his career supported women's right to chose contraception, by the method of their choice, consistent with extant clinical guidelines and practice.

Oral history has been used as a means of collating the means of 'everyday practices, choices preferences and beliefs',⁷⁰ which are considered not to appear in written sources, if such exist, documenting such intimate issues as sexual practices and contraception. By using oral history in this study one is able to examine birth control practices by considering an interviewee's whole life experiences, on the interviewee's terms and generally in the interviewee's own domain. Oral history testimony, albeit subjective, thus 'allows the voice of ordinary people to be heard alongside the careful marshalling of social facts in the written record'.⁷¹ An iterative approach has been taken utilising information from documents and archival materials to modify pre-prepared semi-structured questions for interviewees as the research project has proceeded.

The sexual theme of the research project did not dissuade respondents from agreeing to be interviewed. No one approached declined to be interviewed after initial contact and follow up telephone call after reading the information leaflet. At the time of the interviews the project was once again discussed and verbal consent obtained. Indeed, as Fisher found, many were 'keen to tell representatives of a younger generation about the sexual cultures of their youth', although in this case the interviewer was in his mid fifties at the time of the interviews.

⁷⁰ K. Fisher, *Birth Control, Sex and Marriage in Britain 1918-1960* (Oxford: Oxford University Press, 2006), p.13.

⁷¹ J.Tosh, *The Pursuit of History* rev. 3rd edn (London: Pearson Education, 2002), p. 299

The interviewees were keen to tell their stories and enthused that interest was taken in their life history, although with rare exceptions anonymity was requested. In contrast to Fisher's experience, the author found no hesitancy in discussing sex and no evasiveness was detected.⁷² Clearly the interviewer was nearer the age of the interviewees than in other studies,⁷³ and although it has been reported that women make the best general investigators,⁷⁴ the author considered that as all the interviewees knew of his background as a working GP, although none were his patients or had next of kin who were his patients, there was little diffidence or reluctance to discuss sexual matters. This was perhaps as the interviewees viewed him as a medical doctor rather than as a historian, and responded in a more matter-of-fact manner. Or it is possible that thirty plus years of discussing, at times, intimate life details was identified by the interviewees and that they found the interviewer empathetic and were comfortable being interviewed. It is however recognised that a young interviewer may be able to exploit their apparent inexperience to obtain further information.⁷⁵

Society has changed since the interviewees' first experience of sex and contraception and one is alert to the possibility when taking an oral history that there may be inaccurate recollection of sex lives and perhaps a reformulation and reappraisal of the values that the interviewees espoused in earlier years. Those brought up prior to easy access to contraception may lament the freer sex lives of the youth of today.

Testimony has been taken from retired health care professionals, family planning nurses, GPs, family planning doctors, pharmacists and obstetricians, as well as patients and retired clergymen, who were involved in prescribing, dispensing, researching methods of contraception, or in the case of the patients at the receiving end of the wisdom or ignorance of the professionals, and of course in the case of the clergy advising on the moral questions in relation to the practice of birth control.⁷⁶ All the respondents had lived and or worked in Scotland for most of their careers. From this diverse group fascinating insight into the lives of professionals and patients has been obtained covering a prolonged period of years. All retired professionals interviewed requested that their anonymity be respected with exceptions which are obvious in the text. Thus in the footnotes and references the initials of the respondents have been changed. The retired member of the Roman Catholic

⁷² Fisher, *Birth Control, Sex and Marriage in Britain*, p. 17.

⁷³ Fisher, *Birth Control, Sex and Marriage in Britain*, p. 18

⁷⁴ A. Cartwright and J. Moffett, 'A Comparison of Results Obtained by Men and Women Interviewers in a Fertility Survey', *Journal of Biosocial Science*, 6 (1974) p. 322.

⁷⁵ Fisher, *Birth Control, Sex and Marriage in Britain*, p. 19.

⁷⁶ Appendix 1

priesthood similarly wished to remain anonymous which allowed for a very frank interview. Accordingly the audio recordings and transcripts are not available for review and the participants agreed that on completion of this study they would be approached and the fate of the audio recordings then decided. Representatives of the major religious denominations in Scotland were approached for their views but unfortunately only representatives of the Roman Catholic, Free Church of Scotland and Church of Scotland were prepared to be interviewed for this study.

Brown considers that historians used to take a rather dim view of the human memory but that 'memory is now a jewel of the social and cultural historian'.⁷⁷ Oral history testimony however has been criticised in some quarters as unreliable and tainted by personal subjectivity, with Hobsbawm stating that 'most oral history today is a personal memory ... a remarkably slippery medium for preserving facts'.⁷⁸ Nevertheless Thompson has considered that the memory process depends not only on individual comprehension but upon an individual's personal interest in particular subjects, and oral history has been perceived as a means to empower women, the working class and ethnic minorities.^{79,80} Oral histories are usually taken by an interview process with the strengths of the interviewer/ interviewee relationship embedded within the qualitative research paradigm,⁸¹ and it is this relationship which ideally fosters trust and often leads to tangential discussions moving from the point and object of the interview but which nevertheless are of great interest. The interviewer thus needs to be aware that interviewees recounting personal histories of sensitive topics and memories may find the experience traumatising, cathartic or fulfilling.⁸²

1.2.4 Ethics

In order to undertake this research project approval was obtained from the Medical Faculty Ethics Committee of the University of Glasgow – FM01310. Because of the intention to interview 'patients' an application was submitted and approval sought from NHS National Research Ethics Service - Fife, Forth Valley & Tayside Research Ethics Service Reference

⁷⁷ C.G. Brown, *Postmodernism for Historians* (London: Pearson/Longman, 2005), p. 126.

⁷⁸ E.J. Hobsbawm, *On History* (London: Weidenfeld & Nicolson, 1997), p. 206.

⁷⁹ P. Thompson, *The Voice of the Past. Oral History* 3rd edn (Oxford: Oxford University Press, 2000), p. 131.

⁸⁰ A. Green and K. Troup, *The Houses of History. A Critical Reader in Twentieth-Century History and Theory* (Manchester: Manchester University Press, 1999), p. 231.

⁸¹ E. Batty, 'Reflections on the use of Oral History Techniques in Social Research' http://extra.shu.ac.uk/ppp-online/wp-content/uploads/2013/06/reflections_oral_history_techniques_social_research.pdf p. 112 [accessed 1 July 2013].

⁸² C.M. Renzetti and R.M. Lee eds. *Researching Sensitive Topics* (London: Sage Publications, 1993), p. 6.

09/SO501/14 and participant information leaflet ⁸³ and sample questionnaires ⁸⁴ and consent forms ⁸⁵ were assessed. NHS Greater Glasgow and Clyde agreed to undertake Research and Development (R & D) sponsorship. R & D management approval was subsequently obtained from all regions of mainland Scotland and the Western Isles.

1.2.5 Participants

Retired ‘professionals’ were identified and invited to participate in this research. Then, by using snowball sampling,⁸⁶ a non probability sampling technique, existing study subjects were asked to identify potential recruits who were initially contacted by telephone then a participant information sheet and consent form and sample questions were forwarded to confirm their agreement to participate. Patients were recruited in a similar manner as the first medically qualified interviewee identified her hairdresser as a potential interviewee and the ‘snowballing effect’ ensued, with her friends identified, and recruited.

The patients varied in age from 55 to 86 at the time of interview and the professionals graduated between 1945 and 1972. Most interviews were undertaken in the participant’s home which facilitated disclosure of some very sensitive topics, elaborated in later chapters. The interviews were undertaken between 2008 and 2012.

1.2.6 The interviews.

The semi structured interviews commenced with open ended questions and were recorded on a digital recorder. This allowed the participants voices to be heard describing in their own words their experiences. Consent was obtained to keep the audio tapes until the research project was completed. The testimonies have been used to inform this research and provide a rich background and commentary on the issues in this thesis.

Much encouragement has been provided by interested parties who have given freely of their advice and provided memories and anecdotes but who have not been formally interviewed for this work. Their contributions are acknowledged in footnotes as personal communications.

This thesis on the dissemination of birth control knowledge will seek to explore the factors which promoted or hindered the spread of contraceptive knowledge and advice in the period 1900-1975 in Scotland, spanning the time of, the General Strike of 1926 and the first public demonstration of television by John Logie Baird; the founding of the National

⁸³ Appendix 2

⁸⁴ Appendix 4

⁸⁵ Appendix 3

⁸⁶ A. Bryman, *Social Research Methods* (Oxford: Oxford University Press, 2004), pp. 100-102.

Party of Scotland in 1928 and the discovery of penicillin by Alexander Fleming; the Second World War; the founding of the National Health Service in 1948; the removal of the Stone of Destiny from Westminster Abbey in 1951; the Abortion Act of 1967; the General Assembly of the Church of Scotland permitting the ordination of women as ministers and the Papal encyclical *Humanae Vitae* in 1968; the discovery of oil in the North Sea in 1969 and from the time when birth control advice was available from the first private family planning clinics to the time in 1974 when contraceptive advice became freely available at NHS expense.

Religion, politics and the legal and medical professions have all contributed to the debate and although chapter headings will identify the main themes of the thesis considerable overlap will be inevitable.

1.3 Outline of Thesis

In considering this topic of Birth Control in Scotland 1900-1975 it was felt appropriate in many chapters to provide a historical context to the chapter topic by way of events, knowledge and understanding leading up to 1900. A timeline of significant dates and events has been included (Table 1.1).

Chapter Two will deal with the developments in the understanding of human physiology and of the knowledge of the hormonal control of reproduction, the precursor to the development of drugs to influence the menstrual cycle.

Attitudes towards sexuality changed between the eighteenth and nineteenth centuries, leading up to the start of the twentieth century and thus the seminal role of surveys of sexual attitudes and practises will be discussed.

Chapter Three Fryer in *The Birth Controllers* has described the period prior to Francis Place's handbills being produced in 1823 (see Chapter 1.1) as the prehistoric period of contraception..⁸⁷ Post 1870 there was a pan European decline in fertility, somewhat delayed in Scotland until the early years of the twentieth century. This was a dramatic reversal of demographic trends. The decline in fertility was real but the debate centred on the causes. Deliberate family limitation was the inevitable conclusion, more pronounced amongst the higher socioeconomic groups. Knowledge and availability of contraceptive methods was scanty, so consideration has been given to the place of *coitus interruptus* and abstinence as deliberate family limitation, became to be perceived to be of financial benefit to individual families. Consideration will be given to the role of the early pioneers of birth

⁸⁷ P. Fryer, *The Birth Controllers* (London: Corgi 1967), p.11.

control advice leading up to the opening of first birth control clinic in the United Kingdom, opened by Marie Stopes.

Chapter Four As Scotland is nominally a Christian country the role and historical attitudes of the major Christian churches will be considered and the attitude of the church to deliberate family limitation will be discussed as it was unchanged until the 1930s. The Roman Catholic Church however holds unwavering doctrinal views on the issue of birth control to this day.

Chapter Five This chapter will examine the political dimension of the roles of central and local government which have promoted or hindered the dissemination of birth control advice and in particular on the attitude of the Secretary of State for Scotland in failing to encourage the dissemination of birth control advice.

Chapter Six The Bradlaugh-Besant trial of 1877 and the case of the Chrimes brothers have been discussed in order to highlight the desires of the public, from the nineteenth century, to have information on birth control (contraception and abortion) and the legal impediments in place to prevent such information being readily available to the general public. The NHS Act in Scotland is different to that in England. Scots Law is uniquely Scottish, yet legal cases in England and subsequently at Courts of Appeal or the House of Lords have resonance in Scotland. This chapter will thus explore the legal controversies which promoted or hindered the availability of birth control advice.

Chapter Seven The medical profession did not consider the issue of contraception to be of their concern and indeed were concerned lest they be considered to be promoting immorality. The question of overpopulation was discussed in medical circles in Victorian times and repudiated. Yet some in the medical profession recognised the need to provide information for the general public but fell foul of the General Medical Council when accused of infamous conduct. *The Lancet* chastising medical men who commit 'this sin against physiology.'⁸⁸ Although as a profession, doctors were initially uninterested in the topic of birth control this chapter will consider the changing attitudes of the medical profession from outright hostility and the reasons for the attitudinal change.

Chapter Eight By way of a comparative case study of the cities of Aberdeen, Dundee, Perth and Edinburgh this chapter will explore how birth control services developed in these cities.

⁸⁸ 'The Wail of a French Philanthropist', *The Lancet*, 147.3783 (1896), pp. 564-565.

Chapter Nine Although the medical profession were never at the forefront of promoting birth control practices enthusiastic lay pioneers sought to promote birth control advice but not always by means of founding clinics. The place of literature, magazines and the roles of nurses and pharmacists will be explored.

Conclusion.

Table 1.1 Timeline of significant dates and events.

Time		Chapter
1798	Malthus : <i>Principle of Population</i> published..	3
1822	Frances Place: <i>Illustrations and Proofs of the Principle of Population</i> published.	1
1830	Robert Dale Owen : <i>Moral Physiology</i> published.	1
1832	Charles Knowlton : <i>Fruits of Philosophy</i> published.	1
1843	Disruption of Church of Scotland forming Free Church of Scotland.	4
1853	Catholic Church first considered 'rhythm method'	4
1877	Bradlaugh - Besant Trial.	6
1877	Malthusian League formed.	6
1885	Dr Henry Allbutt publishes <i>The Wife's Handbook</i> and his name is erased from Medical Register.	7
1889	Patrick Geddes appointed to the chair of Botany at University College Dundee.	2
1889	Brown-Séquard was the first to propose that the testes influenced metabolism through an internal secretion produced by the testes.	2
1892	Free Presbyterian Church evolved from Free Church.	4
1892	Clelia Mosher commenced 'Mosher Survey'.	2
1895	Edward Schäfer, postulated internal secretions from 'glands'.	2
1897	John Bear at Edinburgh University : function of corpus luteum to prevent ovulation..	2
1905	Ernest Starling: described chemical messengers as 'hormones'.	2
1905	Newsholme and Stevenson's much quoted paper to the Royal Statistical Society in 1905 showed that women of child bearing age in Britain in 1881 were having fewer children.	3
1911	Fertility of Marriage Census Inquiry was undertaken.	3
1918	Marie Stopes : <i>Married Love</i> published.	3
1920	Lambeth Conference of Anglican Church hostile to birth control.	4

1921	Marie Stopes opens first clinic in London.	3
1920	Lord Dawson of Penn, the Kings physician suggested that the medical profession should be able to advise on birth control.	7
1922	Havelock Ellis: <i>Little Essays of Love and Virtue</i> published.	2
1923	Marie Stopes <i>Contraception</i> published.	7
1923	Margaret Sanger established the Birth Control Clinical Research Bureau in America.	7
1923	F.A.E. Crew, director of the Department of Research in Animal Breeding at the University of Edinburgh undertook a study on the effectiveness of spermicides.	7
1924	Marie Stopes libel action.	6
1926	Free Church of Scotland discouraged birth control.	4
1926	The Local Authorities (Birth Control) Enabling Bill was proposed by Ernest Thurtle MP.	5
1926	Contraception 'could be considered appropriate if infirmity in mother could be demonstrated'.	7
1927	Corner's work in primates suggested that ovulation was likely in humans to be mid-cycle	7
1927	Formation of Birth Control Investigation Committee.	7
1927	Aberdeen clinic of SPBCC disaffiliated from Marie Stopes' organisation as Aberdeen clinic considered referral from medical practitioner pre requisite to obtaining birth control advice.	6
1929	Dr Ernst Gräfenberg promoted the use of the silver spiral ring (Gräfenberg Ring) which was inserted in utero.	7
1930	Lambeth Conference of Anglican Church : contraceptive methods may be used, provided that this is done in the light of Christian principles.	4
1931	Mr Justice McCardie in trying a criminal abortion case in Leeds Assizes made a statement in favour of legislation permitting abortion.	6
1931	Women doctors expected to give up posts on marrying.	7
1931	Pope Pius XI, <i>Casti Connubii</i> deplored artificial contraception.	4

1931	Ministry of Health (England) issued <i>Memorandum 153/M.C.W</i> which reaffirmed that it was not the function of the maternal and child welfare centres to provide birth control instruction.	5
1932	Health Minister in Scotland remained unconvinced of the need to issue a circular along the lines of <i>Memorandum 153/M.C.W</i> .	5
1935	Report on Maternal Morbidity and Mortality in Scotland..	7
1935	The Archbishop of St Andrews and Edinburgh called on Catholics to ‘stem the tide of paganism’ since clinics in Edinburgh, were openly teaching ‘loathsome lust in neonanism’.	4
1936	Dr Hermann Knaus, an Austrian gynaecologist and Dr Kyusaku Ogino a Japanese gynaecologist in 1936 concluded that ovulation was a mid-cycle event and that it occurred between day 13 and day 16 in a 28 day cycle.	7
1936	Louise McIlroy in her Presidential address to the Royal Institute of Public Health and the Institute of Hygiene, in considering abortion vis a vis birth control, felt that birth control was the lesser of the two evils.	7
1936	Cathcart Report : Report of the Scottish Health Services Committee	5
1936	Free Church of Scotland : birth control impure.	4
1937/38	Zuckerman and Greep : menstruation a consequence of regression of corpus luteum.	2
1938	Methodists regarded sexual freedom from birth control as positively revolting.	4
1938	Kinsey in USA, collected statistics on the sexual habits of volunteers.	2
1944	Church of Scotland Report : ‘Marriage and the Family’ abandoned prohibition of practice of contraception by married couples.	4
1945	Drs Barton and Wiesner published a paper outlining the use of plotting the basal body temperature (Waking Temperature) measurement in relation to ovulation.	7
1947	National Health Service (Scotland) Act.	5
1948	Founding of NHS	5
1949	Leonard England undertook ‘Little Kinsey’ a survey of sexual habits by Mass Observation.	2

1949	<i>The Report of the Royal Commission on Population</i> was presented to Parliament in June 1949. Lewis-Fanning: <i>Report on an Inquiry into Family Limitation and its Influence on Human Fertility during the Past Fifty Years</i> was Volume I of this report.	3
1951	Pope Pius XII advised Catholics that rhythm method was open to all Christian couples.	4
1958	Lambeth Conference of Anglican Church resolution- no condemnation of birth control whatsoever.	4
1958	Progesterone only pill condemned as abortifacient.	4
1959	Oral contraceptive pill invented.	4
1960	Free Church of Scotland had begun to embrace the belief that Family Limitation may indeed be a Christian duty.	4
1962	Free Church of Scotland: 'Christians had every right to use the gifts of science for proper ends.	4
1963	The Archdiocese of St Andrews and Edinburgh stated that a Catholic doctor may not in any way recommend the use of oral contraceptives to patients as a means to avoid pregnancy.	4
1966	Medical Defence Union 'a man has a legal right of having the opportunity of having children by his wife'.	6
1967	Edwin Brooks MP introduced a Private Members Bill, National Health Service (Family Planning).	5
1967	Abortion Act.	5
1968	<i>Humanae Vitae</i> Pope Paul VI condemned the use of the oral contraceptive pill.	4
1968	The Health Services and Public Health Act, sought to amend the National Health Service Act (1946) and the National Health Service (Scotland) Act (1947)	5
1970	Section 15 of the Health Services and Public Health Act, 1968 implemented allowing patients in Scotland able to avail themselves of family planning advice for both medical and social reasons.	5
1971	Free Church of Scotland concerned that oral contraceptive would not protect against venereal disease and would encourage promiscuity.	4
1974	Free Church of Scotland abhorred government announcement that birth control would be freely available irrespective of marital status	4

1974	Reorganisation of NHS.	5
1975	Free family planning service from February 1975 for both medical and social reasons.	7
1975	Department of Health introduced a system of item of service payments to General Practitioners for providing family planning services, and hospital consultants who provided sterilisation procedures were to be similarly financially rewarded.	7
2004	Family planning advice considered part of General Medical Services.	5

LEGEND	
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Chapter Two: Physiology & Sexuality

Physiology

Introduction

Part One of this chapter will consider the development of the understanding of the influence of hormones as chemical messengers acting distant from their site of production. An appreciation of the hormonal control of the menstrual cycle and thus of reproductive physiology were a necessary forerunner to the development of hormonal based contraception.

2.1.1 The Dundee Connection: Patrick Geddes and the *Evolution of Sex*

In 1889 Patrick Geddes was appointed to the chair of Botany at University College Dundee, a post he held for thirty years, under special terms that required him only to teach and be in residence in Dundee for three months per year coinciding with the summer term in order that his major energies were to be left free for activities outside the university.^{89,90,91} A student of T.H. Huxley the defender of Darwin, he emphasised the development of sexual reproduction, which generates variable offspring, as a major step in the evolution of organisms. Geddes' circle of friends in Edinburgh considered themselves as radicals and the 'woman question', women's role in society and the relationship between the sexes, provided the context for the esteemed but controversial study entitled *The Evolution of Sex*.^{92,93} This was a first volume of Havelock Ellis' contemporary science series 'intended principally for the intelligent layman' which Geddes published, with J. Arthur Thomson who later became Professor of Natural Sciences at Aberdeen University.⁹⁴ Ellis stipulated that the style, of the book, should be as simple as possible.⁹⁵ The central thesis of the book was to 'present an outline of the main processes for the continuation of organic life with such unity as our present knowledge renders possible'.⁹⁶ Porter and Hall consider that Geddes and Thomson had some sympathies with neo-Malthusian arguments since 'the survival of the species depends not primarily on quantity

⁸⁹ As well as being an evolutionary biologist and sociologist Geddes was one of the modern pioneers of the concept of town and regional planning.

⁹⁰ J.S.G. Blair, *History of Medicine in Dundee University* (Dundee: 2007), p. 39.

⁹¹ H.E. Meller, *Patrick Geddes. Social Evolutionist and City Planner* (London: Routledge, 1990), p. 4

⁹² Meller, *Patrick Geddes. Social Evolutionist and City Planner*, p. 3.

⁹³ P. Geddes and J.A. Thomson, *The Evolution of Sex* (London: Walter Scott, 1889).

⁹⁴ P.M. Grosskurth, *Havelock Ellis. A Biography* (London: Allen Lane, 1980), p. 114.

⁹⁵ Grosskurth, *Havelock Ellis. A Biography*, p. 114.

⁹⁶ Geddes, *The Evolution of Sex*, Preface.

but quality'⁹⁷ but they were considered nonetheless to have had an ambivalent attitude to the employment of artificial birth control.⁹⁸

2.1.2 Internal secretions: Hormones

Brown-Séquard, was an Anglo-French-American physician who held joint appointments at the Hospital for Nervous Diseases at Queen Square in London and at the College de France in Paris in 1889. According to Marshall in the first, 1910 edition of his book *Physiology of Reproduction*,⁹⁹ Brown-Séquard was the first to propose that the testes influenced metabolism through an internal secretion produced by the testes yet Marshall concluded that any beneficial properties of testicular extracts were likely to have been due to suggestion.¹⁰⁰ Brown-Séquard persisted in his beliefs and claimed that almost any sort of illness would respond to testicular extracts. His supposedly 'bizarre' ideas according to Henderson gained respectability when he coined the term 'organotherapy'.¹⁰¹

Schäfer, then Professor of Physiology at University College London, later Professor of Physiology at Edinburgh University in an address to the British Medical Association (BMA) in 1895 on 'Internal Secretions' acknowledged that :

a secreting organ is one which separates certain materials from the blood and puts them out again, sometimes after effecting change of some sort in them, usually upon external surfaces, or at least upon surfaces which are connected to the exterior. ... Some secreted materials are not poured out upon an external surface at all but are returned to the blood ... The name of gland is one which is usually applied to a secreting organ.¹⁰²

By 1905 Starling, Professor of Physiology at University College London and Schäfer's successor, considered that chemical control of bodily functions was perhaps more extensive than nervous control and that 'these chemical messengers or hormones' (from the Greek ἰσχυρίζω for I excite or arouse) had to be carried from their organ of production to the organ they affect by means of the blood stream.¹⁰³

2.1.3 Physiology of reproduction

Marshall's 1910 edition of the *Physiology of Reproduction* clearly outlined the then understanding of the function of semen as the mechanical medium in which the

⁹⁷ Geddes, *The Evolution of Sex*, p. 285.

⁹⁸ R. Porter and L. Hall, *The Facts of Life. The Creation of Sexual Knowledge In Britain, 1650-1950* (New Haven, Conn: Yale University Press, 1995), p. 157.

⁹⁹ F.H.A. Marshall, *The Physiology of Reproduction* (London: New York: Longmans, Green and Co, 1910).

¹⁰⁰ Marshall, *The Physiology of Reproduction*, pp. 308-309.

¹⁰¹ J. Henderson, 'Ernest Starling and 'Hormones'. An Historical Commentary', *Journal of Endocrinology*, 184.1 (2005), p.6.

¹⁰² E. Schäfer, 'Address in Physiology on Internal Secretions', *The Lancet*, 146.3754 (1895), p. 321.

¹⁰³ Henderson, 'Ernest Starling and 'Hormones'. An Historical Commentary', p. 9.

spermatozoa move, first described by Antoine van Leeuwenhoek in 1677.¹⁰⁴ Secreted by the seminiferous tubules a nutritive function was postulated.¹⁰⁵ Unidentified organic chemicals of indeterminate function were also recognised as being present in the semen.¹⁰⁶

The nervous energy theory of sexuality held that loss of semen resulted in the loss of strength, and that the practice of masturbation led to debility.¹⁰⁷ It waned in favour of the glandular theory by 1912 but it would be a further ten years before sex hormones were isolated and available for study.¹⁰⁸ Sexual exertion, if moderate, was not considered a threat to health or morality and indeed the stability of the family unit was considered to be enhanced by sexual activity within the married state and social reformers looked to physicians and physiologists to evaluate safe and effective means of birth control.¹⁰⁹ Yet even by the sixth edition (1915) of T.H.Huxley's standard physiology text, *Lessons in Elementary Physiology*¹¹⁰ it was considered that no editor dared include a reference to the human reproductive system.¹¹¹

It was recognised from the work of Beard, at Edinburgh University in 1897, that the function of the corpus luteum was to prevent ovulation during pregnancy and that ovulation could be inhibited. Reproductive research, in Borell's view, having initially been limited by contemporary attitudes to human sexuality moved apace after World War I and in this capacity physicians were replaced as experts in sexual physiology by laboratory investigators.¹¹² Yet until the mid 1930s, little was understood about ovulation and fertilisation and the specific hormones which affected these processes. By 1939, however, progesterone was confirmed as an effective suppresser of ovulation.^{113,114}

Marshall had dismissed the theory that menstruation was caused by a nervous reflex set up by ovulation or by the pressure of the growing follicles, but he did recognise that menstruation was under ovarian influence. The hormonal control of menstruation was however, only clarified comparatively late in the twentieth century. It was generally believed that without ovulation there could be no menstruation, but Corner, an American

¹⁰⁴ S.S. Howard, 'Antoine van Leeuwenhoek and the Discovery of Sperm', *Fertility and Sterility*, 67.1 (1997), pp. 16-17.

¹⁰⁵ F.H.A. Marshall *The Physiology of Reproduction* 2nd edn (London: Longmans, Green and Co, 1922), p.169.

¹⁰⁶ Marshall *Reproduction* 2nd edn p. 297.

¹⁰⁷ M. Borell, 'Organotherapy, British Physiology, and Discovery of the Internal Secretions', *J. Hist. Biol.*, 9.2 (1976), p. 235.

¹⁰⁸ M. Borell, 'Organotherapy and the Emergence of Reproductive Endocrinology', *J. Hist. Biol.*, 18.1 (1985), p. 14.

¹⁰⁹ Borell, 'Organotherapy and the Emergence of Reproductive Endocrinology', pp. 19-20.

¹¹⁰ T.H. Huxley, *Lessons in Elementary Physiology* 6th edn (London: Macmillan, 1915).

¹¹¹ J. Rose, *Marie Stopes and the Sexual Revolution* (Stroud: Tempus, 2007), p. 130.

¹¹² Borell, 'Organotherapy and the Emergence of Reproductive Endocrinology', p. 2.

¹¹³ L. Marks, *Sexual Chemistry* (New Haven: Yale University Press, 2009), p. 44.

¹¹⁴ Marks, *Sexual Chemistry*, p. 44.

physiologist, in 1923, showed that menstruation could occur in the rhesus monkey in the absence of any corpus luteum. Until the 1930s, there was no agreement as to the timing of ovulation and standard medical advice books recommended that to avoid conception women should have intercourse during the middle of their menstrual cycles i.e. during days twelve through sixteen, now known as the period of maximum fertility.¹¹⁵ Corner in 1927 stated categorically nonetheless in the *Journal of the American Medical Association* (JAMA) that:

ovulation is a periodic function occurring regularly at about the middle of the interval between the menstrual haemorrhages [and] it is followed by the development of a corpus luteum at the site of the discharged follicle. If however the ovum is not fertilised, the corpus luteum regresses and at the same time the “premenstrual” endometrium suddenly breaks down with resultant haemorrhage.¹¹⁶

Subsequent work by Zuckerman in 1937 and Hisaw and Greep in 1938 finally provided convincing proof that menstruation was normally the consequence of regression of the corpus luteum, earlier theories that there was a correlation between lunar and menstrual cycles having been discounted.¹¹⁷ However, if there was no corpus luteum present, menstruation could still occur in response to a declining secretion of oestrogen.¹¹⁸

This knowledge enabled scientists to continue work to establish chemical means to interfere with the reproductive process and with hormonal cyclical fluctuations; in effect to search for a hormonal contraceptive to prevent ovulation.¹¹⁹

Sexuality

2.2.1 Sexual Practice

Darby conceptualises the evolution of medical knowledge of sex over three centuries.¹²⁰ The eighteenth century he considers was a libertine period and medical authorities were only concerned with sex in relation to venereal disease. Most men and women were desirous of having sexual relations which were considered normal and mutually

¹¹⁵ T.W. Laqueur, 'Orgasm, Generation, and the Politics of Reproductive Biology', *Representations*, 14 (1986), p. 3.

¹¹⁶ G. Corner, 'The Relation Between Menstruation and Ovulation in the Monkey. Its Possible Significance for Man', *Journal of the American Medical Association*, 89.2 (1927), p. 1838.

¹¹⁷ D.L. Gunn, P.M. Jenkin and A.L. Gunn, 'Menstrual Periodicity; Statistical Observations on a Large Sample of Normal Cases', *Journal Obstetrics and Gynecology* 44.5 (1937), pp. 839-859. Quoted in 'Duration of the Menstrual Cycle', *The Lancet*, 230.5962 (1937), p. 1326.

¹¹⁸ <<http://ovary.stanford.edu/history/discovery.html>>[accessed 20 February 2014]

¹¹⁹ Marks, *Sexual Chemistry*, p. 45.

¹²⁰ R. Darby, *A Surgical Temptation. The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago: University of Chicago Press, 2005), p. 16.

pleasurable. The nineteenth century was characterised as a period when women were considered not to enjoy sex. According to Acton writing in 1875:

... there are many females who never feel any sexual excitement whatever. Others, again, immediately after the period, do become, to a limited degree, capable of experiencing it; but this capacity is often temporary, and may entirely cease till the next menstrual period. Many of the best mothers, wives, and managers of households, know little of or are careless about sexual indulgences. Love of home, of children, and of domestic duties is the only passions.¹²¹

... there can be no doubt that sexual feeling in the female is in the majority of cases in abeyance, and that it requires positive and considerable excitement to be roused to all; and even if roused (which in many instances it never can be) it is very moderate compared with that of the male.¹²²

Yet the possibility of 'self abuse' as a cause for a woman's lack of interest in sex was considered when Acton cited a case of a young married woman who:

... confessed that at a boarding-school, in perfect ignorance of any injurious effects, she early acquired the habit. This practice still gives her gratification; not so connection, which she views with positive aversion, although it gives her no pain.¹²³

Sexual appetite was felt to be a male quality which needed to be properly channelled.¹²⁴ The sexual division of labour was endorsed medically in which the requirements of purity in mothers and of delicacy in ladies forbade female sexual initiative.¹²⁵ Nonetheless Hall considers that it was regarded as acceptable and inevitable for all men to patronise prostitutes and that this was a trivial matter.¹²⁶

In Victorian times there was a notion of continence and restraint from performing the sexual act¹²⁷ but maybe as Degler has contended, the so styled passivity, or Victorian conception of women's sexuality was more ideological and theoretical, seeking to be established, than the prevalent view or practice of at least middle class women.¹²⁸ He

¹²¹ W. Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life Considered in their Physiological, Social and Psychological Relations* 6th edn (London: John Churchill, 1875), p. 213.

¹²² Acton, *The Functions and Disorders of the Reproductive Organs*, p. 212.

¹²³ Acton, *The Functions and Disorders of the Reproductive Organs*, p. 216.

¹²⁴ B. Barker-Benfield, 'The Spermatic Economy. A Nineteenth Century View of Sexuality', *Feminist Studies*, 1.1 (1972), p. 54.

¹²⁵ Porter and Hall, *The Facts of Life. The Creation of Sexual Knowledge in Britain, 1650-1950*, p. 76.

¹²⁶ L. Hall, *Hidden Anxieties. Male Sexuality 1900-1950* (Cambridge: Polity Press, 1991), p. 47.

¹²⁷ Hall, *Hidden Anxieties*, p. 71.

¹²⁸ C.N. Degler, 'What Ought to be and What Was. Women's Sexuality in the Nineteenth Century', *American Historical Review*, 79.5 (1974), p. 1471.

further considers that the excessive gentility of the middle class has been interpreted by historians as evidence, particularly amongst women, of hostility to sexuality.¹²⁹

Recommendations as to the frequency of intercourse abounded in order not to waste semen or to cause debility in the man:

Many a man has, until his marriage, lived a most continent life; so has his wife. As soon as they are wedded, intercourse is indulged in night after night; neither party having any idea that these repeated sexual acts are excesses, which the system of neither can with impunity bear, and which to the delicate man, at least, is occasionally absolute ruin. The practice is continued till health is impaired, sometimes permanently and when a patient is at last obliged to seek medical advice, his usual surgeon may have no idea or suspicion of the excess, and treat the symptom without recommending the removal of the cause, namely the sexual excess; hence it is that the patient experiences no relief for the indigestion, lowness of spirits, or general debility from which he may be suffering. If, however, the patient comes under the care of a medical man in the habit of treating such cases, the invalid is thunderstruck at learning that his sufferings arise from excesses unwittingly committed. Married people often appear to think that connection may be repeated just as regularly and almost as often as their meals. Till they are told of the danger, the idea never enters their heads that they have been guilty of great and almost criminal excess; nor is this to be wondered at, since the possibility of such a cause of disease is seldom hinted at.¹³⁰

2.2.2 Masturbation or Onanism (Onan's sin)

In Victorian times non-procreative sex was regarded as immoral and sexual pleasure feared, yet concerns with masturbation dated back to the early eighteenth century. *Onania; or, The Heinous Sin of Self Pollution* was first published in London in 1710 followed by Tissot's *Onanism; or a Treatise upon the Disorder Produced by Masturbation* in 1758, were 'particular points of reference for a prolonged offensive of mounting intensity against masturbation.'^{131,132,133} Yet Onanism by any reading of Genesis 38.9 refers to the 'spilling of seed', or *coitus interruptus* and not masturbation. Carlile, originally much opposed to, but later a convert to the idea of contraception, authored *Every Woman's Book; or, What is Love?* which was published in 1826.¹³⁴ He considered that 'masturbation was degrading

¹²⁹ Degler, 'What Ought to be and What Was. Women's Sexuality in the Nineteenth Century', p. 1477.

¹³⁰ Acton, *The Functions and Disorders of the Reproductive Organs*, p. 191.

¹³¹ *Onania; Or, The Heinous Sin Of Self-Pollution, And All Its Frightful Consequences, In Both Sexes, Considered, With Spiritual And Physical Advice* 4th edn (London: Printed for the author, and sold by N. Crouch, P. Varenne and J. Isted, 1710).

¹³² S.A.D.Tissot, *Onanism. Or, A Treatise Upon the Disorders Produced by Masturbation Or, The Dangerous Effects of Secret and Excessive Venery*. (London: Printed for the translator and sold by J. Pridden, Fleet-Street, 1758).

¹³³ A. Hunt, 'The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth and Early Twentieth-Century Britain', *Journal Of The History Of Sexuality*, 8.4 (1998), pp. 575-576.

¹³⁴ R. Carlile, *Every Woman's Book, Or, What Is Love?* 4th edn (London: Printed and Published By R. Carlile, 1826).

and disgraceful but that sexual excess would produce debility in both men and women'.¹³⁵
Carlile further commented:

The unnatural propensities ... are many ... They are common to both male and female and consist of self excitement and unnatural gratification. We desire to bring about a cessation from all these bad and disease producing practices.¹³⁶

There is little doubt that the panic about ill effects of masturbation was centred essentially on middle and upper class teenage males presumed to be attending boarding schools, the English public schools;¹³⁷ of working class male sexuality little is written. Foucault has considered that:

the onanistic child who was of such concern to doctors and educators from the end of the eighteenth century to the end of the nineteenth, this was not the child of the people, the future worker who had to be taught the disciplines of the body, but rather the schoolboy, the child surrounded by domestic servants, tutors and governesses, who was in danger of compromising not so much his physical strength as his intellectual capacity, his moral fibre, and the obligation to preserve a healthy line of descent for his family and his social class.¹³⁸

There is however no reason to assume that boarding schools in Scotland would have been exempt from concerns about this 'pernicious habit'. Victorian doctors were considered by Darby in his polemical history of the rise of circumcision in Britain, *A Surgical Temptation* to have constructed sex as a risky business for men and to have characterised normal male sexual function, spermatogenesis and ejaculation as potentially life threatening illnesses that demanded drastic treatment.¹³⁹ The consequences for women of sex was pregnancy, though the social purity feminists of the Victorian era urged that the frequency of marital sex should be restricted to the minimum necessary to fulfil the duty to procreate.¹⁴⁰

2.2.3 Masturbation insanity

Cases of what came to be termed 'masturbation insanity' were reported amongst working women in New Orleans in the 1860s.¹⁴¹ The term was probably first coined by Dr David Skae, Physician Superintendent of the Royal Edinburgh Hospital, in 1863, who maintained that masturbation brought on a particular and specific variety of insanity producing

¹³⁵ Darby, *A Surgical Temptation. The Demonization Of The Foreskin And The Rise Of Circumcision In Britain*, pp. 12-13.

¹³⁶ Carlile, *Every Woman's Book*, p. 37.

¹³⁷ M. Foucault, *The History of Sexuality. An Introduction. Volume 1* (London: Penguin Books, 1990), p.121.

¹³⁸ Foucault, *The History of Sexuality*, p. 121.

¹³⁹ Darby, *A Surgical Temptation*, p. 4.

¹⁴⁰ E. Ethelmer, *The Human Flower. A Simple Statement of the Physiology of Birth and the Relations of the Sexes* (Congleton: 1894). Quoted in Hunt, 'The Great Masturbation Panic', p. 578.

¹⁴¹ J. Down and H. Langdon, 'The Influence of Sewing Machines on Female Health', *New Orleans Medical Surgical Journal*, 20 (1867), pp. 359-360.

characteristic identifiable symptoms.¹⁴² The authors of an article entitled 'Influence of Sewing Machines Upon the Health and Morality of Females Using Them' made the case that whereby women who had been in robust health prior to their employment as sewing machinists had been forced to quit their work as a result of fatigue and lassitude consequent on the 'venereal excitement incident to setting the [sewing] machine in motion'.¹⁴³ Barker-Benfield, writing in *Feminist Studies*, has argued however that when women did manifest interest in sex that drastic action including clitoridectomy was considered. Masturbation being viewed as loss of control and clitoridectomy being undertaken to re-establish order and regain control.¹⁴⁴ Fortunately this type of surgery did not continue in Britain after 1866 but might have continued in America until 1925.¹⁴⁵

Darby has outlined in his polemical discussion the use of circumcision as a means to control masturbation amongst males, yet Dr Yellowlees of Glasgow, an alienist, proposed in 1876 that 'dealing with the prepuce at the root of the glans by piercing with a silver needle the ends of which were tied together' would make erection so painful that it would be practically impossible.¹⁴⁶

A number of medical authors in America by 1878, confirmed that women had sexual feelings, took pleasure in the sex act but that sometimes the women were denied satisfaction by the ineptitude of their husbands.¹⁴⁷

In Scotland although the United Presbyterian Synod in the 1890s pronounced upon the sexual life of the lower orders much less frequently than either the Free Church of Scotland or the Church of Scotland Assemblies the three churches varied little in detail. Ecclesiastics in Scotland promoted the fear that any form of sexual activity, other than that directed at reproduction, was dangerous and that in relation to self abuse it was necessary for the church to 'persuade our youth to honour their own bodily members, and remember that even these are not their own to do with as they please'.¹⁴⁸

¹⁴² David Skae, *The Classification of the Various Forms of Insanity on a Rational and Practical Basis* (Address delivered at the Royal College of Physicians, London, 9 July 1863. Quoted in R. Hamowy, 'Medicine and the Crimination of Sin. "Self-Abuse" In 19th Century America', *Journal of Libertarian Studies*, 1.3 (1977), p. 233.

¹⁴³ J. Duffy, 'Masturbation and Clitoridectomy. A Nineteenth-Century View', *JAMA*, 186.3 (1963), p. 247.

¹⁴⁴ Barker-Benfield, 'The Spermatic Economy', p. 59.

¹⁴⁵ Barker-Benfield, 'The Spermatic Economy', p. 60.

¹⁴⁶ D. Yellowlees, 'Masturbation', *British Journal of Psychiatry (Journal of Mental Science)*, 22.336 (1876), p. 337.

¹⁴⁷ E. Van de Warker, 'Impotency in Women', *American Journal of Obstetrics* 11 (1878), p. 47; W. Goodell, *Lessons in Gynecology* 3rd edn (Philadelphia: D.G. Brinton, 1887); W. M. McLaury, 'Remarks on the Relation of the Menstruation to the Sexual Functions', *American Journal of Obstetrics* 20.161 (1887), all Quoted in Degler, 'What Ought to be and What Was', p. 1473.

¹⁴⁸ Church of Scotland, *Social Evils and Problems*, eds. W.P. Paterson, D. Watson (Edinburgh: W. Blackwood, 1918), p. 68.

2.2.4 Anti-masturbation literature

Hall considers that, in the late nineteenth and early twentieth century, the rise in the publications of anti-masturbation literature and propaganda in favour of male purity was as a consequence of the fear of 'unbridled male sexuality'. It was not just women who would be 'at risk' of the untrammelled ardour of men but also 'men were engaged with the problem of male purity'. 'Mastery of baser lusts was seen as appropriate and desirable behaviour for the middle classes.'¹⁴⁹ Although it would appear to follow that 'baser lusts' amongst the working classes were, if not acceptable, at least expected.

2.2.5 Self abuse: Scotland

Lest one consider that the above concerns were predominantly issues in America and England, one must mention Dr John Moodie of Edinburgh who published in 1848 a treatise on sexual anxiety *A Medical Treatise; With Principles and Observations to Preserve Chastity and Morality*.¹⁵⁰ This work outlined the state of corruption existing in the Scottish ladies of the time and detailed elaborate apparatus for their restraint. Dr Moodie's girdle was designed as a preventative to masturbation among girls 'a habit he found shockingly prevalent in the mid nineteenth century in Scotland'.¹⁵¹ Moodie suggested that mothers used to teach their daughters how to use them, as the moral condition of Scottish womanhood was not desirable.¹⁵² Dr Maeve Marwick, who graduated in medicine in 1921 and who was for thirty years Medical Officer to the Edinburgh Mothers Welfare Clinic, recounted a childhood memory from the early years of the twentieth century of her piano teacher enquiring why her wrists were so scarred, it being a practice to discourage masturbation by tying a child's hands in bed.¹⁵³ Comfort in *The Anxiety Makers* further recounts Dr Marwick's recollection of a little girl being made to sleep in sheepskin pants and jacket made into one garment, with her hands tied to a collar about her neck and her feet tied to the footboard.¹⁵⁴ By the 1950s, the purity organisation Alliance-Scottish Council had been established as a 'Society for Education in Personal Relations and Family Life' and was partially funded by the Scottish Education Department in order to promote

¹⁴⁹ Hall, *Hidden Anxieties*, p. 3.

¹⁵⁰ J. Moodie, *A Medical Treatise; With Principles and Observations to Preserve Chastity and Morality* (Edinburgh: 1848) Quoted in A. Comfort, *The Anxiety Makers. Some Curious Preoccupations of the Medical Profession* (London: Nelson, 1967), p. 99.

¹⁵¹ R. Hamowy, 'Medicine and the Crimination of Sin', p. 240.

¹⁵² Comfort, *The Anxiety Makers*, p. 99.

¹⁵³ L. de Mause, *The History of Childhood* (Oxford: Rowman and Littlefield, 1995), p. 420.

¹⁵⁴ Comfort, *The Anxiety Makers*, pp. 88-89.

sex education in schools, yet masturbation was still strongly condemned as a 'waste of vital energy' and a 'negation of the opportunities of Christian manhood'.¹⁵⁵

2.2.6 Doctors: obsessed or ignorant?

Darby considers Victorian doctors were obsessed with sex but by the 1920s 'the average practitioner seems to have known nothing at all about such a nasty subject, and did not want to know'.¹⁵⁶ Ignorance amongst the doctors was manifest and indeed Hall writing of doctors, men and sexual problems between the wars considers that they were as gullible as the public to sexual superstitions, yet the perception of the public was that it should be the medical profession who were dealing with the problems of sex.¹⁵⁷

Many doctors dealt with the problem of their own lack of knowledge in the sexual sphere when confronted with patients' difficulties in the consulting room by simply ignoring them.¹⁵⁸ This topic is expanded upon in Chapter Seven.

2.2.7 Marie Stopes: educator

Dr Marie Stopes, the Edinburgh born and educated pioneer of family planning, who opened the first birth control clinic in London in 1921 and wrote the massively influential *Married Love* commenced her scientific career as a paleobotanist.¹⁵⁹ Despite some difficulty in initially finding a willing publisher, her friend Edward Carpenter¹⁶⁰ having suggested she publish it first in French and, after a year or two, in English, *Married Love* was published in 1918 and endorsed by the reviewers in the medical press, as she was able to offer instruction and reassurance to many. She explained the technical details of how to obtain pleasure during the sexual act but Hall feels many men 'were devastated by her recommendation that twenty minutes of coitus was essential for their wives' full arousal and complete satisfaction'.¹⁶¹

Even after a woman's dormant sex-feeling is aroused and all the complex reactions of her being have been set in motion, it may take from ten to twenty minutes of actual physical union to consummate her feeling, while one, two or three minutes of actual union often satisfies a man who is ignorant of the art of

¹⁵⁵ R. Davidson, 'The "Sexual State". Sexuality and Scottish Governance, 1950-80', *Journal of the History of Sexuality*, 13.4 (2004), pp. 514-515.

¹⁵⁶ Darby, *A Surgical Temptation*, pp. 16-17.

¹⁵⁷ L.A. Hall, "'Somehow Very Distasteful'. Doctors, Men and Sexual Problems Between the Wars', *Journal of Contemporary History*, 20.4 (1985), p. 558.

¹⁵⁸ Hall, 'Somehow Very Distasteful', p. 557.

¹⁵⁹ Rose, *Marie Stopes and the Sexual Revolution*, p. 130.

¹⁶⁰ June Rose, Stopes' Biographer considered that Carpenter's comments reflected the hypocritical attitude of the English.

¹⁶¹ Hall, *Hidden Anxieties*, p. 67.

controlling his reactions so that he may experience the added enjoyment of a mutual simultaneous orgasm.¹⁶²

Marie Stopes, in publishing explicit details of sexual physiology in *Married Love*, had broken a taboo on the subject as 'a self confessed virgin wife, [she] had violated her purity with a manuscript that claimed that women's sexuality was as powerful and therefore as dangerous as men's'.¹⁶³ The book of course had been written by Marie Stopes for people like herself, educated middle class wives, ignorant of the physicality of marriage. She professed no interest in the 'lower orders' whom she characterised as 'often thriftless, illiterate and careless',¹⁶⁴ yet most advocates of birth control from the time of Francis Place in 1823 considered it a crusade against poverty.¹⁶⁵

2.2.8 Post WW1: the place of women

Married Love was published eight months prior to the end of World War I, a war which had transformed 'the place of women in society' whereby women had undertaken traditional male roles due to labour shortages. By the end of the war women had had more opportunities to meet with men than in any previous generation. Marie Stopes' play, *The Race*, alluded to the fact that sex between a girl-friend and a soldier on leave from the Front, became, if not acceptable, widespread, and casual sex not involving payment, more prevalent.¹⁶⁶ Hall, quoting McWalter, has considered that men's reluctance to employ the use of a 'packet' as prophylaxis against venereal disease was lest this besmirch the lady and cast doubt on her chastity or at least immaculateness.¹⁶⁷ McWalter, writing in the *BMJ*, concluded moreover that for both parties 'the pleasure was infinitely greater when coverings were not used, thus leading to a gradual acquisition of a taste for unnatural vice'.¹⁶⁸

Hall further theorises that man was perceived as ill fitted to fulfil his wife's sexual needs, 'or even to appreciate them, if he believed they existed at all'.¹⁶⁹ Man was counselled by Griffith, the author of *Modern Marriage*:

to spend far more time and trouble, not only learning the differences in their physiology and makeup, but in applying this knowledge to his love

¹⁶² M. Stopes, *Married Love or Love in Marriage* (New York: The Critic and Guide Company, 1918). Kindle Edition, location 635.

¹⁶³ Rose, *Marie Stopes and the Sexual Revolution*, p. 130.

¹⁶⁴ Marie Stopes letter to *Leicester Daily Post* 27 April 1920. CMAC:PP/MCS Quoted in Rose, *Marie Stopes and the Sexual Revolution*, p.157.

¹⁶⁵ Rose, *Marie Stopes and the Sexual Revolution*, p. 157.

¹⁶⁶ Rose, *Marie Stopes and the Sexual Revolution*, pp. 141-142.

¹⁶⁷ Hall, *Hidden Anxieties*, p.50.

¹⁶⁸ J.C. McWalter, 'Prevention of Venereal Disease', *British Medical Journal*, 1.3086 (1920) , pp. 273-274.

¹⁶⁹ Hall, *Hidden Anxieties*, p.70.

making. He behaves so frequently like a bull in a china shop and his conceit prevents him from seeing the mess he has made of things.¹⁷⁰

By the first decades of the twentieth century under the tutelage of Havelock Ellis conjugal relations were now considered to be the needs of both the husband and of the wife with a new emphasis on the desirability of mutual pleasure.¹⁷¹ In *Little Essays of Love and Virtue*, published in 1922, Havelock Ellis, who stated that he was writing in simple language and in the hope that his words would come into the hands of ‘youth and girls at a period of adolescence’, considered that ‘the erotic claims of women, are not publicly voiced, and women themselves would be the last to assert them’.¹⁷² Dr Helena Wright, friend of Marie Stopes and a prominent doctor in the birth control movement, felt that successful conjugal relations were dependent on ‘an atmosphere of peace’, and that ‘man can become a worthy lover only with patience, knowledge and practice, and that a wife needs to be courted and wooed ‘hurried love making cannot be successful’.¹⁷³

It is not recorded how the impoverished man or woman in the tenement ‘room and kitchen’ in Glasgow or Aberdeen or Edinburgh or Dundee, burdened with numerous children, reacted to the above advice. ‘Aye right’, may well have been their pithy response. This is not to imply that the poor would have been uncaring or unfeeling to their spouses but simply the practicalities of finding an atmosphere of ‘tranquillity and peace’ in which to enjoy conjugal relations might have proved problematic. It has been suggested that the Presbyterian Sunday School movement in Scotland which commenced in 1787 and which has been in decline rapidly since 1956¹⁷⁴ may have allowed parents a ‘private time’ when their children were sent off to Sunday School.¹⁷⁵

2.2.9 Mosher Survey

Surveys of sexual attitudes and practices have from the 1930s sought to enlighten us but Clelia Mosher was first to survey women’s attitudes. She collected data on forty five participants over a period of thirty years from 1892 and documented, though never published, that, unlike the stereotypical view of the Victorian era, women did have sexual desires and wished to engage in sex.¹⁷⁶ Indeed Degler writing in the *American History*

¹⁷⁰ E.F. Griffith, *Modern Marriage* 19th edn (London: Methuen, 1946), p. 194.

¹⁷¹ H. Ellis, *Studies in the Psychology of Sex. Volume VI. Sex in Relation to Society* (Philadelphia: F.A. Davis, 1911), pp. 118-142.

¹⁷² H. Ellis, *Little Essays of Love and Virtue* (London: A & C Black, 1922), p. 3 and p. 100.

¹⁷³ H. Wright, *The Sex Factor in Marriage. A Book for Those Who are or are About to be Married*. (London: Williams and Northgate, 1937), pp. 68-69.

¹⁷⁴ C.G. Brown, *Religion and Society in Scotland since 1707* (Edinburgh: Edinburgh University Press, 1997), p. 160.

¹⁷⁵ Private correspondence A.P. 21 August 2014.

¹⁷⁶ Degler, ‘What Ought to be and What Was’, p. 1483.

Review recounts that Mosher attributed the difficulties some women had in achieving an orgasm to the fact that ‘training has instilled the idea that any physical response is coarse, common and immodest which inhibits [women’s] proper part in this relation’.¹⁷⁷

2.2.10 Kinsey and Little Kinsey

According to Professor Ronsin of the University of Bourgogne, writing in a *Cultural History of Sexuality in the Modern Age*, in the 1920s and 1930s, sexuality became the centre of intense intellectual and militant activity in Europe and large scale statistical investigations into sexual behaviour were undertaken.¹⁷⁸ The Second World War was said to have highlighted ambiguities around femininity, sexuality and citizenship and wartime mobilization left women poised between the traditional, private, reproductive role and the public, productive role.¹⁷⁹ After the Second World War, when women who had been involved in war effort returned to their homes, marriages and babies resulted in the ‘baby boomers’ generation. Langhamer, writing of adultery in post war England, considers that there was a shift in views of sexuality and a particular desire to keep women happy within marriage.¹⁸⁰ Kinsey in America undertook, from 1938, a study of 5300 men and 5940 women aiming to collect statistics on the sexual habits of a sample of volunteers.¹⁸¹ Whilst in Britain, Leonard England undertook the 1949 ‘Little Kinsey’ survey of sexual attitudes by Mass Observation¹⁸² presenting in his words ‘the actuality, the real life ... freed from [the] excess of methodological and background’ which he felt marred Kinsey’s work.¹⁸³ This clarified that there remained a ‘close correlation’ between ‘sexual satisfaction and satisfaction within marriage in its entirety’.^{184,185} The survey did throw up some interesting responses to open ended questions. One woman when asked the meaning of ‘birth control’ replied that it was probably one of the new controls of the Socialist Government and a Sabbatarian farmer believed that sex should be kept rigidly under control and consequently the bull was not put with the cows on a Sunday.¹⁸⁶

¹⁷⁷ C. Mosher, ‘Hygiene and Physiology of Women’ 10: XV, Mosher Papers, Stanford University Archives. Quoted in Degler, ‘What Ought to be and What Was’, p. 1488.

¹⁷⁸ F. Ronsin, ‘Heterosexuality’, in *A Cultural History of Sexuality in the Modern Age* ed. G. Hekma (Oxford: Berg, 2012), p.35.

¹⁷⁹ S. Brooke, *Sexual Politics. Sexuality, Family Planning, and the British Left from the 1880s to the Present Day* (Oxford: Oxford University Press, 2011), p. 119.

¹⁸⁰ C. Langhamer, ‘Adultery in Post-War England’, *History Workshop Journal*, 62 (2006), p. 92.

¹⁸¹ It was acknowledged that the sample was unrepresentative.

¹⁸² Brooke, *Sexual Politics*, p. 121.

¹⁸³ J. Hinton, *The Mass Observers. A History, 1937-1949* (Oxford: Oxford University Press, 2013), p. 357.

¹⁸⁴ L.R. England, ‘A British Sex Survey’, *International Journal of Sexology*, 111.3 (1950), p. 152.

¹⁸⁵ L.R. England, ‘Little Kinsey. An Outline of Sex Attitudes in Britain’, *The Public Opinion Quarterly*, 13.4 (1950), p. 595.

¹⁸⁶ England, ‘An Outline of Sex Attitudes’, p. 595.

2.2.11 Conclusion

This chapter has outlined the influence of Patrick Geddes' publication *The Evolution of Sex* towards the end of the nineteenth century, outlining the main processes involved in the continuation of organic life. The development of the understanding of the role of hormones and their place in reproductive physiology and thus the search for an agent to artificially inhibit ovulation, an oral contraceptive, is considered. The evolution of the changing knowledge of sex from the eighteenth century has been discussed with particular reference to society's fears of the harmful effects of masturbation, used as a surrogate for procreative sex, and methods to curb such actions. The period from the late nineteenth century, exemplified by Mosher's survey revealing for the first time that women did have sexual desires and wished to engage in sex, to after WWI and under Marie Stopes' tutelage women's changing place in society has been discussed.

In the next chapter the fall in the birth rate in Scotland in the context of the historiography of the pan European fertility decline post 1870 will be discussed in relation to the concept of deliberate family limitation, whether by abortion, *coitus interruptus* or abstinence. The importance of fertility surveys in informing which choices were made will be reviewed.

Chapter Three: Fertility Decline

Introduction

According to Gillis, Tilly and Levine some revolutions have been said to begin with the roar of cannons and are commemorated with parades and fireworks whilst others take place without fanfare and run so silently they are ignored even by historians charged with recording great societal changes.¹ They consider that the rapid and comprehensive fertility decline that began in Europe in the 1870s was every bit as dramatic in its effects as urbanisation and industrialisation.

Between 1890 and 1920 half of Europe's regions experienced a ten per cent decline in fertility; Britain as a whole achieved this by 1910² whereas in Scotland after 1886 there was an initial decline in live births until 1890, the sustained fall occurred only after 1909. (Fig. 3.1)

The fact that fertility declined across Europe is not in dispute but the debate merely centres on the causes and this chapter will seek to explore the causes of the fertility decline considering both the demographic aspects and the social historian's perspective in the period under study. The methods employed in deliberate family limitation will be discussed as will the fertility surveys which informed much of the debate.

3.1 Demographic Transition

Natural fertility has been defined as the fertility that would exist in the absence of effective fertility control³ and fertility control, defined by Henry, is considered to exist when couples modify their behaviour when the number of children they have reaches the maximum they do not wish to exceed, that is, parity dependent stopping behaviour.⁴ Longer spacing, a desire to ensure that births do not occur too close together, can be considered to benefit the child, due to closer maternal attention and prolonged breastfeeding. The mother may be able to regain some vigour and the family's finances may be improved if the mother is able to contribute to the household income.⁵

¹J.R. Gillis, L.A. Tilly and D. Levine 'The Quiet Revolution' in *The European Experience of Declining Fertility, 1850-1970*, eds. J.R. Gillis, L.A. Tilly, and D. Levine (Cambridge: Blackwell, 1992), p. 1.

²'The Quiet Revolution', p. 1.

³J. Van Bavel and J.Kok, 'A Mixed Effects Model of Birth Spacing for Pre-Transition Populations', *The History of the Family*, 15.2 (2010), p. 126.

⁴L. Henry, 'Some Data on Natural Fertility', *Eugenics Quarterly*, 8 (1961) pp. 219-249. Quoted in G. Santow, 'Coitus interruptus and the Control of Natural Fertility', *Population Studies* 49.1 (1995), p. 21.

⁵J. Van Bavel, 'Deliberate Birth Spacing Before the Fertility Transition in Europe. Evidence from Nineteenth-Century Belgium', *Population Studies*, 58.1 (2004), p. 96.

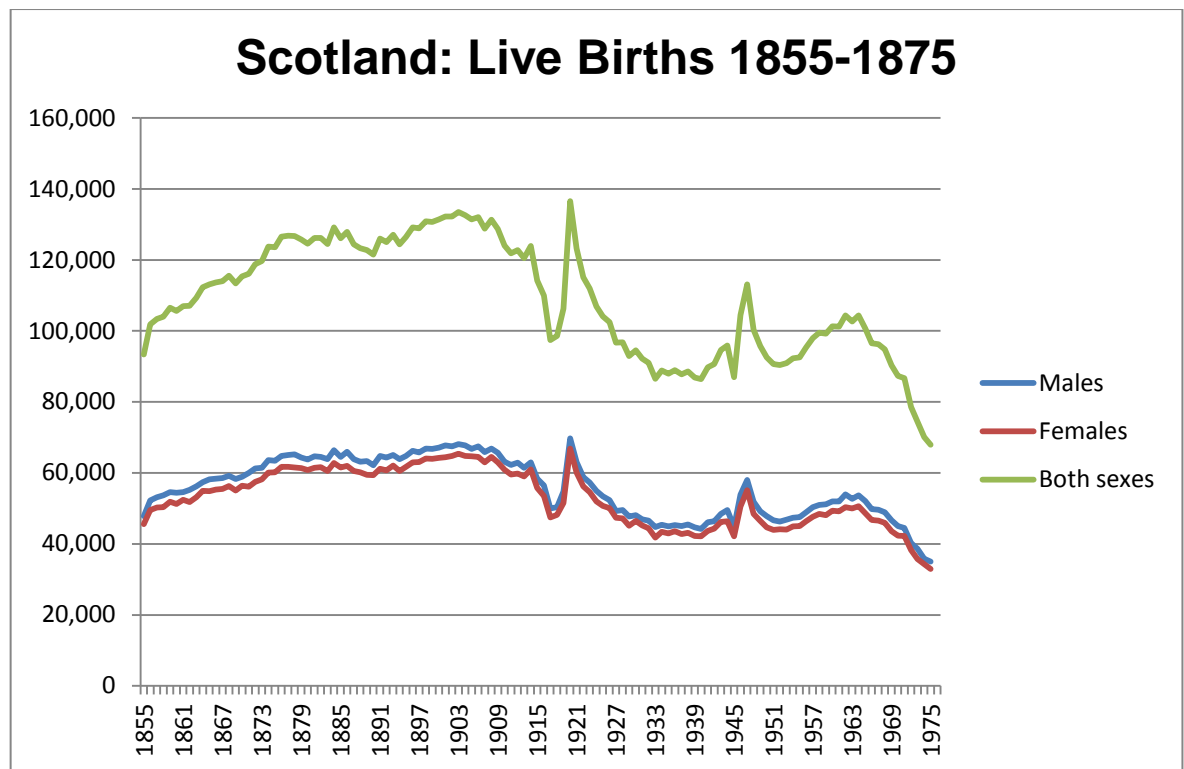


Fig. 3.1: Scotland: Live Births 1855-1975 ⁶

Coale and the historical demographers in the Princeton European Fertility Project calculated indexes of demographic behaviour: marital fertility (I_g)⁷ and nuptuality (I_m)⁸ based on age specific fertility rates of the Hutterites considered to be an unusually prolific population.⁹ If a population has the same fertility as the Hutterites, it would have an I_g of 1.¹⁰ Szreter however has focussed on whether the cause of the fertility decline was either 'stopping' or 'spacing' and has criticised the demographers tool of applying the Coale Princeton model given as it is dependent on the fertility patterns of the Hutterite community, who continue sexually active and child bearing lives as long as possible. He considers that Hutterite fertility is differentially high into the latter part of the fecund age range and that this produces deviations from norms and that the Coale Princeton model

⁶ General Register Office for Scotland < <http://www.gro-scotland.gov.uk/statistics/publications-and-data/preliminary-return/2008-preliminary-return.html> > [accessed 1 February 2010].

⁷ Marital fertility is calculated from the number of legitimate births, the number of currently married women in the population and the age specific fertility rates of Hutterite women.

⁸ Nuptuality is calculated from the total number of women in the population. It is thus a fertility weighted measure of the proportion married,

⁹ S.C. Watkins, 'Demographic Nationalism in Western Europe, 1870-1960', in *The European Experience of Declining Fertility, 1850-1970. The Quiet Revolution*, eds. J.R. Gillis, L. A. Tilly, and D. Levine, (Cambridge, Mass: Blackwell Publishers, 1992), pp. 271-272.

¹⁰ C. Weatherell, 'Another Look at Coale's Indices of Fertility, I_f and I_g ', *Social Science History*, 25.4 (2001), pp. 591-592.

negates the effect of ‘spacing’ behaviour.¹¹ Szreter further opines that in a low income society where infant mortality is high and maternal health is poor and where there is no effective contraception available that ‘spacing’ may have been the obvious method of choice.¹² This theory does not however explain the parallel fall in illegitimate fertility in Scotland post 1870.¹³

In Western Europe delayed marriage, and even foregone marriage, have been considered to have kept the birth rate down since it has been said that historically little or no deliberate birth control measures were used within marriage. Yet marital delay seems to have played little role, especially on the continent, since in several countries the decline in fertility commenced as women’s age at first marrying was falling.¹⁴ Thomas Malthus having proposed that the unchecked geometrical growth of population would exceed a nation’s arithmetical ability to provide appropriate sustenance advocated ‘moral restraint’ – delayed marriage and moderation within marriage until it was too late to have large families.¹⁵ In Scotland however there were slight rises in the average age at first marrying of women¹⁶ and a slight reduction in the proportion of women ever marrying by the completion of their fertile period.^{17,18} There were, within Scotland, marked regional variations, exemplified by the ‘illegitimacy subculture’ in both the north east and the south west where the begetting of a child out of wedlock did not attract opprobrium and indeed was a ‘tradition’ handed down from mother to daughter generation after generation.^{19,20} Blaikie has suggested that the time honoured custom of premarital sex followed by marriage, gave way, as housing became scarce, to unmarried motherhood with grandparental support to look after the

¹¹ S. Szreter, *Fertility, Class and Gender in Britain, 1860-1940* (Cambridge: Cambridge University Press, 1996), p. 369.

¹² Szreter, *Fertility Class and Gender in Britain*, p. 370.

¹³ General Register Office for Scotland < <http://www.gro-scotland.gov.uk/statistics/publications-and-data/preliminary-return/2008-preliminary-return.html> > [accessed 1 February 2010].

¹⁴ M.S. Teitelbaum, *The British Fertility Decline. Demographic Transition in the Crucible of the Industrial Revolution* (Princeton: Princeton University Press, 1984), pp. 99-107.

¹⁵ T. Malthus, *Essay on the Principle of Population* (1803).

¹⁶ M. Flinn, J. Gillespie, N. Hill, A. Maxwell, R. Mitchison and C. Smout, *Scottish Population History from the Seventeenth Century to the 1930s* (Cambridge: Cambridge University Press, 1977), Table 5.2.8, p. 331.

¹⁷ Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, p. 24.

¹⁸ Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, Table 5.2.6, p. 327.

¹⁹ M. Anderson and D.J. Morse, ‘The People’, in *People and Society in Scotland Volume II, 1830-1914*, eds. W.H. Morris, R.J. Fraser, (Edinburgh: John Donald, 1990), p. 33.

²⁰ Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, p. 364.

children. Thus, where such supportive structures were absent then unmarried motherhood was impractical²¹ and the more stringent Poor Law was of no assistance.²²

Marital fertility rates in Scotland diverged greatly from England (Fig. 3.2) and the Princeton Marital Fertility data show that, at least at parish level, in Scotland seventy-two per cent of the population in 1881 lived in areas with I_g levels greater than 0.699 taken as indicating that little fertility control was being practised. Within the 1881 data there were however marked regional variations, suggesting at least that fertility control was being practised in some areas at this time. The fact however that twenty-eight per cent of the population already lived in parishes, in distinct regional clusters, with I_g values below 0.7 hints at the possibility of some kind of fertility control.²³

The comparable data for 1911 show that only 3.8 per cent of the population lived in areas with I_g levels above 0.699 thus 96.2 per cent of the population lived in areas where fertility control must have been practised.

By 1911 the only areas with average I_g values in the 0.6 to 0.7 range indicating moderately high marital fertility were Caithness, Sutherland, Ross and Cromarty, Inverness and West Lothian.²⁴ The lateness of the fertility decline has been attributed to geographical and cultural isolation and Teitelbaum found a moderately high correlation between the inhabitants being Gaelic speaking and the area demonstrating a slow fall in fertility.²⁵ Perhaps however consideration should be given to factors such as the adherence to religious values in the more remote areas and of net inward migration and high employment in the industrialised areas, but Anderson and Morse consider that there is no evidence to suggest that Highlanders, the miners and small farmers and fisherman of the North-east, were ignorant or backward looking or clinging to 'traditional values' and behaviour. Rather that the continued high fertility in conjunction with low nuptiality was a rational adjustment to 'economic and social restrictions on opportunities for household formation'.²⁶

²¹ A. Blaikie, 'Scottish Illegitimacy. Social Adjustment or Moral Economy?', *Journal of Interdisciplinary History*, 29.2 (1998), p. 240.

²² M. Anderson and D.J. Morse, 'High Fertility, High Emigration, Low Nuptiality. Adjustment Processes in Scotland's Demographic Experience, 1861-1914, Part II', *Population Studies*, 47.2 (1993), p. 341.

²³ M. Anderson and D.J. Morse, 'High Fertility, High Emigration, Low Nuptiality. Adjustment Processes in Scotland's Demographic Experience, 1861-1914, Part I', *Population Studies*, 47.1 (1993), p. 18.

²⁴ Anderson and Morse, 'High Fertility, Part I', p.21

²⁵ Anderson and Morse, 'High Fertility, Part II', p.326.

²⁶ Anderson and Morse, 'High Fertility, Part II', p. 343.

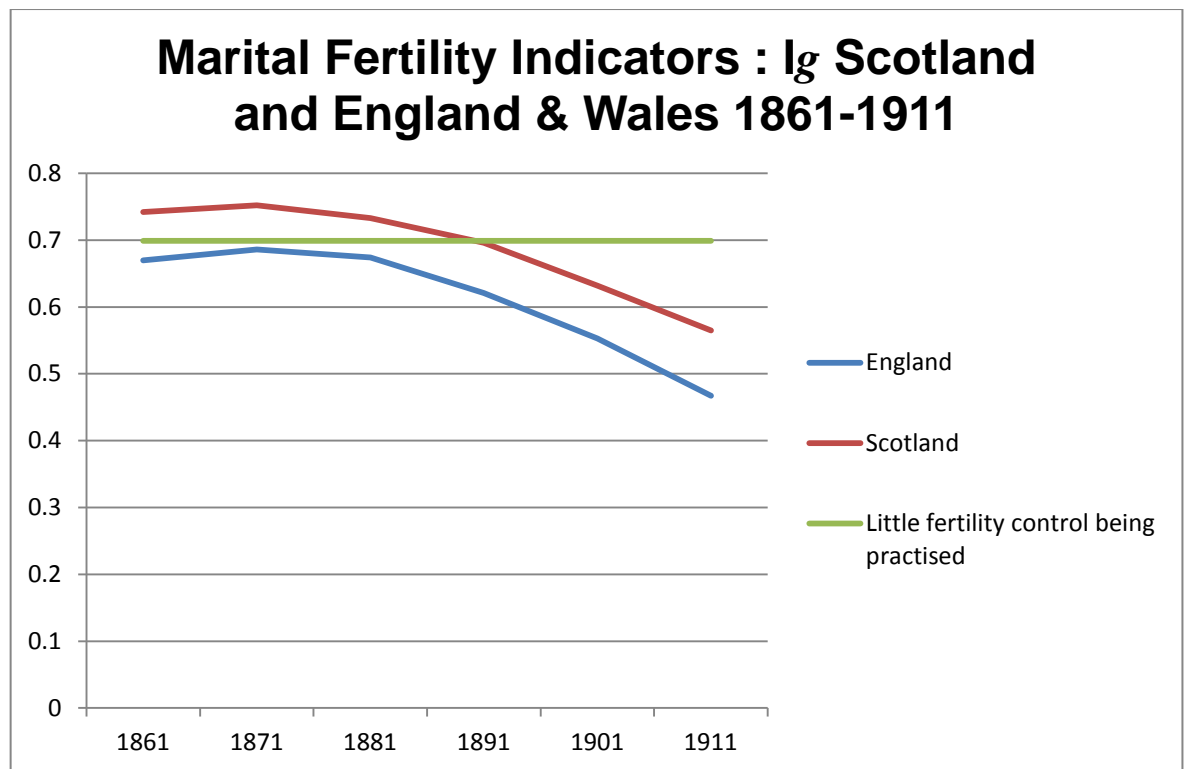


Fig. 3.2: Marital Fertility Indicators: *Ig*. Scotland and England & Wales 1861-1911 ²⁷

Couples did not marry in the Isles as early as on the mainland and courtship was often considered long and secret. The custom of bundling (night courtship) was common; whereby the boy would visit his fiancée or intended, with either her parents' permission or at least tacit knowledge and spend the night with her usually in a bed, dressed or half dressed.²⁸ During the night the couple got to know each other intimately but the activities would stop short of penetrative sex.²⁹ This activity in Gaeldom was popularly known as *caithris na h-oidhche*.

Strahan, a doctor from Dollar, however described to the Royal Commission on the Marriage Laws of England, Scotland and Ireland the practice of night courtship which he felt explained the high illegitimacy rate amongst the agricultural population in his part of the country:

²⁷ Adapted from Table 2 in M. Anderson and D. J. Morse, 'High Fertility, High Emigration, Low Nuptiality. Adjustment Processes in Scotland's Demographic Experience, 1861-1914, Part I', *Population Studies*, 47.1 (1993), p. 8.

²⁸ K. Macdonald, 'Courtship', *Peat Fire Memories. Life in Lewis in the Early Twentieth Century* (East Linton: Tuckwell Press, 2003), pp. 56-59.

²⁹ Encyclopedia of Children and Childhood in History and Society <<http://www.faqs.org/childhood/Bo-Ch/Bundling.html>> [accessed 7 May 2012].

This at late hours leads to familiarities, and that leads to fornication, and I believe frequently the woman is led more easily to fall in the hope thereby of securing a husband.³⁰

Births, both legitimate and illegitimate, rose in Scotland as in the rest of Europe late in the nineteenth century and Edward Shorter has concluded that 'not only were couples who did not marry having premarital intercourse more often than before, couples who did marry were doing so as well'.³¹ Nonetheless the crude birth rate (legitimate and illegitimate) (Fig 3.3) began to fall in Scotland from 34.8 births per thousand of the population in 1861 (England and Wales, 36.3) to 29.2 (England and Wales 28.5) in 1901 and the downward trend continued almost unabated with surges in the birth rate in 1921, 1947 and in the mid 1960s.³² The decline in illegitimate births almost paralleling legitimate births.³³ Thus, given that the contribution of illegitimacy to late nineteenth-century fertility was minimal, it follows that the fertility decline was due to changes in marital fertility.

As crude birth rates measure births per 1000 of the population of both sexes and all ages they cannot allow for varying sex ratios and age structures in different localities. A more useful index is therefore the general fertility rates which relate the number of live births in a year to the female population of reproductive age, taken as 15-49 years. These fertility rates confirm the substantial fertility decline in all areas of Scotland³⁴ and that as elsewhere this decline was largely due to the decrease in the number of children born to married women. This being the direct result, if one discounts the influence of the anti-intercourse literature of mid nineteenth century North America described by Barker-Benfield,³⁵ of the adoption of family limitation practices. Births were being controlled more effectively as reflected in the fall in both legitimate and illegitimate births³⁶ (Fig 3.3 and Fig. 3.4).

³⁰ PP 1868 *Royal Commission on the Law of Marriage*, p. 172 Quoted in K. M. Boyd, *Scottish Church Attitudes to Sex, Marriage and the Family 1850-1914* (Edinburgh: John Donald, 1980), p. 55.

³¹ E. Shorter, 'Female Emancipation, Birth Control, and Fertility in European History', *The American Historical Review*, 78.3 (1973), p. 608.

³² General Register Office for Scotland, <<http://www.gro-scotland.gov.uk/statistics/theme/vital-events/general/bmd-preliminary/2009.html>> [accessed 1 February 2010]

³³ E. Shorter, J. Knodel and E. Van De Walle, 'The Decline of Non-Marital Fertility in Europe, 1880-1940', *Population Studies*, 25.3 (1971), p. 375.

³⁴ Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, Table 5.3.3., p.341

³⁵ B. Barker-Benfield, 'The Spermatic Economy. A Nineteenth Century View of Sexuality', *Feminist Studies*, 1.1 (1972), pp. 45-74.

³⁶ General Register Office for Scotland <<http://www.gro-scotland.gov.uk/statistics/theme/vital-events/general/bmd-preliminary/2009.html>>[accessed 1 February 2010].

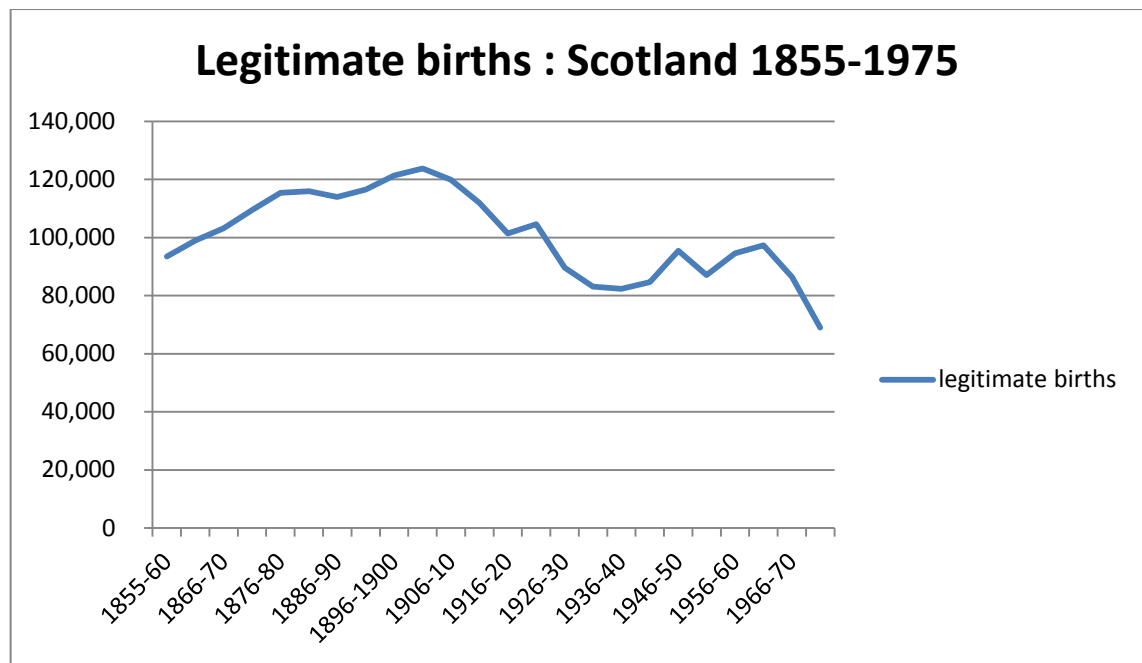


Fig. 3.3 Legitimate births: Scotland 1855-1975

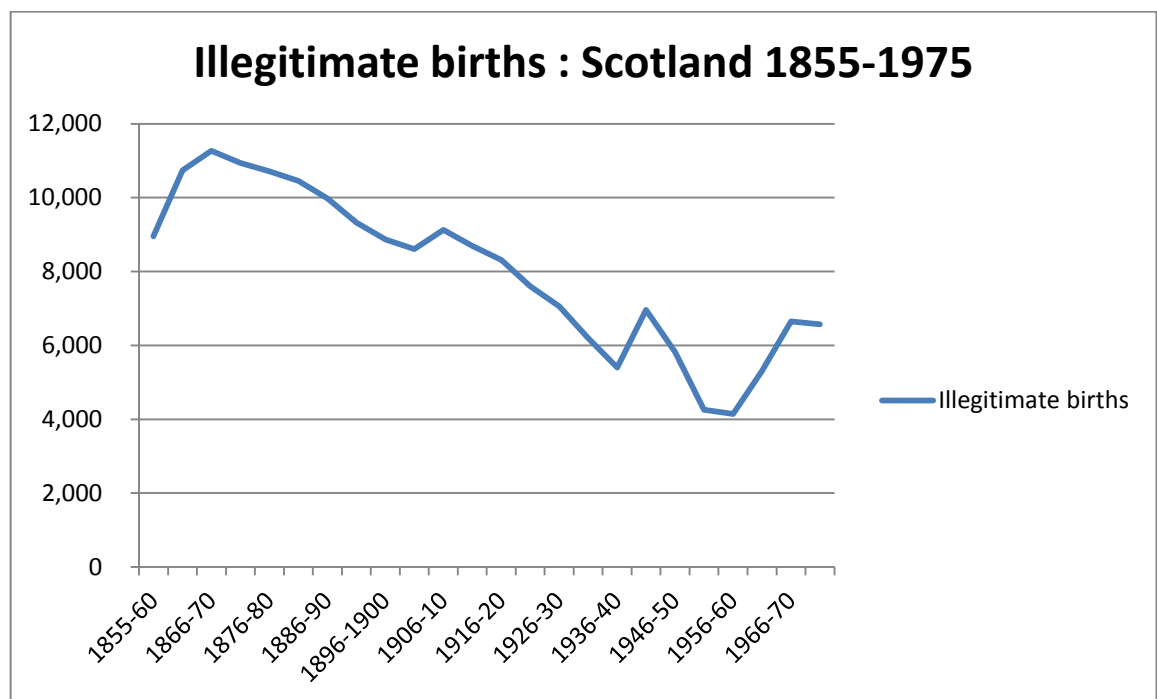


Fig. 3.4 Illegitimate births: Scotland 1855-1975

Newsholme and Stevenson's much quoted paper to the Royal Statistical Society in 1905 showed that women of child bearing age in Britain in 1881 were having fewer children but that Aberdeen, Glasgow and Dundee had higher birth rates than Edinburgh, London or Paris. Newsholme and Stevenson calculated a 'standard' birth rate for comparative purposes and every region of Scotland had rates well over the 'standard' but that the birth

rate in towns was lower in 1881 than in the counties or regions in which the towns were situated (Fig. 3.5).³⁷ They concluded that the ‘prevention of child bearing is systematically and largely practised’³⁸ by the rich, whereas among the poor the practice was considered almost unknown and indeed the ‘labouring classes, especially the poorest were continuing to reproduce themselves with reckless abandon’.³⁹ The illegitimacy rates were higher in rural than urban areas and of the cities the illegitimacy rate was highest in Aberdeen and lowest in Edinburgh in the period 1860 - 1932.

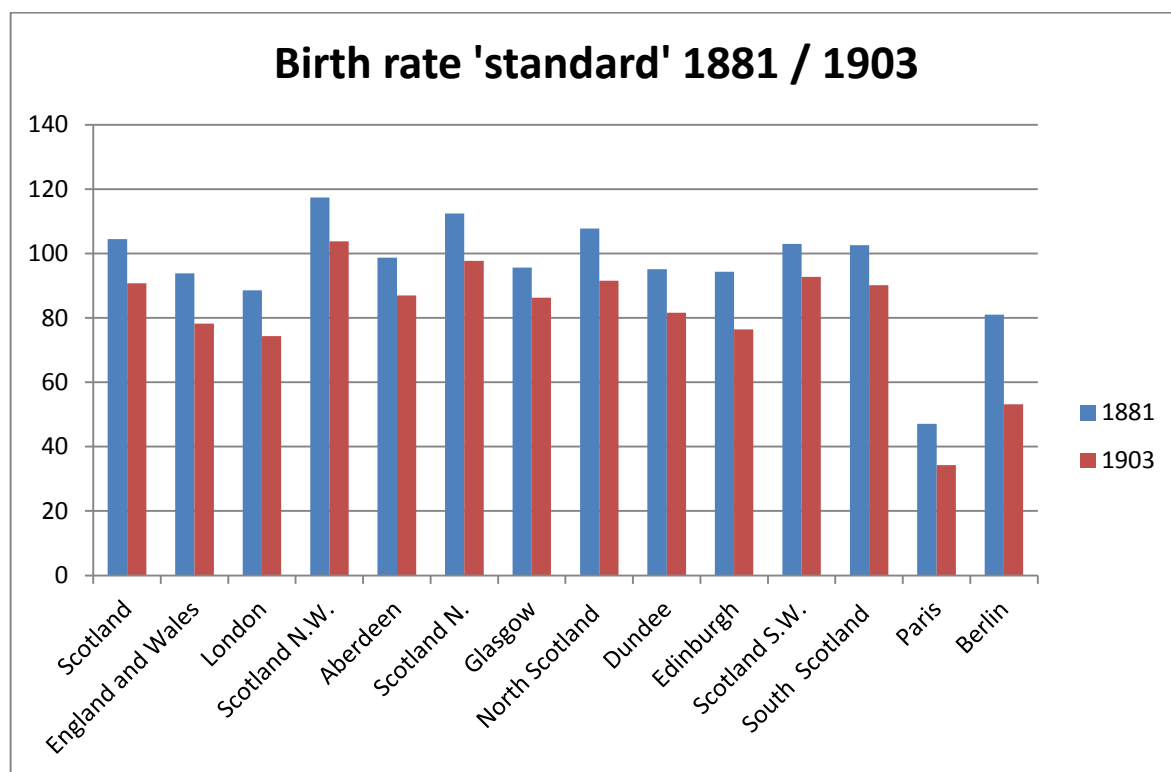


Fig. 3.5: Birth rate ‘standard’ 1881 / 1903 (after Newsholme and Stevenson)⁴⁰

3.2 Deliberate Family Limitation

Fertility rates have shown a consistently lower level in the cities as compared to towns and it has been proposed that this may have been due to the less balanced sex ratios in cities due to emigration of males.⁴¹ In addition the people from the professions and middle class

³⁷ The corrected birth rate of each community taken as a ratio to that of one community taken as a standard. The fertility of Sweden in 1891 was taken as the standard. Thus communities with higher figures than Sweden have a higher birth rate and vice versa. A. Newsholme, T.H.C. Stevenson, 'The Decline of Human Fertility in the United Kingdom and Other Countries as shown by Corrected Birth Rates', *Journal of the Royal Statistical Society* 69.1 (1906), pp. 34-87.

³⁸ Newsholme, 'The Decline of Human Fertility', p. 68.

³⁹ R.A. Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill: University of North Carolina Press, 1982), p. 24.

⁴⁰ Newsholme, 'The Decline of Human Fertility', pp. 47-59.

⁴¹ Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, p.317.

in the cities may have shown a greater willingness to restrict their fertility and this may account for the lower rates in urban areas.

Shorter, in a provocative, and in the view of Tilly et al.⁴² novel interpretation, has highlighted the paradox of the uneven distribution amongst the classes of 'libertine sexual behaviour' ⁴³ and has considered that, although exposed to education, it was the middle classes who remained 'defiantly puritanical'. He further considers it was the middle class family which maintained restrictive sexual taboos and throughout the 1800s demanded chastity before marriage. He further considers that it was the proletariat who became sexually liberated 'as the family ceased for them to be an agency of social control'.⁴⁴

Shorter has postulated that regulation of fertility was not the result of some Damascene conversion but merely the diffusion of knowledge, or use of previously held knowledge that dictated that having fewer children made sense in one's personal circumstances ⁴⁵ and that 'the mentalities and cultural operating rules that dictated fewer children to millions of families' spread down the 'age and social hierarchies' so both marital and non marital fertility rates fell.⁴⁶

The general fertility rates (married and unmarried) of the far North and Highland counties of Scotland (Fig.3.6) were substantially lower than the rest of Scotland in the period 1861-1931 and Carlsson ⁴⁷ has considered regional variations may at least suggest a *prima facie* case for the existence of birth control on a considerable scale before the 1870s secular decline, perhaps in part due to lower marriage rates and delayed marriage;⁴⁸ perhaps unwittingly adopting the Malthusian philosophy of delaying marriage until too late to have large families. One also however must consider the place of prolonged lactation as responsible for a declining fertility rate in relation to declining infant mortality. Carlsson's thesis is as follows. Lactation is an effective form of controlling fertility and therefore in the absence of any other method being used reduces the likelihood of a pregnancy.⁴⁹ If

⁴² L.A. Tilly, J.W. Scott and M. Cohen, 'Women's Work and European Fertility Patterns', *Journal of Interdisciplinary History*, 6.3 (1976), p.448.

⁴³ E. Shorter, 'Illegitimacy, Sexual Revolution, and Social Change in Modern Europe', *Journal of Interdisciplinary History*, 2 (1971), p. 256.

⁴⁴ Shorter, 'Illegitimacy', p.256.

⁴⁵ Shorter, 'Female Emancipation', p.611.

⁴⁶ Shorter, 'Female Emancipation', p. 611.

⁴⁷ G. Carlsson, 'The Decline of Fertility. Innovation or Adjustment Process', *Population Studies*, 20.2 (1966), p.150.

⁴⁸ Croft inheritance prospects may well have delayed marriage especially amongst elder sons.

⁴⁹ J. Guillebaud, *Contraception your questions answered* 4th edn (Edinburgh: Churchill Livingstone, 2004), p. 38. If amenorrhoea persists and if the baby is less than six months and totally breast fed then the conception risk by six months is two per cent.

however a child dies in the early neonatal period then lactation ceases and in the absence of the use of any other methods of contraception conception risk returns to normal much quicker than if a child was being breast fed.⁵⁰

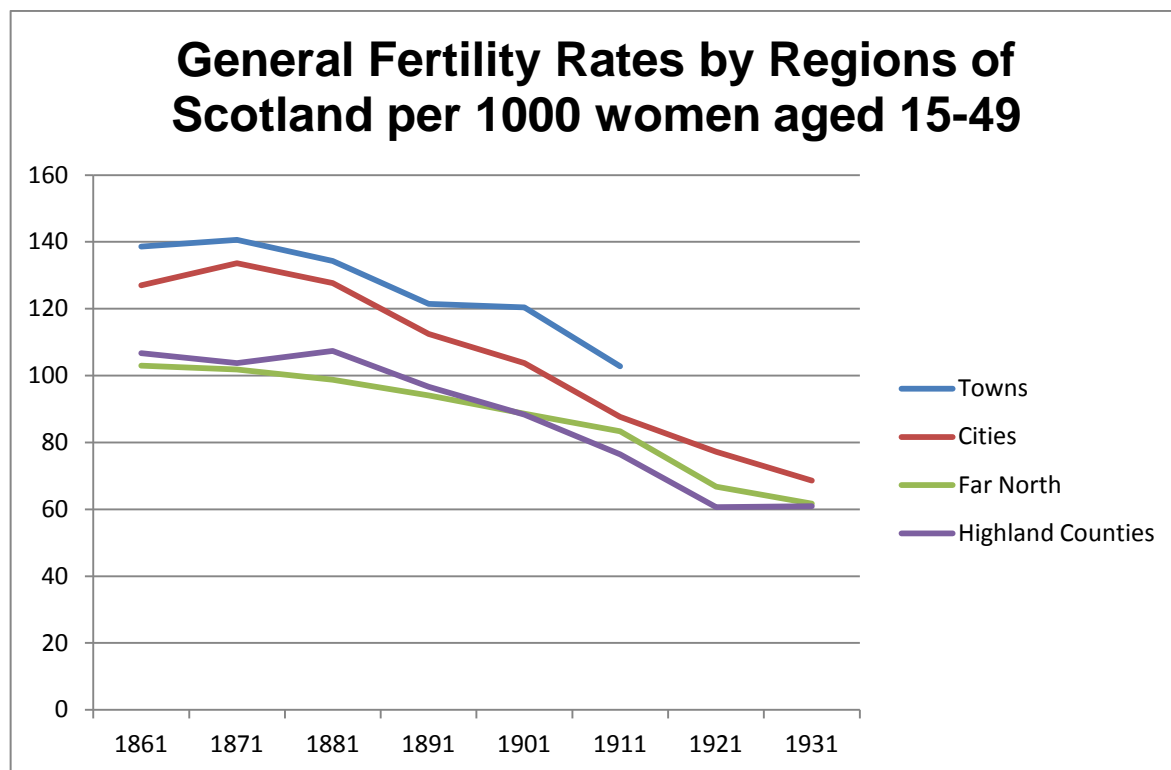


Fig. 3.6 General Fertility Rates by Regions 1861-1931 per 1000 women (married and unmarried) aged 15-49.⁵¹

The decline however in fertility is most apparent in the higher age group and Banks considers that the practice of birth control was usually initiated in the older and higher income groups and spread down the social hierarchy.⁵² Indeed this decline was more gradual in Scotland than in England and Wales and was, in the opinion of Flinn et al., due to the failure of the younger age groups to control their fertility.⁵³ Although Banks has promoted the theory of social diffusion of knowledge⁵⁴ with those most in touch with the upper classes, female servants, as the vector for spreading this advice to the lower classes Woods would rebut this theory as his work has shown that a large proportion of couples in

⁵⁰ Carlsson, 'The Decline of Fertility', p. 161.

⁵¹ Adapted from DARs RGS and censuses (registration counties). Quoted in Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, Table 5.3.3 p. 341.

⁵² J.A. Banks, *Prosperity and Parenthood. A Study of Family Planning Among the Victorian Middle Classes* (London: Routledge & Kegan Paul, 1954), p.5.

⁵³ Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, p. 348.

⁵⁴ J.A. Banks, *Victorian Values. Secularism and the Size of Families* (London: Routledge & Kegan Paul, 1981), p. 107.

all occupations were behaving in a similar fashion at the same time by practising family limitation.⁵⁵ Yet Banks quotes Greaves from 1863 who considered:

It makes one tremble, to contemplate the mischief which such laxity of principle, on the part of those who ought to be the leaders of society, must produce upon their inferiors and dependents, and especially on the class of female domestic servants⁵⁶

Woods however, concluded from an analysis of British fertility decline that it was catalysed by an increase in educational levels, especially among females and by the secularisation of society.⁵⁷ Watkins however, in summarising the Princeton European Fertility Study, blamed social inertia for the lag in starting the fertility decline, commenting that even when the fertility transition at last began, 'it was a revolution accomplished with primitive technology and without generals'.⁵⁸ This fall in fertility was accomplished without modern contraceptive techniques and despite many contemporary legal restrictions on and moral condemnation of these techniques.⁵⁹

Fertility however continued to fall indicating the implementation of some form of technique and it has been noted that the decline in family size was slower in Catholics than in Protestants, but there is little doubt that family size had declined greatly even among Roman Catholics.

Even the *British Medical Journal* acknowledged that the decline in birth rate was due not to any inverse relationship between birth rate and social improvement but due to the voluntary control of conception.⁶⁰ A doctor wrote in 1906:

From my experience as a general practitioner I have no hesitation in saying that ninety per cent of young married couples of the comfortably off classes use preventatives. This is quite enough to account for the declining birth rate without looking for other causes.⁶¹

And yet there remained a reluctance to accept that deliberate family limitation was being practised, perhaps due to Victorian prudery or an unwillingness to accept the sexuality of marriage or indeed a conviction that the sole purpose of sexual congress was procreation.

⁵⁵ R.I. Woods, 'Approaches to the Fertility Transition in Victorian England', *Population Studies*, 41.2 (1987), p. 290.

⁵⁶ G. Greaves, 'Observations on Some of the Causes of Infanticide', *Transactions of the Manchester Statistical Society*, 1862-63 (1863), p. 14. Quoted in Banks, *Prosperity and Parenthood*, p. 143.

⁵⁷ Woods, 'Approaches to the Fertility Transition', p. 295.

⁵⁸ A.J. Coale and S.C. Watkins, *The Decline of Fertility in Europe* (Princeton, New Jersey : Princeton University Press, 1986), p. 435.

⁵⁹ S. Edvinsson and S. Kling, 'The Practice of Birth Control and Historical Fertility Change: Introduction', *The History of the Family*, 15.2 (2010), p. 118.

⁶⁰ Editorial, 'Malthusianism and the Declining Birth-Rate', *British Medical Journal*, 1.2353 (1906), p. 278.

⁶¹ A.W. Thomas, 'The Decline in the Birth Rate', *British Medical Journal*, 2.2387 (1906), p. 1066.

Nevertheless, despite Asquith's refusal to set up a Royal Commission to investigate the decline in the birth rate, a Fertility of Marriage Census Inquiry was undertaken in 1911 and an inquiry by the National Birth-rate Commission which concluded that the fall in fertility was due to 'artificial limitation' of conception.⁶²

The *Lancet* conceded in 1917 that, 'the use of contraceptives is gaining in vogue ... and [that] married folk of higher social standard are regularly circularised by vendors after the arrival of their first born'.⁶³

Yet there was recognition that to be effective the contraceptives available, the pessary and the condom required 'constant care and patient exactitude' and that those who had the 'training' to use them refused to do so and those who bothered to use them (or attempted to use them) 'rarely have the qualities to make them efficient'. To which could be added they lacked necessary running water and washing facilities. *The Lancet* however further considered that the assumed efficacy of contraception amongst the higher orders was unproven and that as the appreciation of art, literature and the sciences descended the social scale so too would the need for physical gratification be diminished and consequently the birth rate amongst the less wealthy classes would reduce.⁶⁴

William Beveridge who in later years identified the 'giant evils' in society, writing in 1925 stated:

The sudden spread of the practice of prevention after 1880 cannot be connected with any change of economic conditions increasing the need for restriction of families, and must be attributed to invention of more effective means of prevention.⁶⁵

That fertility was controlled by deliberate means seems apparent but we cannot be sure of which methods were employed. Flinn has remarked nonetheless that in the period of his study up to the 1930s, he was unable to trace any Scottish evidence on the extent of the use of mechanical means of contraception.⁶⁶ Yet advertising in newspapers was considered a popular means of disseminating information, as will be discussed in later chapters.

⁶² National Birth-Rate Commission National Council of Public Morals, *The Declining Birth-Rate. Its Causes and Effect, Being the Report of The Chief Evidence Taken by the National Birth-Rate Commission, Instituted with Official Recognition, by the National Council of Public Morals for the Promotion of Race Regeneration, Spiritual, Moral and Physical* (London: Chapman and Hall, Ltd, 1916).

⁶³ 'Annotations. Birth Control', *The Lancet*, 190.4902 (1917), pp. 207-208.

⁶⁴ 'Annotations. Birth Control', pp. 207-208.

⁶⁵ W.Beveridge, 'The Fall of Fertility Among European Races', *Economica*, 13 (1925), p. 24.

⁶⁶ Flinn, Gillespie, Hill, Maxwell, Mitchison and Smout, *Scottish Population History*, p. 24.

3.3 Women and Fertility

A growing body of research, perhaps self evidently, considers that gender is important to historical research on fertility patterns.⁶⁷ Mackinnon in 1995 posed the question as to whether women were present at the demographic transition as heretofore scholars had portrayed women as passive recipients of male decisions.⁶⁸ Women in historical demography appeared as demographic variables such as 'woman's age at first marriage'.⁶⁹ Women were viewed as at times virginal, permissive, passive, ignorant or indeed asexual. *Coitus interruptus* or abstention is proffered as an acceptable practice but little if any comment is available as to the woman's view. Were considerable numbers of women unwilling to continue to have large families as has been suggested by Mackinnon? ⁷⁰ They may have been quite content to avoid the burden of further pregnancies but Mackinnon has argued that in historical demography women have not been portrayed as decision makers in relation to marriage, fertility and family size and if they did make decisions these were judged as poor or selfish.

It has been suggested that in the late 1800s there was a new and still fragile system of spousal relationships. At the core of Victorian family values middle class women's duties were domestic and men were expected to confine their coarser manners to the world outside the home. This was considered to protect the conjugal relationship with a degree of prudery that made it difficult to use the kinds of fertility control then available.⁷¹

Victorians were certainly considered to have been interested in sexual matters but their focus seems, according to Peel to have been upon impotence and venereal disease. The sharp decline in the English birth rate and the enormous increase in sales of Knowlton's *Fruits of Philosophy* in the years after the trial of Charles Bradlaugh and Annie Besant (see Chapter Six) for having published a reprint of Knowlton's work are testament according to Peel to the social influence of the trial; contraceptive development, manufacture and retailing rapidly increasing in the twenty years following.⁷²

⁶⁷ Edvinsson and Kling, 'The Practice of Birth Control', p.119.

⁶⁸ A. Mackinnon, 'Were Women Present at the Demographic Transition? Questions From a Feminist Historian to Historical Demographers', *Gender & History*, 7.2 (1995), pp. 222-240.

⁶⁹ A. Janssens, 'Were Women Present at the Demographic Transition ? A Question Revisited', *The History of the Family*, 12 (2007), p. 43.

⁷⁰ Mackinnon, 'Were Women Present at The Demographic Transition?', p.224

⁷¹ J.C. Caldwell, 'The Delayed Western Fertility Decline. An Examination of English-Speaking Countries', *Population and Development Review*, 25.3 (1999), p. 480.

⁷² J. Peel, 'The Manufacture and Retailing of Contraceptives in England', *Population Studies*, 17.2 (1963), p. 115.

The nineteenth-century family, in the opinion of Caldwell, was a new construct, fashioned by industrialisation, rising incomes, increasing urbanisation, higher levels of education and the rise of evangelicalism. Spouses were considered to have shown respect for each other by not indulging in frank discussion of the available means of contraception as this might have had an adverse effect on domestic stability especially in relation to women ‘inserting suppositories’ or men wearing condoms. Family limitation was regarded as sinful and Banks considers that when women embraced feminism they considered that ‘birth control allowed men to indulge their sensuality unchecked both inside and outside marriage’.⁷³

Prior to the republication of *Fruits of Philosophy* it is said that the working class regarded contraceptives as ‘repulsive and unnatural’ and that condoms were associated with the prevention of sexually transmitted disease, infidelity and prostitution.⁷⁴ Davidoff considers that few mid-nineteenth-century working-class families practised contraception and that ‘any discussion of sex was dirty and shameful’.⁷⁵ Indeed, it would however be wrong to characterise the Victorian couple as displaying a relaxed intimacy,⁷⁶ and Acton stated his view, that as a general rule, ‘a modest woman seldom desires any sexual gratification for herself’⁷⁷ but in ‘men desire was strong, but always suspect’ and where ‘contraception both aggravated and gratified “physical desire” and at the same time frustrated the parental instinct’.⁷⁸

The virtuous woman understands the organic harmony of all parts of her nature, and the sin she commits against herself in abnormally developing some of these parts while abnormally stultifying others ... She understands that the only natural and intelligible function of the sex-relations, is the continuance of the human race; in short, is natural duty.⁷⁹

However, post the Bradlaugh-Besant trial of 1877, Caldwell considers that couples were able to discuss the subject matter of the trial without either party being considered prurient, crude or abnormal,⁸⁰ but whether they did so is open to conjecture.

⁷³ O. Banks, *Faces of Feminism. A Study of Feminism as a Social Movement* (Oxford: Martin Robertson, 1981), pp. 74-75.

⁷⁴ W. Secombe, ‘Men’s “Marital Rights” and Women’s “Wifely Duties”’. Changing Conjugal Relations in the Fertility Decline’, in *The European Experience of Declining Fertility, 1850-1970. The Quiet Revolution*, eds. J. R. Gillis, L. A. Tilly and D. Levine (Cambridge, Mass: Blackwell Publishers, 1992), p.71.

⁷⁵ L. Davidoff, ‘The Family in Britain’, p. 117.

⁷⁶ Caldwell, ‘The Delayed Western Fertility Decline’, p. 498.

⁷⁷ Acton, *The Functions and Disorders of The Reproductive Organs*, p. 213.

⁷⁸ P.T. Cominos, ‘Late-Victorian Sexual Respectability and the Social System’ *International Review of Social History*, 8.1 (1963), p. 23.

⁷⁹ M.D. O’Brien, *The Natural Right to Freedom* (London: Williams & Norgate, 1893), p. 220.

⁸⁰ Caldwell, ‘The Delayed Western Fertility Decline’, p. 492.

Caldwell further considers by appearing in print and in birth control manuals that it was the written rather than the spoken word which allowed the onset of the fertility decline although acknowledging that where working women in manufacturing areas could ill afford to be absent from work, communication of birth control knowledge may have been from woman to woman.⁸¹

Although much of the publicity surrounding the Bradlaugh-Besant trials was adverse in mass circulation national newspapers it was at least publicity, and the maxim 'no publicity is bad publicity' held true. It may not be that appliance based birth control knowledge per se was used, but rather that a more literate population in being able to read the details of the trial had their 'consciousness raised' to be receptive to the idea of family limitation.⁸² Sretzer has considered that Annie Besant lost custody of her children because her public advocacy of detailing methods of birth control was deemed unfitting for a mother but the judgement in the custody case, heard by Sir George Jessel, Master of the Rolls, considered by Dinnage to have been a 'harsh and prejudiced man', was that 'the child ought not to remain another day under the care of her mother',⁸³ and that:

the mother held and promulgated atheistical opinions, and refused to allow the child to receive any religious instruction. She also published and circulated an obscene book.⁸⁴

Information about birth control increasingly became available but the matter was seldom discussed, whether due to political, religious or moral impediment. Victorian Moralists claimed that women were biologically and physiologically, best suited to be mothers and wives. However poorer women sought employment out of economic necessity and by being in 'paid employment would bring a distinct, quantifiable contribution to the family's resources and accordingly would be entitled to a greater voice in the disposal of such resources'.⁸⁵ Shorter considers therefore that female emancipation meant disregarding outside controls on personal freedom of action and sexuality for the sake of self-fulfilment⁸⁶ and cites Tomasson's view that:

Where females have a greater equality and are subject to less occupational and social differentiation, the pre marital sex codes will be more permissive than

⁸¹ Caldwell, 'The Delayed Western Fertility Decline', p. 506.

⁸² Woods, 'Approaches to the Fertility Transition', p.297.

⁸³ R. Dinnage, *Annie Besant* (Harmondsworth: Penguin, 1986), pp. 46-47

⁸⁴ Re Besant (1879) 11 Ch. D. 508 (C.A.)

⁸⁵ Shorter, 'Female Emancipation', p. 622.

⁸⁶ Shorter, 'Female Emancipation', p. 16.

where the female's status is completely or primarily dependent on the status of her husband.⁸⁷

Companionate marriages may well have seen a degree of negotiation about frequency of intercourse and techniques of avoidance of pregnancies whether by abstention, *coitus interruptus* or other sexual practices, yet it is likely that in many traditional marriages such discussions would not have taken place and the woman would have performed her wifely duty. 'Some women were in a position of near tyranny', whilst 'others were influential, and they exercised power over husband and children alike'.⁸⁸

Sexual intercourse was regarded as necessary for procreation but there was little to suggest, until Mosher's survey was published, that at least at the start of the twentieth century, women were expected, by men, to have enjoyed sex. Walter, in *My Secret Life*,⁸⁹ the memoir of a Victorian gentleman's sexual development and experiences first published in 1888, considered that *Fanny Hill (Memoirs of a Woman of Pleasure)*⁹⁰ was 'a woman's experience, perhaps by a woman, but where was a man's [experience] written with equal truth'. The First World War may however have made the pursuit of pleasure more acceptable to at least unmarried middle class women.⁹¹ Marie Stopes' *Married Love* may have fuelled the desires in women for sexual gratification coupled with attention to frequency of intercourse, dictated by women. Working class women in the North of England interviewed by Roberts nonetheless regarded sex as something distasteful⁹² and indeed the 'most admired men seem to have been those who "indulged" themselves the least'.⁹³ Respondents in Roberts' study born between 1872 and 1927 remarked that they were ignorant about the sexual practices of their parents and indeed many of Fisher's female interviewees who married in the 1930s were adamant that they wished a passive sexual role and did not wish to be proactive since this would constitute 'an unwomanly invitation to pleasures which are supposed to have been designed for her husband alone and in which she is supposed not to have any share or interest'.⁹⁴

⁸⁷ R.F. Tomasson, *Sweden. Prototype of Modern Society* (New York: Random House, 1970). Quoted in Shorter, 'Female Emancipation', p. 623.

⁸⁸ E. Roberts, *A Woman's Place. An Oral History of Working-Class Women 1890-1940* (Oxford: Blackwell, 1984), p. 81.

⁸⁹ Walter, *My Secret Life* (Amsterdam, 1888)

⁹⁰ J. Cleland, *Fanny Hill (Memoirs of a Woman of Pleasure)*, (London, 1749)

⁹¹ E.M. Holtzman, 'The Pursuit of Married Love. Women's Attitudes Toward Sexuality and Marriage in Great Britain, 1918-1939', *Journal of Social History*, 16.2 (1982), p. 41.

⁹² Roberts, *A Woman's Place* p. 84.

⁹³ Roberts, *A Woman's Place* p. 84.

⁹⁴ L.S. Florence, *Birth Control On Trial* (London: G. Allen & Unwin Ltd, 1930), pp. 67-68.

Indeed, in *Birth Control on Trial* written by Florence in 1930, she writes of women's attitude to the use of the contraceptive pessary:

Their sensitiveness was of course part of the stupid tradition in which most women, even of the present generation, have been brought up in the belief that sex is a subject on which women should have no views and no sentiments - that intercourse is a necessary evil of marriage, but that of course every decent minded woman would chose to avoid if she could.⁹⁵

Interviewees of a later era expressed ignorance of birth control methods.

When I was fifteen and a half [in 1950] I was raped. I didn't find out anything until after I had my daughter. My mum and dad never told me anything ... They never talked to me about sex at all.⁹⁶

After concealing a pregnancy (as a result of being raped), delivering at home and then being admitted to the maternity hospital at the age of sixteen, an interviewee from this study found the obstetrician there most unsupportive and told her to consult her GP:

He wasn't very sympathetic you know. Just gave me the cap and told me to use it. Never gave me any instructions or anything. When I came home my mother asked me what I was to do, and I showed her the cap. She said what you are supposed to do with that? I said I haven't got a clue.

This particular woman then went on to have five children in ten years, using no contraception.

Historiography represents women as reproductive vessels either 'fertile, fecund or barren[sic]'⁹⁷ and at least in Victorian times a degree of passivity was expected and exhibited within marriage. In the first decades of the twentieth century perhaps under the influence of Marie Stopes writings women became more knowledgeable but still wished a passive role within marriage considering that pleasure from sex was unwomanly.

3.4 *Coitus interruptus* 'getting aff at Paisley'; 'getting off at Haymarket'.

Early evidence that couples were attempting to control their own fertility comes from the 'peculiarly monastic instruments',⁹⁸ the penitentials, which listed sins and their appropriate penances, which are said to have influenced Catholic sexual doctrine between the sixth and the eleventh century. Indeed Pierre de la Palude, a cleric, writing in the fourteenth century

⁹⁵ Florence, *Birth Control On Trial*, p. 67.

⁹⁶ Interview UU 17 March 2011.

⁹⁷ Mackinnon, 'Were Women Present at the Demographic Transition?', p. 223.

⁹⁸ J.T. Noonan, *Contraception . A History of its Treatment by the Catholic Theologians and Canonists* (Cambridge, Mass: Belknap Press of Harvard University Press, 1986), p. 152.

advised couples who already had as many children as they could support to practice *coitus interruptus* 'if they were unable to achieve complete sexual continence'.^{99,100}

Luther and Calvin, after the Reformation condemned the practice¹⁰¹ and Noonan has suggested that 'Protestant rigidity prevented a softening of Catholic doctrine'.¹⁰²

Historically, in medieval and modern Europe, it was believed that semen poisons a mother's milk and that given these dangerous properties a solution short of strict sexual abstinence was the practice of *coitus interruptus*.¹⁰³ A related belief was that a lactating woman who indulged in sexual relations risked stimulating the return of menses which would consequently sour and dry up breast milk, 'the Milke Corrupteth and growethe soure'.¹⁰⁴ This coupled with the belief that female orgasm was necessary for conception led many communities to practice *coitus interruptus*. Condemned as self indulgent or hedonistic for separating intercourse from procreation, this practice was said to encourage licentiousness. Yet in parts of Europe it was the mainstay of contraceptive technique, in Sicily characterised by men as 'reverse gear' - *marcia in dietro* and by women as 'making sacrifices' *fare sacrifici*. Schneiders' case study of Sicily considers that men viewed ably practising *coitus interruptus* as a skill, the more so as the men were concerned that their wives should experience orgasm and that this was facilitated by a high level of communication and cooperation between spouses.¹⁰⁵ *Coitus interruptus* was considered the most frequent method of contraception amongst the working class and for the professional and middle classes there became commercially available an 'increasingly exotic range of appliances and techniques'.¹⁰⁶ Yet Woods¹⁰⁷ has concluded that the rise in sales of contraceptives could not alone have accounted for the fertility decline in the latter part of the nineteenth century but that sexual abstinence, withdrawal, oral sex, abortion, *amplexus reservatus*^{108,109} and possibly anal intercourse might have been part of an increasing

⁹⁹ Pierre de la Palude, *Lucubrationum* 4.31.3.2, p.367 Quoted in W.O. Spitzer and C.L. Saylor, Christian Medical Society, *Birth Control and the Christian. A Protestant Symposium on the Control of Human Reproduction* (Wheaton, Ill: Tyndale House, 1969), pp. 450-451.

¹⁰⁰ J.A. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago: University of Chicago Press, 1987), pp. 450-451.

¹⁰¹ Santow, 'Coitus interruptus', pp. 19-43.

¹⁰² Noonan, *Contraception*, p. 353.

¹⁰³ Santow, 'Coitus interruptus', p. 30.

¹⁰⁴ P.Crawford, "'The Suckling Child". Adult Attitudes to Child Care in the First Year of Life in Seventeenth-Century England', *Continuity and Change*, 1(1) (1986), p. 30.

¹⁰⁵ For a fuller account of the Sicilian case study see J. Schneider and P. Schneider, 'Sex and Respectability in an Age of Fertility Decline. A Sicilian Case Study', *Social Science & Medicine*, 33.8 (1991), pp. 885-895.

¹⁰⁶ Peel, 'The Manufacture and Retailing of Contraceptives', p. 116.

¹⁰⁷ Woods, 'Approaches to the Fertility Transition', p. 291.

¹⁰⁸ Intercourse without ejaculation.

awareness of family limitation as a laudable goal. It seems clear however that with an estimated failure rate of four to nineteen per hundred women *coitus interruptus* could not solely account for the fertility decline but with a failure rate of two per cent lactational amenorrhoea may have been a significant factor in fertility decline.^{110,111,112}

The following Table 3.1 provides *estimated* first year user failure rates for different methods of contraception which were available in the period covered in this study based on Guillebaud's figures.

Table 3.1 Method of contraception v failure rate per 100 women.

Method. ¹¹³	Failure rate per 100 women. ¹¹⁴
Coitus interruptus	4-19
Diaphragm (Mensinga pessary)	6-20
Spermicidal (Rendell Pessary)	4-25
Breast Feeding (lactational amenorrhoea) ¹¹⁵	2
Condoms (Rubber letters, Skin letters)	2-15

Gittins¹¹⁶ has characterized the male practice of *coitus interruptus* as a form of power but has argued that working-class women in textile industries controlled births unilaterally, by abortion, without recourse to their husbands whereas Szreter, in acknowledging the significant earning power of women in these industries, feels they would have been able to negotiate cooperation with their husbands, that is by abstinence. Gittins further considers

¹⁰⁹ Monitum of Holy Office, June 30 1952; *Acta Apostolicae Sedis*, 44 (1952) issued warning concerning literature which promoted *amplexus reservatus*. Quoted in W.J. Gibbons, 'Fertility Control in the Light of Some Recent Catholic Statements', *Biodemography and Social Biology*, 3.1 (1956), p. 11.

¹¹⁰ Pearl pregnancy rate is calculated from Total accidental pregnancies x 1200/ Total months of exposure. In Guillebaud, *Contraception Your Questions Answered*, p. 15.; M. Vessey, M. Lawless, and D. Yeates, 'Efficacy of Different Contraceptive Methods', *Lancet*, 319.8276 (1982), p. 841-842. Vessey et al. quote 6.7/100 woman years failure rate. This Oxford/FPA study is limited to married women aged 25 years or more attending family planning clinics. 40% of these women are in social classes I or II.

¹¹¹ Guillebaud, *Contraception Your Questions Answered*, p. 38.

¹¹² Lactational infecundability is the term used by Bongaarts. See J. Bongaarts, 'A Framework for Analyzing the Proximate Determinants of Fertility', *Population and Development Review*, 4.1 (1978), pp. 117-118 in which he considers the 'strong fertility-limiting impact of prolonged lactation'.

¹¹³ From a typical illustrated retail list of 1896 in Peel, 'The Manufacture and Retailing of Contraceptives in England', p. 116.

¹¹⁴ Guillebaud, *Contraception Your Questions Answered*, Table 1.2, pp. 14-15.

¹¹⁵ Amenorrhoea since lochia ceased, baby not yet six months old and total breastfeeding, the risk of conception by six months is only two percent. Quoted in Guillebaud, *Contraception Your Questions Answered*, p. 38.

¹¹⁶ D. Gittins, *Fair Sex, Family Size and Structure, 1900-39* (London: Hutchinson Education, 1982), p. 159.

that married women as wage earners in the labour market were considered as a direct threat to middle class ideals of male supremacy

The medical profession in the early years of the twentieth century opposed *coitus interruptus* as it was said to cause ‘nervous complaints’ in both men and women as a result of ‘conjugal onanism’.¹¹⁷ Margaret Sanger considered it caused neurological and psychological damage to women and that the greatest objection was ‘the evil effect upon the woman’s nervous condition’ which:

If she has not completed her desire, she is under a highly nervous tension, her whole being is perhaps on the verge of satisfaction. She is then left in this dissatisfied state. This does her injury.¹¹⁸

Marie Stopes was equally critical as she considered that semen had a beneficial effect on women’s health.¹¹⁹ Yet *coitus interruptus* was being used, even if it did not feature in pamphlets and manuals and advertisements, and Santow considers this was because it represented a continuation of past behaviour rather than being an innovative technological development.¹²⁰

Szreter however persists in his opinion that if *coitus interruptus* as practised is unsatisfactory then a couple are more likely to refrain from any sexual activity at all, that is practice abstinence, than if their previous experience were satisfactory. He feels *coitus interruptus* and abstinence were thus part of a continuum of sexual activity in British Society.¹²¹

3.5 Abstinence

Cultural anthropologists have commented that in New Guinea and Melanesia the relationship between women and men may have served ecologically adaptive ends. The men and women occupying separate houses. The consequence of such ideas being that husband and wife avoid intercourse until a child is weaned ensuring maximum nourishment for the child and optimising the health of the mother by avoidance of successive, draining pregnancies;¹²² in effect practising abstinence. In some cultures post partum abstinence is maintained for a *minimum* period, socially acceptable in that

¹¹⁷ Santow, ‘Coitus interruptus’, p. 34.

¹¹⁸ M. Sanger, *Family Limitation* 32nd edn (1925), p. 14.

¹¹⁹ J. Rose, *Marie Stopes and the Sexual Revolution* (Stroud: Tempus, 2007).

¹²⁰ Santow, ‘Coitus interruptus’, p. 39.

¹²¹ Szreter, *Fertility, Class and Gender in Britain*, p. 422. Szreter considers these comments would not necessarily apply to a society like France - ‘a relatively uninhibited culture’.

¹²² R.K. Keesing and A.J. Strathern, *Cultural Anthropology. A Contemporary Perspective* 3rd edn (Fort Worth: Harcourt Brace, 1998), pp. 107-10.

environment to ensure a prolonged lactation period, with sexual congress being resumed only when a child has reached an appropriate age.¹²³

Sexual abstinence¹²⁴ within marriage was according to Szreter considered to be the principal method of birth control for late Victorians and Edwardians although he acknowledges the increase in public interest in contraceptive literature post the Bradlaugh-Besant trials and indeed he regards the demand for this information as powerful evidence of a 'prevailing state of ignorance on matters sexual and contraceptive'.¹²⁵ Yet in acknowledging the thirst for information and ignorance on matters sexual and biological is it not a leap of faith to imply that couples were practising abstention to varying degrees of success? That women with 'virginal charm and ignorance'¹²⁶ could be highly prized in the marriage market must only have applied, if at all, to a limited section of the population. Yet no account seems to be taken of the situation once the 'genie' of knowledge (and practice) is out of the bottle. Once sexually 'awakened' it seems highly unlikely that young women would have accepted within marriage a paucity of coital frequency in order to limit fertility unless their ignorance of matters sexual diminished their pleasure such that abstinence would have been a relief. This surely, however, credits an apparently naive and ignorant population with understanding and self control and incentive to limit their fertility. In acknowledging manifest ignorance does it not seem more plausible that the ignorance of matters sexual and technical would have caused inquisitiveness amongst the population even if at first their 'ignorance' resulted in lack of any pleasure? Szreter, however, persists in his view that a practise of low coital frequency would have been regarded as 'civilised' behaviour as he considers that for many in the late Victorian era sex may have engendered negative, ambivalent or even guilty feelings associated as it was with 'animal activity' and the risk of disease.¹²⁷ Long first birth intervals surely provide incontrovertible evidence of the use of some method of birth control since lactational

¹²³ For a fuller discussion see Santow, 'Coitus interruptus', pp. 19-43.

¹²⁴ Acton advised that few hard-working intellectual married men should indulge in intercourse no oftener than once in seven or perhaps ten days. This, however, was only a guide for strong, healthy men. Generally, he considered an individual may consider he has committed an excess when coitus is succeeded by languor, depression of spirits, and malaise. *Post coitum omne animal triste, nisi gallus qui cantat*. Acton, *The Functions and Disorders of the Reproductive Organs*, p.194.

¹²⁵ Szreter, *Fertility, Class and Gender in Britain*, p. 396.

¹²⁶ L. Housman, *The Immoral Effects of Ignorance In Sex Relations* (1911). Quoted in Szreter, *Fertility, Class and Gender In Britain*, p. 396.

¹²⁷ Szreter, *Fertility, Class and Gender in Britain*, pp. 416-417.

amenorrhoea cannot have played a part and absolute continence at least in the first years of marriage seems unlikely.¹²⁸

Beveridge however had raised the question as to whether the fall in birth rate was as a result of a sudden weakening of the sexual instinct.¹²⁹

Indeed Cook considers that:

... in looking at the evidence from the interwar period and before WWI, it is easy to forget or underestimate the [perhaps] obvious fact that those who were by today's standards inhibited in their sexual behaviour were strongly inhibited in discussing sex.¹³⁰

The approbation¹³¹ which greeted Bradlaugh and Besant at meetings in Glasgow and Edinburgh and as they left Westminster Hall after the initial guilty verdict gives little credence to the theory that the population post the trial sought information in writing on contraception only to discard it in the 'bedroom' and practice abstinence.¹³² Szreter considers that 'mystery was institutionalised which strove to protect the market value of innocent brides by keeping from them knowledge which could lead to degrading thoughts, or worse urges',¹³³ and Gay acknowledges the evidence is fragmentary and that he has been able to glean little from the diaries and letters of the bourgeoisie.¹³⁴

Szreter, in commenting on Bongaarts¹³⁵ work which involves the mathematical modelling of what he terms the proximate determinants of fertility, including frequency of intercourse has considered that even if 'attempted abstinence' meant that couples were restricting themselves to intercourse once every week, it would take on average over eleven months to achieve a pregnancy whereas over five episodes of intercourse per week (twenty acts of intercourse per menstrual cycle) would entail a conception wait of 3.5 months.¹³⁶

¹²⁸ R. Andorka, 'Family Reconstitution and Types of Household Structure' in *Time Space and Man. Essays on Microdemography*, eds. J. Sundin and E. Söderlund (Stockholm: Almqvist and Wiksell, 1979), pp. 11-33. Quoted in Santow, 'Coitus interruptus', p. 28.

¹²⁹ Beveridge, 'The Fall of Fertility Among European Races', p. 22.

¹³⁰ H. Cook, 'The Long Sexual Revolution. British Women, Sex and Contraception in the Twentieth Century' (unpublished D.Phil thesis, The University of Sussex, 1999), p. 109.

¹³¹ *The Dundee Courier and Argus and Northern Warder* 19 June 1877, issue 7459.

¹³² In many cases a one room abode would have been more typical.

¹³³ Szreter, *Fertility, Class and Gender in Britain*, p. 397.

¹³⁴ P. Gay, *Education of the Senses. The Bourgeois Experience, Victoria to Freud* (New York: Oxford University Press, 1984), p. 257.

¹³⁵ J. Bongaarts, 'The Proximate Determinants of Natural Marital Fertility', in *Determinants of Fertility in Developing Countries Vol 1*, eds. R.A. Bulatao, R.D. Lee, P.E. Hollerbach and J. Bongaarts (Washington DC: National Academy Press, 1983), p. 116. Quoted in Szreter, *Fertility, Class and Gender in Britain*, p. 395.

¹³⁶ For a fuller account see J. Bongaarts, 'A Framework for Analyzing the Proximate Determinants of Fertility', *Population and Development Review* 4.1 (1978), pp. 105-132.

Holtzman considers however that the drop in the birth rate within the middle class was indicative of women's sexual authority and that in the absence of mechanical methods of contraception a decrease in the frequency of sexual intercourse was the cause of the fall in the birth rate.¹³⁷ The Fifth International Neo-Malthusian and Birth Control Conference heard that:

Abstinence does no harm in the absence of sexual stimulus, as, for example, when a husband and wife occupy separate bedrooms; but if they lie in contact with one another there is sexual stimulus. Perhaps the stimulus may be unconscious and unrecognised, but it does occur and it is not gratified.¹³⁸

By the early years of the twentieth century and perhaps influenced by Marie Stopes' *Married Love* and drawing on the tradition of authority and in conjunction with the aim of increasing sexual enjoyment, rather than merely controlling fertility some women, Stopes' correspondents, claimed the right to decide when they and their husbands would engage in sexual relations.¹³⁹

3.6 Fertility Surveys.

Fertility surveys have been used to try and assess the practice of contraception yet are considered to have several biases inherent in their design in that respondents may conceal contraceptive practice for fear of disapproval or they may conceal impaired fecundity if this is considered to be associated with impaired health or loss of virility.¹⁴⁰ Or indeed they may profess advocacy of contraceptive practices if they feel that this is a fashionable view.¹⁴¹ It has been suggested that questionnaire respondents often did not understand or appreciate the nuances of the particular question asked, for example respondents would not admit to *coitus interruptus* unless specifically asked about being 'careful' and 'withdrawing'. The common parlance of the day would have helped remove any ambiguity so that the inhabitants of Edinburgh would fully understand the colloquialism of 'getting off at Haymarket'. However 'being careful' could equally have been misunderstood as

¹³⁷ Holtzman, 'The Pursuit of Married Love', p.44.

¹³⁸ *Report of the Fifth International Neo-Malthusian and Birth Control Conference*, ed. R. Pierpoint (London: William Heinemann Medical Books, 1922).

¹³⁹ Holtzman, 'The Pursuit of Married Love', p.44.

¹⁴⁰ R. Pearl, 'Contraception and Fertility in 2000 women', *Human Biology*, 4 (1932), pp. 363-407; E. Lewis-Fanning, *Report on an Inquiry into Family Limitation and its Influence on Human Fertility during the Past Fifty Years* (London: HMSO, 1949); J. Peel and G. Carr, *Contraception and Family Design. A Study of Birth Planning In Contemporary Society* (Edinburgh: Churchill Livingstone, 1975).

¹⁴¹ D.G. Sloan, 'The Extent of Contraceptive Use and the Social Paradigm of Modern Demography', *Sociology*, 17.3 (1983), p.381.

avoiding female orgasm, thought to have been essential for conception.¹⁴² Concealment has also been considered as responsible for inconsistencies in responses between spouses, the male asserting contraceptive usage to protect his image and the females being considered too shy to answer truthfully.¹⁴³

However many, if not most, population researchers in the 1920s and 1930s were more interested in promoting birth control amongst the lower classes than testing theories of causation of the decline in fertility and accordingly little effort was spared, according to Sloan, in telling the Western public what results were expected from birth control surveys.¹⁴⁴ Indeed he considers that they were included as ‘users of contraception’ in statistics as if ‘they had practised contraception with near religious fervour’.

Lewis-Faning’s study of 1949 looking at marriage cohorts by date of marriage shows that of women married in the years 1910-1919, interviewed in 1946/7 forty per cent admitted to having used at some time birth control. The number of women admitting, in each period, to using a form of birth control increased up to 1939, and that in each period more were using appliance methods (Table 3.2, Fig. 3.7).

Table 3.2. Trends in the use of birth control, all social classes combined by date of marriage. Adapted from Faning, Report into Family Limitation, 1949

Date of marriage	Percentage who used any birth Control	Percentage who used appliance Methods	Percentage who used non appliance Methods
<1910	10	1.98	13.02
1910-1919	40	9	31
1920-1924	58	18	39.99
1925-1929	60	21.96	39.06
1930-1934	63.2	29.97	32.86
1935-1939	66	36.99	29.14
>1940	55.2	30.96	23.87

¹⁴² Mass Observation and Advertising Service, *Britain and Her Birth-Rate a Report* (London: J.Murray, 1945), p.59.

¹⁴³ Sloan, 'The Extent of Contraceptive Use', p.383.

¹⁴⁴ Sloan, 'The Extent of Contraceptive Use', p.381.

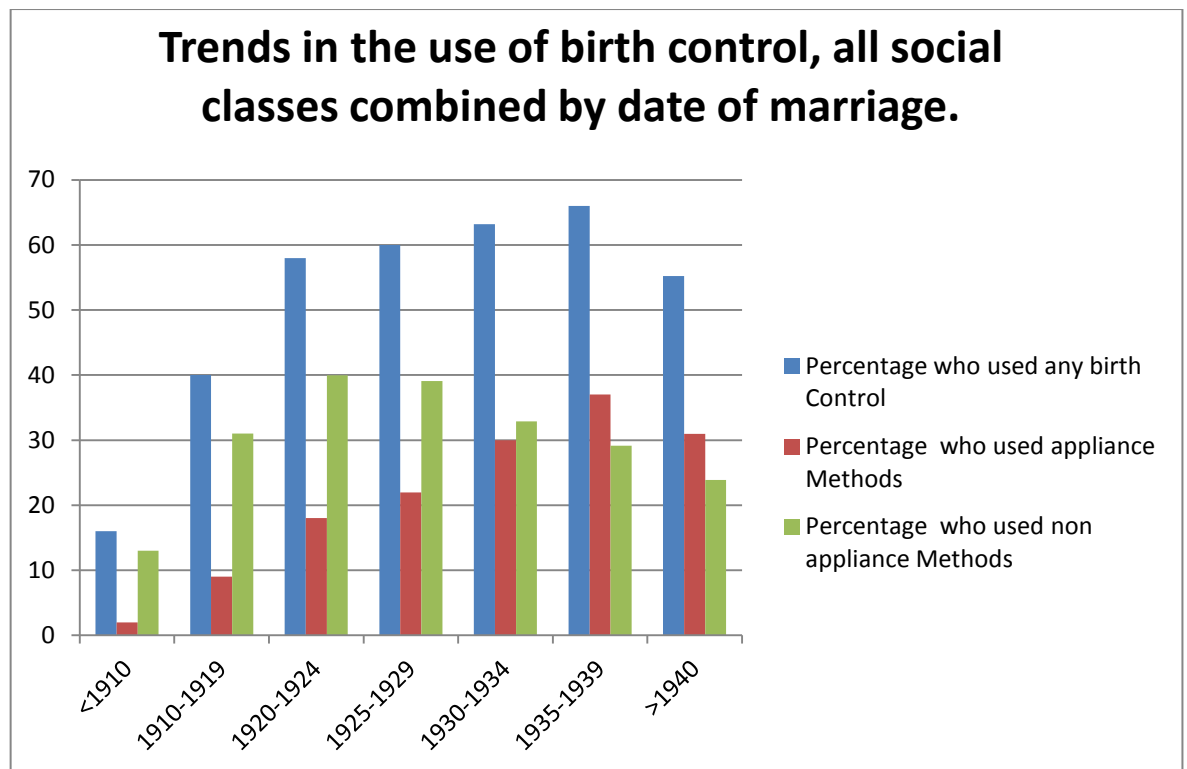


Fig 3.7 Trends in the use of birth control, all social classes combined by date of marriage. Adapted from Faning, Report into Family Limitation, 1949

Non appliance methods were considered to be abstinence, *coitus interruptus* and the so called ‘safe period’ and it was recognised that women at different times in their lives might adopt different practices, presaging the concept of the contraceptive career.¹⁴⁵ Szreter has argued in favour of the widespread use of abstinence and has lauded Lewis-Faning’s survey as being technically rigorous yet he criticises the methodology of the survey and suggests that the procedures adopted had the effect of positively excluding all those practising abstinence.¹⁴⁶ Szreter acknowledges that the interview was designed to deal with respondent’s reticence in discussing sexual practices but he feels nonetheless that respondents were concealing birth control practices. In concluding however that questionnaires which exclusively addressed ‘wives’ is evidence that a considerable number of women were ‘unaware of the extent to which their husbands were in fact practising sexual continence and radically reducing the frequency of sexual advances within

¹⁴⁵ L.M. Williamson, ‘Contraceptive Careers. Young Women’s Choices, Influences and Risks’ (unpublished PhD thesis, University of Glasgow, 2007).

¹⁴⁶ Szreter, *Fertility, Class And Gender in Britain*, p. 403.

marriage,¹⁴⁷ seems unlikely. This gives a new perspective to the phrase 'he was awfy good - he didn't bother me'.¹⁴⁸

3.7 Abortion

Although national statistics were not gathered until 1861 there has been debate in considering whether abortion could have contributed to the fertility decline. It has been highlighted that consideration of this issue casts light on the different sexes views on sexuality, the medical profession's view of women's health and women's response to their physical functions.¹⁴⁹ We have little information on the extent of abortion in Scotland prior to the Abortion Act of 1967 yet the crude birth rate in Scotland was 34.8 in 1861 and fell in successive decennial periods. McLaren feels that it is difficult to say whether recourse to abortion was becoming more frequent in the first half of the 19th century or whether the heightened distaste of the middle class for this form of family planning led to increased mention of it. Banks nevertheless considers that the practice of inducing miscarriages was considered to be growing amongst married women in the middle years of the nineteenth century.¹⁵⁰ Banks further quotes Greaves at a meeting of the Manchester Statistical Society in 1863 expressing the concerns of doctors of an abortion rate of between one in three and one in seven conceptions

McLaren quotes correspondence from Francis Place to Richard Carlile (circa 1822) who considered that abortion was also widespread in working class districts.¹⁵¹ Charles Cameron, a Glasgow physician, considered that abortion was common among the Glasgow poor and that there were three classes of abortionist: medical practitioners who advertised themselves as doctors who procured abortions by the use of instruments; secondly herbalists who used drugs which were abortive or which they pretended were abortive; thirdly 'spaewives' who were abortionists or 'touters' or 'lookers out' for customers for abortionists.¹⁵² He believed the abortionists had a thriving business in Glasgow but that the practices were also very common in Edinburgh.¹⁵³ Cameron further commented that publicity was necessary to advertise their practices and that washer women who went from house to house or public washhouses could, if they saw a need, 'give a girl a hint that they

¹⁴⁷ Szreter, *Fertility, Class And Gender in Britain*, p. 410.

¹⁴⁸ Interview YY 22 April 2010

¹⁴⁹ A. McLaren, *Birth Control in Nineteenth Century England* (London: Croom Helm, 1978), p. 231.

¹⁵⁰ Banks, *Prosperity and Parenthood*, p. 143.

¹⁵¹ Letter from Frances Place to Richard Carlile, 18 August 1822, Place Collection vol.68 British Museum (Now Held in British Library, London) Quoted in A. McLaren, 'Women's Work and Regulation of Family Size. The Question of Abortion in The Nineteenth Century', *History Workshop*, 4 (1977), p. 73.

¹⁵² PP 1871 (372) *Report from the Select Committee on Protection of Infant Life*, p. 207.

¹⁵³ PP 1871 (372) *Report from the Select Committee on Protection of Infant Life*, p. 209.

can get her put right'.¹⁵⁴ In 1888 a letter carrier in Aberdeenshire was convicted and imprisoned for having performed abortions on two farm servants, one of whom had died. It was reported that it was well known in the community that he could provide this service.¹⁵⁵

In Aberdeen, *Biblewomen* were employed by local church congregations as advocates for the poor and who undertook an amalgam of quasi social worker and health visitor and citizen's advice service roles and who worked closely with the poor. There is however, no documentary evidence extant, that these women ever proffered birth control or abortion advice.¹⁵⁶ There can nonetheless be little doubt that given their peripatetic role in the community that they would have been aware of unplanned pregnancies and abortions and abortionists. They may simply have chosen not to act on this information although McCall considers that the Biblewomen's reports would have been 'filtered' by the middle class 'organisers'.

Indeed the early advocates of contraception were considered to be doing so to avoid the dangers of abortion.¹⁵⁷ There was thus amongst the working class a female model of control of fertility through abortion in contrast to the middle class male initiated *coitus interruptus* and condom usage.¹⁵⁸

The middle class reaction in England against the use of abortion by working class women in textile areas was that it was wrong in that it empowered the women within marriage and that this power was reinforced by women's role as wage earners, thus threatening the middle class ideal of the private nature of family life and domestic order.¹⁵⁹ In addition abortion could be seen as a 'social act' involving the exchange of information on matters sexual and the formation of social networks amongst working class women.¹⁶⁰ Thus apparently helping to disseminate information on abortion and in later times information on contraception. A Fife textile worker interviewed for this project however refuted the

¹⁵⁴ PP 1871 (372) *Report from the Select Committee on Protection of Infant Life*, p. 209.

¹⁵⁵ 'High Court of Justiciary. Charge of Murder Against a Maryculter Postman', *Aberdeen Weekly Journal*, 4 July 1888.

¹⁵⁶ Personal communication with Alison McCall, University of Dundee, 21 October 2012 'It is likely that the Biblewomen's reports would have been 'filtered' by the middle class 'organisers' from the congregations. Factual details about quantities of clean bedding supplied are likely to have been accurate but details such as attitudes to birth control would most likely not have been sought, and if provided, not recorded. The original reports are believed to have been destroyed.'

¹⁵⁷ In France Charles Knowlton's *Fruits of Philosophy* was translated as *Plus d'avortements moyens scientifiques, licites et pratiques de limiter la fécondité de la femme*. More abortions, means scientific legal and practical to limit the fertility of women.

¹⁵⁸ McLaren, 'Women's work', p. 78.

¹⁵⁹ D. Gittins, *Fair Sex Family Size and Structure, 1900-39* (London: Hutchinson Education, 1982), pp. 159-160.

¹⁶⁰ Gittins, *Fair Sex*, p. 160.

suggestion that a social network of information systems existed in the 1950s and that they left work as ignorant about matters sexual as they were the day they started work,¹⁶¹ indeed another further commented that she learned more by listening to passengers when she worked as a bus conductress.¹⁶²

It is not suggested here that working class women would have considered abortion lightly but economic necessity might have prevailed. Abortion would not have required the 'regular sober assistance of the spouse', nor 'did it take place during intercourse'.¹⁶³ Nineteenth-century parliamentary legislation on abortion has been considered to be the attempt of the middle classes, who espoused the sanctity of life from conception, to impose their morality on the working classes, who assumed abortion was legal before 'quickening', but of course no such legislation existed in Scotland.

Scots Law decreed that abortion was a common law offence and many considered the law in Scotland was satisfactory. Some English commentators however considered that illegal abortions occurred with sufficient frequency in towns to account for the lower illegitimacy rate in urban areas¹⁶⁴ yet others considered abortion to be rare.¹⁶⁵

The number of cases of course which might have come before courts ultimately bears little relationship to the number of women who would have been actively seeking to procure an abortion. Yet we know from the advertisements placed in national and regional newspapers from the Borders to the Orkney Isles inviting women to purchase nostrums for the purpose of removing 'irregularities or 'obstructions' that there clearly was a demand for this information despite the fact that most of the peddled treatments were innocuous chemical mixtures;^{166,167} the effective abortifacients nonetheless being capable of grave harm to the woman.¹⁶⁸

¹⁶¹ Interview UU 17 March 2011.

¹⁶² Interview YY 22 April 2010.

¹⁶³ McLaren, 'Women's work', p. 71.

¹⁶⁴ E. Bulwer-Lytton, *England and the English* 1st edn reprinted (Chicago: London University of Chicago Press, 1970), p. 126.

¹⁶⁵ A.T. Thomson, 'Lectures on Medical Jurisprudence', *The Lancet*, 27.700 (1837), p. 625.

¹⁶⁶ Chrimes Brothers in London, went on trial for blackmail in 1898. This unscrupulous trio advertised in various newspapers to sell 'Lady Montrose Miraculous Female Tabules' for what they called Female Ailments ('The most Obstinate obstruction, irregularities, etc. of the female system are removed in a few doses'). Some 10,000 women wrote to receive their pills. Many of these women were then forced to pay the brothers after receiving threats that their pregnancy and attempt to procure an abortion would be exposed < <http://bellanta.wordpress.com/2008/08/18/the-brothers-chrimes-and-abortifacient-scams/> > [accessed 12 April 2012].

¹⁶⁷ 'Quacks and Abortion. A Critical and Analytical Inquiry III', *The Lancet*, 152.3930 (1898), pp. 1723-1725.

¹⁶⁸ Diachylon a lead based preparation taken orally often induced abortion but the patient risked plumbism, lead poisoning.

Towards the end of the nineteenth century increasingly married, middle class women were resorting to abortion and this example had diffused to the 'more respectable of the small trade and labouring classes.'¹⁶⁹

3.8 Conclusion

We thus have an acknowledged pan European fertility decline post 1870 with Scotland's fertility decline exhibiting a lag, but until we unearth the writings of the working man or woman in the period under study we can merely speculate as to the true causes of the fertility decline. Reliable data for coital frequency data have not been identified. Pamphlets and tracts available in the late nineteenth century may have stimulated interest in this area but prudery may have prevented enactment of contraceptive practice. Devices were crude and would have required a degree of privacy and hygiene to have been effective. Examining the Pearl index of contraceptive effectiveness we can see that *coitus interruptus* could have contributed but little to the fertility decline although lactational amenorrhoea, often discredited in the twentieth century, would have had a role.¹⁷⁰ Abortion and infanticide too would have contributed to the fertility decline.

It takes some education and appreciation of basic human physiology to understand the concept of birth control, a confidence to use the available methods or abstain, and foresight to see the benefits to individual family units of limiting fertility. Cook has concluded that, for those couples who followed the advice of commercial suppliers or who took the advice of the birth control tracts in the period before 1914, considerable effort would not be rewarded by protection from pregnancy. Condoms were expensive, sponging was unreliable, and douching and syringing which required an adequate water supply, not readily available in 'a single end' were hardly worth the effort.¹⁷¹ She characterises the situation by the 1930s for those with an adequate income and adequate washing facilities as potentially better if a spermicide and a douche and a rubber device were used together.

The motivation to limit fertility in the period post 1870, notwithstanding the twenty-first century perception that abstention is 'impossible to contemplate', leads one to agree with Szreter that abstention was indeed the most significant contributory factor to the fertility decline and that Shorter's conclusion mentioned earlier that late in the eighteenth century 'not only were couples who did not marry having premarital intercourse more often than

¹⁶⁹ R. Sauer, 'Infanticide and Abortion in Nineteenth-Century Britain' *Population Studies*, 32.1 (1978), p. 91.

¹⁷⁰ It is likely that in the absence of proprietary infant food preparations and for the poor, no access to wet nurses that infant feeding would have been solely breast feeding.

¹⁷¹ Cook, 'The Long Sexual Revolution', p. 93.

before, couples who did marry were doing so as well' not be applicable to the late nineteenth century and beyond. Indeed Cook considers the most important evidence for partial sexual abstinence is the absence of an alternative means by which fertility levels could have fallen to the levels reached in the 1930s.¹⁷²

Separate bedrooms were common amongst the middle classes and so too amongst the working class where the woman would sleep with the children in another room. This however assumes the luxury of more than one room, and more than one bed existed. A picture confirmed by George Orwell in the 1930s in *The Road to Wigan Pier* where he vividly describes the impoverished working class having barely enough bed space for the occupants and members of families sleeping in 'shifts'.¹⁷³ Indeed Sir Malcolm MacNaughton, on arrival in Aberdeen as Dugald Baird's senior registrar, viewed firsthand the overcrowding of the poor, a pregnant woman and her husband and six children in a one roomed tenement flat.¹⁷⁴

Religion has been cast as the impediment to the early commencement of the fertility decline in that religion was regarded as the 'guardian of morality but that morality was regarded as the guardian of social stability'.¹⁷⁵ The religious element of this issue will thus be the subject of the next chapter.

¹⁷² Cook, 'The Long Sexual Revolution', p. 108.

¹⁷³ G. Orwell, *The Road to Wigan Pier* (London: Penguin, 2001), p. 53.

¹⁷⁴ Interview MM 4 February 2010.

¹⁷⁵ Caldwell, 'The Delayed Western Fertility Decline', p. 487

Chapter Four: The Influence of Religion

Introduction

Scotland is nominally a Christian country and thus the attitude of the Christian churches towards population policies and movements has been considered a subject of growing social and political importance.¹ And thus in any discussion of religion's influence on demographic behaviour one must consider the values of the religious denominations which have tended to elaborate codes of morality to guide and influence the adherents. This chapter will thus seek to explore the attitude of the churches in Scotland to sex and marriage by exploring the church's attitude to family limitation, in effect, birth control.

Sexuality and the roles of men and women have been under intense scrutiny in Judeo-Christian religions with the Roman Catholic Church having unwavering doctrinal views on issues such as contraception whereas other Christian denominations have become more relaxed and over time even approving of contraception.

Archives of the Catholic Church and Free Church of Scotland were explored for this work. Interviews were sought with members of all Christian denominations in Scotland but unfortunately, either the topic of research was of no interest or they truly were 'too busy' to agree to be interviewed. Nonetheless those who did agree to be interviewed, who wished to retain their anonymity, and whilst they cannot be considered spokespersons of the church to which they belong, their views and opinions nonetheless colour the debate.

4.1 Protestantism

The period 1707-1850 was one of great change in Scottish society. It changed from an essentially rural agricultural society to an urbanised industrial society, initially through agricultural improvement and commercial expansion to industrialisation. From a society whereby wealth was in the hands of the very few to a society where effort, inventiveness and intuition were rewarded, yet in the overcrowded cities poverty and inequalities abounded. Malthus was one of the first to articulate that unchecked population growth was a potential threat to human society and that with the shift from rural to urban living large families came to be seen less as assets and more as liabilities.

The changes in religion in this period spanned the period of pre-eminence of the Established Presbyterian church through the period of dissent and disruption of 1843.

¹ F. Campbell, 'Birth Control and the Christian Churches', *Population Studies*, 14.2 (1960), p. 131.

The church's role in society was defined by its civil status.² The Church of Scotland can be considered democratic, in that it is governed not by bishops but by a hierarchy of church courts from the parish kirk session, which was the local court for all manner of civil and religious offences ranging from Sabbath desecration to prenuptial fornication, upwards to the General Assembly. The parish church and state were thus virtually one and the same.³ Until 1760 the kirk could be considered to be a community venue where worshippers came from all social backgrounds to meet, exchange gossip and conduct business. The rural church performed virtually all civil functions, a precursor of the local authorities.⁴ During the eighteenth century the Church of Scotland lost a minority of its members and a number of dissenting Presbyterian churches were established and in 1843 following the 'Disruption' the Free Church of Scotland was constituted. A further schism took place in 1892 from the Free Church of Scotland and the Free Presbyterian Church evolved.

The major Presbyterian churches are each governed by a supreme court, General Assemblies which were considered the final arbiters in matters of religion, doctrine, discipline and church government. The reports of the various committees to the Assembly often addressed national concerns of the churches, whether the rise of antenuptial fornication or the evils of dancing.⁵

In recognising the role of religion in shaping the identity of Scotland and in excluding Scotland from the *Making of the English Working Class*, Edward Thompson recognised that 'the Scottish story is significantly different, Calvinism was not the same as Methodism'.⁶ Presbyterian Churches in Scotland had a different culture from English dissent in that they had a historical commitment to much closer direct liaison with government, on the basis of the Establishment Principle, English free churches taking the view that the church should have nothing to do with the state.⁷

The Reports by the Committee on Public Questions, Religion and Morals⁸ delivered to the General Assembly of the Free Church of Scotland,⁹ the Reports of the Women's

² C.G. Brown, 'Religion and Social Change', in *People and Society in Scotland Vol 1, 1760-1830*, eds.T.M. Devine and R. Mitchison (Edinburgh: John Donald in Association with the Economic and Social History Society of Scotland, 1988), p. 145.

³ C.G. Brown, 'Religion and Social Change', p. 145.

⁴ C.G. Brown, 'Religion and Social Change', p. 145.

⁵ *Report by the Committee on Public Questions, Religion and Morals* (Edinburgh: Free Church of Scotland, 1920).

⁶ E.P. Thompson, *The Making of the English Working Class* (London: Penguin, 1991), p. 13.

⁷ Rev. Donald Macleod, Personal Communication, 10 December 2010.

⁸ *Report by the Committee on Public Questions, Religion and Morals*. (Edinburgh: Free Church of Scotland, 1920)

Committee on Social and Moral Welfare of the Church of Scotland¹⁰ and Reports of the General Assembly of the United Free Church delivered annually can thus provide an insight into the views and influences of these churches.¹¹¹²

4.2 Protestantism and Birth Control

Luther and Calvin considered that procreation was a major purpose of marriage but 'children were regarded more as a fruit of conjugal relations, rather than the essential and primary end'.¹³ Calvin of course took the Old Testament view more literally as a valid moral law in approving the injunction 'to go forth and multiply'.¹⁴ Both considered marriage nonetheless as 'an essential remedy for concupiscence in man's state of sin'¹⁵ and Fagley argued that Reformed Churches in challenging the primacy of celibacy, in effect limitation of marriage and procreation, promoted a stronger 'profertility position than that of Rome'.¹⁶ The ends of marriage according to Protestantism is that 'mutual love and companionship have a coordinate purpose rather than a subordinate purpose', as in Roman

Report by the Committee on Public Questions, Religion and Morals (Edinburgh: Free Church of Scotland, 1926)

Report by the Committee on Public Questions, Religion and Morals (Edinburgh: Free Church of Scotland, 1927)

Report by the Committee on Public Questions, Religion and Morals (Edinburgh: Free Church of Scotland, 1936)

Report by the Committee on Public Questions, Religion and Morals: Population Control. (Edinburgh: Free Church of Scotland, 1960)

Report by the Committee on Public Questions, Religion and Morals: Population and Poverty (Edinburgh: Free Church of Scotland, 1962)

⁹ Reports of the General Assembly of the Free Church of Scotland', 1927

Reports of the General Assembly of the Free Church of Scotland, 1928.

Reports of the General Assembly of The Free Church of Scotland, 1959

Reports of the General Assembly of The Free Church of Scotland, 1971 pp. 132-133.

Reports of the General Assembly of The Free Church of Scotland, 1974 pp. 145-146.

¹⁰ NRS CH 1/17 Woman's Association for Temperance, (Women's Committee on Social and Moral Welfare) 1924-1975 (Records of the General Assembly of the Church of Scotland). Calum Brown reports that in 1972 the Church of Scotland Moral Welfare Committee stated of the sexual revolution 'it is the promiscuous girl who is the real problem' see C.G. Brown, *Religion and Society in Scotland since 1707* (Edinburgh: Edinburgh University Press, 1997), p. 203.

¹¹ General Assembly of the United Free Church of Scotland (U.F.C.G.A.), 1916, Reports VI, p. 1. Quoted in K.M. Boyd, *Scottish Church Attitudes to Sex, Marriage and the Family 1850-1914* (Edinburgh: John Donald, 1980), p. 244.

¹¹ U.F.C.G.A., 1915, Reports VI, p.8. Quoted in Boyd, *Scottish Church Attitudes*, p. 244.

¹¹ U.F.C.G.A., 1916, Reports XXX11, p.5. Quoted in Boyd, *Scottish Church Attitudes*, p. 244.

¹² The majority of the United Free Church of Scotland united with the Church of Scotland in 1929. See C.G. Brown, *Religion and Society in Scotland since 1707* (Edinburgh: Edinburgh University Press, 1997), p. 145..

¹³ R.M. Fagley, *The Population Explosion and Christian Responsibility* (New York: Oxford University Press, 1960), p. 189.

¹⁴ R.M. Fagley, 'A Protestant view of Population control', *Law and Contemporary Problems* 25 (1960), p. 474.

¹⁵ Fagley, 'A Protestant view of Population control', p. 474.

¹⁶ Fagley, 'A Protestant view of Population control', p. 475.

Catholic teaching in relation to parenthood, and that regular coitus is an expression of love and companionship, 'even when parenthood is not sought'.¹⁷

Campbell has considered that the first public support, by a Christian minister in favour of birth control came in 1878, when an American radical clergyman and abolitionist, Moncure Conway,¹⁸ who had been the minister of the South Place chapel in Finsbury, London, denounced the persecution of Bradlaugh and Besant, for republishing Charles Knowlton's book and Conway's Nonconformist congregation 'submitted a memorial in support of Bradlaugh and Besant'.¹⁹ His views were however hardly typical of Christian opinion at this time and Fagley feels that most 'Victorian churches took an attitude that differed little from the Roman Church'.²⁰ Indeed Conway had moved from Methodism to Unitarianism and had in fact rejected theism by the time he became head of South Place in 1864.²¹

The Church Life and Work and Public Morals Committee of the United Free Assembly in 1915 expressed concern at the decrease in the number of baptisms which had been attributed to the declining birth rate,²² especially among the middle and well to do artisan classes from which the Protestant churches in Scotland drew their members.²³ The Social Problems committee however concluded that this decline was not a natural phenomena but due to voluntary limitation; 'the desire for social comfort and the increased cost of maintaining a family'²⁴ and it is clear that Protestant practice in many countries was ahead of Protestant pronouncements on the acceptance of contraception.

In a changing urbanised society with lower infant mortality rates large families came to be seen as an impediment to improvements in standards of living and given an increasing desire to dissociate sexual activity from procreation there came to be a preference for contraception.²⁵

¹⁷ Fagley, 'A Protestant view of Population control', p. 482.

¹⁸ F.Campbell, 'Birth-Control and the Christian Churches', *Population Studies, A Journal of Demography* 14.2 (1960), p. 133.

¹⁹ Fagley, *Population Explosion*, p. 9.

²⁰ Fagley, *Population Explosion*, p. 9.

²¹ N. Schools, 'Moncure Conway', (Encyclopedia Virginia. Virginia Foundation for the Humanities) <www.encyclopediavirginia.org> [accessed 9 July 2014].

²² U.F.C.G.A. (General Assembly of the United Free Church of Scotland), 1916, Reports VI, p. 1. Quoted in K.M. Boyd, *Scottish Church Attitudes to Sex, Marriage and the Family 1850-1914* (Edinburgh: John Donald, 1980), p. 244.

²³ U.F.C.G.A., 1915, Reports VI, p.8. Quoted in Boyd, *Scottish Church Attitudes*, p. 244.

²⁴ U.F.C.G.A., 1916, Reports XXXI, p.5. Quoted in Boyd, *Scottish Church Attitudes*, p. 244.

²⁵ W.J. Gibbons, 'Fertility Control in the Light of Some Recent Catholic Statements', *Biodemography and Social Biology* 3.1 (1956), p. 13.

However, the traditional suspicion of any contraceptive technique was commonly held by Christian churches of all denominations in the United Kingdom going back to the time of Luther and Calvin. The Statement of the 1920 Lambeth Conference however highlights the confusion between outright opposition to artificial birth control and the hint that some 'abnormal' cases might be judged differently:²⁶

The Conference, while declining to lay down rules which will meet the needs of every abnormal case, regards with grave concern the spread in modern society of theories and practices hostile to the family. We utter an emphatic warning against the use of unnatural means for the avoidance of conception, together with the grave dangers - physical, moral, and religious thereby incurred, and against the evils with which the extension of such use threatens the race. In opposition to the teaching which in the name of science and religion encourages married people in the deliberate cultivation of sexual union as an end in itself, we steadfastly uphold what must always be regarded as the governing consideration of Christian marriage. One is the primary purpose for which marriage exists namely, the continuation of the race through the gift and heritage of children; the other is the paramount importance in married life of deliberate and thoughtful self-control.

Protestant laity, both men and women, had however been active in the birth control movement from the nineteenth century as concern for the welfare and education of existing children and the health of the mother became important considerations.²⁷ Yet the Free Church of Scotland was critical in the post war (WW1) period and considered the campaign to encourage the practice of Birth Control was 'founded on shallow thinking and [was] a short sighted folly'.²⁸

The Report of the General Assembly of The Free Church of Scotland in 1927 stated:

It is not possible to exaggerate the grave possibilities of injurious effects which this practice entails. It leads also to a looseness of moral behaviour not only in the married but in the unmarried.²⁹

The tone had not changed by 1928, except that the Free Church recognised that poverty and overcrowding contributed in slum areas to the 'moral degradation of our cities' and that 'such decencies of life are impossible'.³⁰

²⁶ D. Westberg, 'Procreation and Contraception in Twentieth Century Christian Ethics', <www.nashotah.edu/library/Courses/procreationcontraception.doc> [accessed 20 September 2010].

²⁷ Fagley, *Population Explosion*, p. 193.

²⁸ Report by the Committee on Public Questions, Religion and Morals (Edinburgh: Free Church of Scotland, 1926), p. 396.

²⁹ Report by the Committee on Public Questions, Religion and Morals (Edinburgh: Free Church of Scotland, 1927), pp. 635-36.

³⁰ Reports of the General Assembly of the Free Church of Scotland, 1928, p. 887.

Indeed, it was the Anglican ³¹ Communion's Lambeth Conference in 1930 ³² which was first favourable to the principle of contraception having previously taken the Anglican traditionalist view that contraception was intrinsically sinful and contrary to God's law and that abstinence from intercourse in a life of discipline and self control was the preferred stance. Some bishops, 'without experience of married life', implied that sexual intercourse even in marriage was a regrettable necessity.³³ The perhaps more enlightened view being that the sex impulse was also for fostering the mutual love of husband and wife.³⁴ Resolution 15 of the 1930 Lambeth Conference signalled a significant shift in the Church's attitude and acknowledged that sexual desire had its own value and importance in the Christian home: ³⁵

Where there is a clearly felt moral obligation to limit or avoid parenthood, the method must be decided on Christian principles. The primary and obvious method is complete abstinence from intercourse (as far as may be necessary) in a life of discipleship and self-control lived in the power of the Holy Spirit. Nevertheless, in those cases where there is such a clearly felt moral obligation to limit or avoid parenthood, and where there is a morally sound reason for avoiding complete abstinence, the Conference agrees that other methods may be used, provided that this is done in the light of the same Christian principles. The Conference records its strong condemnation of the use of any methods of conception-control for motives of selfishness, luxury, or mere convenience.

The established church in Scotland remained vehemently opposed to birth control regarding the practice as wrong and degrading and the Free Church of Scotland considered post Lambeth (1930) that the falling birth rate in Scotland in 1936 was due to the increased use of 'contraceptive methods of birth control'.³⁶ The Edinburgh Presbytery of the Free Church further considered that birth control propaganda was impure, and that if it continued the Roman Catholic population would increase inordinately. Propaganda to this end was considered:

... to appeal on a large scale to the selfish luxuriousness and the voluptuous self indulgence of different classes of the community. Its grossly impure character cannot be too plainly reprobated. If it persists and advances, that

³¹ A body in Protestantism but which had retained a Thomistic theological approach.

³² D. Westberg, 'Procreation and Contraception in Twentieth Century Christian Ethics', <www.nashotah.edu/library/Courses/procreationcontraception.doc> [accessed 20 September 2010].

³³ Campbell, 'Birth Control and the Christian Churches', p.136.

³⁴ Campbell, 'Birth Control and the Christian Churches', p.136.

³⁵ Campbell, 'Birth Control and the Christian Churches', p.136.

³⁶ Report by the Committee on Public Questions, Religion and Morals (Edinburgh: Free Church of Scotland, 1936), p. 454.

section of the population which is most priest ridden will multiply out of all proportion to the rest of the people.³⁷

As the Church of Rome ... forbids birth control, its children are numerous, whereas especially in our large towns, the Scots families of four or upwards are actually few and far between.³⁸

Methodists were equally critical in 1938 castigating the new claim to sexual freedom 'as positively revolting'.³⁹

Between 1930 and 1960 most denominations, as well as the World Council of Churches representing one hundred and seventy one Protestant, Anglican and Orthodox denominations, concluded that 'limiting or spacing of children is a morally valid thesis'.⁴⁰ The Congregational Churches voiced this opinion after Lambeth in 1931, and in 1944, a special Commission of the Church of Scotland, prepared a report on '*Marriage and the Family*', where they abandoned the absolute prohibition of the practice of contraception by married couples, stating that 'the size of an individual family is not the exclusive concern of its parents' who are morally bound to consider its size in relation to the welfare of the community as a whole'.⁴¹ The Methodists had come in line by 1956 and by 1958 the Lambeth Conference of the Anglican Church in England had passed a resolution in which there was no condemnation of birth control whatsoever:

The responsibility for deciding upon the number and frequency of children has been laid by God upon the consciences of parents everywhere ... [and] Such responsible parenthood, built on obedience to all the duties of marriage, requires a wise stewardship of the resources and abilities of the family as well as a thoughtful consideration of the varying population needs and problems of society and the claims of future generations.⁴²

Fagley considered in 1960, that 'a study of statements by the various churches in regard to responsible parenthood, the term favoured in Protestant circles, offers rather convincing evidence that a real and significant consensus is in the making'⁴³ and he further commented that it is the 'couple who are called to the vocation of responsible parenthood and no court of the churches has comparable jurisdiction'⁴⁴ and that moreover the term

³⁷ Report by the Committee on Public Questions, Religion and Morals (Edinburgh: Free Church of Scotland, 1936), p. 454.

³⁸ 'The Scots Birth-Rate', *The Scotsman*, 23 May 1939, p. 15.

³⁹ 'Birth Control Methods Condemned. "Against the Laws of God"', *The Scotsman*, 19 July 1938, p. 13.

⁴⁰ 'Religion. Concerning Birth Control', *Time*, October 1959.

⁴¹ Fagley, *Population Explosion*, p. 197.

⁴² The Family in Contemporary Marriage, Resolution 115. The Lambeth Conference (1958).

⁴³ Fagley, 'A Protestant view of Population control', p. 470.

⁴⁴ Fagley, 'A Protestant view of Population control', p. 471.

responsible parenthood 'stresses motives and ends, rather than means'.⁴⁵ The World Council of Churches in 1956 having considered:

A knowledge of the relation of sexual love to the procreative process gives to a couple the power, and therefore the responsibility, to lift the begetting of children out of the realm of biological accident ... into the realm of personal decision.⁴⁶

By the 1960s the Free Church of Scotland had begun to embrace the belief that family limitation may indeed be a Christian duty,⁴⁷ and indeed gave critical voice to the obfuscation of the Roman Catholic Church which 'has mustered the votes against all proposals – from sponsoring research on the question of birth control'.⁴⁸ Indeed Lord McCorquodale, in the House of Lords in 1964, questioned the Earl of Longford and considered 'that no religious group has a right to impose a veto, explicit or tacit, on public policy towards family planning research'.⁴⁹ Indeed by this time the Free Church of Scotland embraced the view that Christians had every right to 'use the gifts of science for proper ends'.⁵⁰ The perhaps unholy alliance of the churches in their condemnation of the practice of contraception was fast disintegrating.

Whilst by the 1970s the Protestant churches in Scotland had accepted the need for contraception within marriage, the Free Church of Scotland worried about the oral contraceptive pill. They were concerned at the demise of 'barrier methods' and the protection from venereal disease they afforded, and the notion that contraceptive services for 'single girls' would 'throw open the flood-gates of promiscuity'.⁵¹ Not surprisingly the Free Church of Scotland abhorred the Government's pronouncement that in 1974 birth control would be free to all, irrespective of marital status.⁵²

4.3 The Roman Catholic Church and Birth Control

The Augustinian tradition of the Catholic Church held that the purpose of sexual intercourse was procreation and Thomas Aquinas clarified in *Contra Gentiles* that an

⁴⁵ Fagley, 'A Protestant view of Population control', p. 472.

⁴⁶ 'A Report on Responsible Parenthood and the Population problem', *Ecumenical Chronicle*, 12.1 (1959), p. 89.

⁴⁷ Report by the Committee on Public Questions, Religion and Morals. Population and Poverty (Edinburgh: Free Church of Scotland, 1960), pp.261-262.

⁴⁸ Report by the Committee on Public Questions, Religion and Morals. Population and Poverty (Edinburgh: Free Church of Scotland, 1962), pp. 158-60.

⁴⁹ Hansard, HL HL Deb 01 July 1964 vol 259 cc595-606. World Population and Family planning.

⁵⁰ Report by the Committee on Public Questions, Religion and Morals. Population and Poverty (Edinburgh: Free Church of Scotland, 1962), pp. 158-60.

⁵¹ Reports of the General Assembly of The Free Church of Scotland, 1971 pp.132-133.

⁵² Reports of the General Assembly of The Free Church of Scotland, 1974 pp.145-146.

unnatural use of coitus would be when insemination is rendered impossible.⁵³ In *Summa Theologica* he taught that it was a 'vice against nature which attaches to every venereal act from which generation cannot follow'.⁵⁴ Furthermore a Catholic practising contraception could not consider himself 'in a state of grace'.⁵⁵ Thomas Aquinas further indicated that 'it must also be contrary to the good for man, if the semen be emitted under conditions such that generation could result, but the proper upbringing would be prevented'.⁵⁶ Canon Law decreed that the primary end of marriage is the procreation and education of offspring; the secondary end, mutual aid and the remedying of concupiscence.⁵⁷

Noonan⁵⁸ considers that 'an economic motive for not wanting children is recognized' based on 'a discrimination made among penances based on the economic status of the penitent'. He further cites Burchard of Worms writing about 1010 as providing an unambiguous reference to contraception practised on account of poverty:

Have you done what some women are accustomed to do when they fornicate ... or if they have not conceived, contrive that they do not conceive? ... But it makes a big difference whether she is a poor little woman and acted on account of the difficulty of feeding, or whether she acted to conceal a crime of fornication.⁵⁹

The introduction of financial and educational reasons in the definition of the moral validity of marriage moved much of the Church's thinking from an Augustinian stance whereby the purpose of intercourse was procreation, but this did not alter the general condemnation of the use of contraceptives.

Indeed the objective finality of marriage is preserved so long as the spouses take no positive action to exclude the primary end and hence refrain from interference with the processes of nature.⁶⁰

Fagley considers that the development of Roman Catholic thought on parenthood since its medieval formulation has been slow, uneven and cautious, in effect 'modifying the

⁵³ Thomas Aquinas, " *Providence Part II*," *Contra Gentiles. On the Truth of the Catholic Faith. Book III*, (New York: Hanover House, 1955) . Chapter 122.9

⁵⁴ Thomas Aquinas, "*Ila Ilae q. 154. Of the Parts of Lust*," *Summa Theologica Second Part of the Second Part*, Second ed., 1920) a.1.

⁵⁵ J.T. Noonan, *Contraception . A History of its Treatment by the Catholic Theologians and Canonists* (Cambridge, Mass: Belknap Press of Harvard University Press, 1986), p. 258.

⁵⁶ Thomas Aquinas, " *Providence Part II*," *Contra Gentiles. On the Truth of the Catholic Faith. Book III*, (New York: Hanover House, 1955), Chapter 122.6.

⁵⁷ Codex Iuris Canonici, Liberia Editrice Vaticana <www.vaticana.va/archive/ENG1104/_FA.HTM-Code of Canon Law> [accessed 8 July 2014]

⁵⁸ Noonan, *Contraception*, p. 159.

⁵⁹ Decretum 19 'Interrogatory', PL 140:972. Quoted in Noonan, *Contraception*, p. 159.

⁶⁰ W.J. Gibbons, 'Fertility Control in the Light of some Recent Catholic Statements: This is Part Two of a Two Part Article', *Biodemography and Social Biology*, 3.2 (1956), p. 82

teachings of Thomas Aquinas as he modified those of Augustine' depending on those who have influence on the papacy.⁶¹ Contraception was regarded not only as a sin, but a crime. However the Church, subsequent to the invention of the printing press, was concerned that knowledge of contraceptive methods would fall into the hands of lay people.⁶² Indeed the papal bull of Pius IV *Dominici Gregis Custodiae* in 1564 indicated the classes of books whose reading incurred automatic excommunication and this catch all included standard medical works such as the *Canon of Medicine*.⁶³

The effect of contraception on birth rate is not the principal reason for its condemnation by traditional theology but rather its effect on the sexuality of participants, according to Gilby.⁶⁴ *Coitus interruptus* or 'conjugal onanism' was said to have been condemned in the Sacred Penitentiary as early as 1816.⁶⁵ The concept of the 'rhythm' method was first considered by the Catholic Church in 1853 and the Bishop of Amiens, France, submitted the following question to the Sacred Penitentiary:

Certain married couples, relying on the opinion of learned physicians, are convinced that there are several days each month in which conception cannot occur. Are those who do not use the marriage right except on such days to be disturbed, especially if they have legitimate reasons for abstaining from the conjugal act?

The response being:

Those spoken of in the request are not to be disturbed, providing that they do nothing to impede conception.⁶⁶

The Catholic Church in Scotland, in 1926, was however concerned about the perceived encouragement of birth control by publicly elected bodies, considering that 'ratepayer's money was never intended to be used for that purpose'.⁶⁷ In a Papal Encyclical in 1931, Pius XI in a direct response to the Anglican Lambeth Conference resolution of 1930,

⁶¹ Fagley, *Population Explosion*, pp. 172-173.

⁶² R. Jütte *Contraception a History* (Cambridge: Polity Press, 2008), p. 36.

⁶³ Noonan, *Contraception*, p.379.

⁶⁴ T. Gilby, 'Contraception Revised- Reflections on a Spreading Argument', *New Blackfriars*, 43.502 (1962), p. 157.

⁶⁵ The more colourful vernacular of the Scots might be more familiar with the term 'getting off at Haymarket'.

⁶⁶ 'The Catholic Route to Birth Control', www.orthodoxchristianity.net/forum/index.php/topic,29748.0.html >[accessed 4 July 2014].

⁶⁷ 'Birth Control. Bishop Condemns Propaganda', *The Scotsman* (September 10, 1926), p.12.

considered marriage as 'allaying concupiscence' and that any form of artificial contraception should thus be regarded as 'intrinsically vicious':⁶⁸

... any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of a grave sin.⁶⁹

The Archbishop of St Andrews and Edinburgh in 1935 called on Catholics to 'pull their weight' to 'stem the tide of paganism' since clinics in Edinburgh, 'dignified by the high sounding title of birth control' were openly teaching 'loathsome lust in neo-onanism'.⁷⁰ And Catholic women were told that in Edinburgh there were institutions 'in which women were mutilated in ever growing numbers, who were deprived ... of being able to bear children' but that to date the Scottish [Protestant] Church had fortunately, not 'betrayed its trust' by offering a similar declaration as the Lambeth conference.⁷¹

The Catholic Church teaches that contraception is a sin because it means doing what is evil yet it considers it is not the same with practising the rhythm method since those who practice the rhythm do nothing evil, they simply omit doing something good, that is, they abstain from intercourse at the time when it might be fertile.⁷² The Catholic Church emphasising the qualitative difference between family limitation by artificial means as opposed to reducing the chances of becoming pregnant by simply refraining from intercourse on those days when conception is more likely. In the former case man is considered to have upset the natural order whilst achieving sexual gratification.⁷³ The Catholic Church in Edinburgh in 1939 berated the General Assembly of The Church of Scotland for suggesting that the Catholic Church 'allowed' certain methods of birth control. They vehemently denied this:

In no shape or form, and in no conceivable circumstance, does the Catholic Church allow any positive, or any commodity for birth control ...⁷⁴

⁶⁸ Pope Pius XI, *Casti Connubii*, December 31, 1930, Section 54<http://www.vatican.va/holy_father/pius_xi/encyclicals/documents/hf_p-xi_enc_31121930_casti-connubii_en.html>[accessed 1 September 2013]

⁶⁹ Pope Pius XI, *Casti Connubii*, 31 December 1930, Section 4.

⁷⁰ 'Edinburgh Attack. Strong Criticism at Catholic Rally. "Detestable Practices"', *The Scotsman*, 17 January 1935, p. 14.

⁷¹ 'Attack on Morality. Protest by Catholic Women. Danger to the Family', *The Scotsman*, 11 February 1935, p. 14.

⁷² M. Pivarunas, 'On the Question of Natural Family Planning', < <http://www.cmri.org/03-nfp.html> > [accessed 16 January 2011].

⁷³ Gibbons, 'Fertility Control in the Light of Some Recent Catholic Statements. This is Part Two of a Two Part Article', p. 83.

⁷⁴ P. Canon McGettigan, 'Roman Catholic Church and Birth Control', *The Scotsman*, 3 June 1939, p. 15.

Pius XII in 1951 advised Catholics that the rhythm method ('Vatican Roulette')⁷⁵ was open to all Christian couples and in his address to the midwives further clarified that the 'use of marriage' may be legitimately restricted to those days when conception is less likely to occur, but that the reasons for so restricting conjugal behaviours should be significant, medical, social or economic, not 'trivial, frivolous or purely selfish', that is, not hedonistic.⁷⁶ Here at last 'a sharp line was drawn between sexual intercourse and procreation'.⁷⁷ It was nevertheless considered a laudable medical aim to regularise the menstrual cycle so that it would always be twenty eight days and ovulation would occur on the fourteenth day so validating the rhythm method as the method of choice.⁷⁸

The Roman Catholic view in Scotland was well known and established in Rome by successive Pontiffs with little evidence of local influence, unlike in America where Fagley considers there were two opposing ecclesiastical factions within the Catholic Church which debated the acceptability of 'serious reasons' which would justify, according to Pius XII, resorting to periodic continence.⁷⁹

Catholic teaching, in addition, especially forbids the use of abortion as means of contraception but extends its belief that human life is present from conception to include disapproval of methods which have an antinidatory effect. Similarly sterilisation, whether permanent, or temporary as in the case of oral contraceptives, is seen as a way of 'permitting sexual indulgence' without acceptance of 'nature's ordained consequences'. Thus contraception in Catholic teaching is taken to imply interference with the passage of semen whether by physical barrier methods, chemicals, *coitus interruptus*, *amplexus reservatus* or hormonal manipulation to inhibit ovulation or nidation.

The introduction of the oral contraceptive pill came 'after years of earnest debate about marriage and contraception within the Catholic community'⁸⁰ and Dr John Rock a dedicated Roman Catholic and leading gynaecologist in America was a major contributor to the development of the oral contraceptive pill. He supported the use of the oral contraceptive pill, as he felt that as the pill was taken at a time divorced from intercourse it would meet with the Church's approval, in that it was not a device which interfered with

⁷⁵ Interview VV 21 April 2011. Retired Roman Catholic Priest.

⁷⁶ Pius XII 'Nature of their Profession.' Allocation to Midwives October 29 1951<
<http://www.ewtn.com/library/PAPALDOC/P511029.HTM>> [Accessed 5 September 2013].

⁷⁷ Spitzer, Saylor, and Christian Medical Society, *Birth control and the Christian a Protestant Symposium on the Control of Human Reproduction*, p. 495.

⁷⁸ J.R. Connery, 'Notes on Moral Theology', *Theological Studies*, 19.4 (1958), p. 550.

⁷⁹ Fagley, *Population Explosion* p. 184.

⁸⁰ L. Marks, *Sexual Chemistry* (New Haven: Yale University Press, 2009), p. 216.

the actual act of intercourse.⁸¹ It was not an ‘artificial’ form of birth control in the sense that Church fathers had come to consider, ‘it did not act in any way against the ‘male seed’, the historically protected male factor.’⁸² In this hope he was to be disappointed. Connery considered that when the new steroids were used for contraceptive purposes they were intended to produce the same ‘interference’ as that achieved by the external devices.⁸³

The Archdiocese of St Andrews and Edinburgh in 1963 advised that a Catholic doctor may not in any way recommend the use of oral contraceptives to patients as a means to avoid pregnancy since such an action would imply approval of the procedure (of avoiding pregnancy).⁸⁴ Progesterone only contraception, the aim of which is to prevent the implantation of the fertilised ovum, was roundly condemned as early as 1958 in the *American Ecclesiastical Review* as an abortifacient, and by hindering ‘the procreation of a new life is seen as immoral’.⁸⁵

The Catholic Church in Scotland regarded the problem of birth control as very real and dismissed the notion that for ‘good Catholics’ it was not a problem or that it was little practised as false optimism. Indeed the Roman Catholic Bishop of Argyll and the Isles, in 1964, in a letter to Gordon Gray, Archbishop of St Andrews and Edinburgh conceded that birth control ‘may be desirable, and at times a necessity’. And further opined:

If some means could be found of allowing Catholics to practise it without the use of forbidden means but without demanding the heroic virtue of complete abstinence of [sic] intercourse then a vast number of the problems of marriage archive

Contributors to Pope Paul VI’s Pontifical Commission on Population, Family and Birth in 1965 took evidence from lay men and women who were able to give practical experience of the difficulties of using the ‘approved’ rhythm method. ‘Over and over, we hear women say that the physical and psychological implications of rhythm are not adequately understood by the male church.’⁸⁶ One correspondent interviewed for this study

⁸¹ J. Rock, *The Time Has Come. A Catholic Doctor's Proposals to End the Battle Over Birth Control* (London: Longmans, 1963), p. 107.

⁸² L. McLaughlin, *The Pill, John Rock, and the Church. The Biography of a Revolution* (Boston: Little, Brown, 1982), p. 147.

⁸³ J.R. Connery, ‘You, Marriage and the Pill’, *The Sign*, 40.3 (1960). Quoted in Rock, *The Time Has Come*, p. 107.

⁸⁴ Scottish Catholic Archives DE 135/81/15. Statement on Oral Contraceptives from Archdiocese of St Andrews and Edinburgh, 22 August 1963.

⁸⁵ Pius XII speaking to the Italian Union of Midwives, October 1951.

⁸⁶ B. Asbell, *The Pill. A Biography of the Drug that Changed the World* (New York: Random House, 1995), p. 276.

commented, ‘after having had four children I went to bed every night and prayed that I had not become pregnant again’,⁸⁷ whilst a family planning doctor remarked, ‘saying to a man that you can’t have sex except on these days of the month. I mean, it doesn’t work’.⁸⁸

Indeed a number of commission documents containing pro-contraception arguments were leaked to the public and the press at the time which, it is said, led to the popular misconception of the Pope ‘overruling’ a commission, although the commission had no authority to make decisions. In March 2011, however, the Catholic News Agency⁸⁹ published documents which they felt offered proof that Paul VI had in fact considered both sides of the argument and gave advocates of artificial contraception every chance to make their case.⁹⁰ They hoped that if Paul VI were better understood now ‘a lot of the resentment surrounding *Humanae Vitae* could be dissolved’. The laity however were anticipating the Pope’s approval of the Pill⁹¹ and at least some of the clergy considered that the Pope was demanding too much from his flock and that the Pope could not have issued a statement other than voicing disapproval of the Pill for fear of questioning his predecessors [infallible] judgements when Pontiffs. *The Lancet* considered the encyclical ‘a mistake which would cause guilt and suffering’ and that ‘unhappily he [the Pope] tried to fortify his case by declaring without evidence, that ‘methods of artificial birth control’ promoted ‘conjugal infidelity and the general lowering of morality’.⁹² A retired priest considered that ‘the Pope did not have the nerve to do it [approve the Pill] and that he set everybody back’.⁹³

Fagley, writing in 1960, considered that no new developments were to be anticipated in the evolution of the Roman position and in this he was prescient. He did not foresee *Humanae Vitae* in which Pope Paul VI made it clear that using the Pill for contraception would be immoral despite the Papally appointed commission making a recommendation by a majority of sixty-four to four that the church alter its teaching on the immorality of artificial contraceptives.⁹⁴

⁸⁷ Personal correspondence. Anon 1 June 2010.

⁸⁸ Interview JJ 1 October 2009.

⁸⁹ < <http://www.catholicnewsagency.com/news/new-documents-reveal-inner-workings-of-papal-birth-control-commission/#> > [accessed April 1 2011].

⁹⁰ <<http://twotlj.org/BCCommission.html>> [accessed 1 April 2011].

⁹¹ Interview XX Retired Midwife. 29 April 2011.

⁹² ‘*Humanae Vitae*’, *The Lancet*, August 10 1968, pp. 338-339.

⁹³ Interview VV 21 April 2011 Retired Roman Catholic Priest

⁹⁴ W. Kay, ‘The Naked Parish Priest. What Priests Really Think They Are Doing’, *Journal of Beliefs and Values*, 25.1 (2004), p. 76.

The moment has not come when for man to entrust to his reason and his will, rather than to the biological rhythms of his organism, the task of regulating birth.⁹⁵

Nor did he foresee the introduction of an injectable progestogen which would be required at three monthly intervals, nor the objections of the parish priest in Glasgow who considered that it was been given as an experiment to his vulnerable parishioners.⁹⁶ Nor the view in the west of Scotland amongst Catholics that local authorities were promoting 'sex on the rates'. Nor could he have foreseen the fact that staunch Roman Catholics who initially presented at confession enunciating the sin of using the contraceptive pill, post 1968 no longer presented this to their priest as a sin requiring forgiveness.⁹⁷

4.4 'Ego te absolve'. The Catholic Route to Birth Control and Priestly Influence.⁹⁸

Falling birth rates in Western Europe however suggested a 'massive lay disobedience to the traditional teaching on parenthood'.⁹⁹ Yet McQuillan considers that Catholic communities have been 'both leaders and laggards' in the demographic transition, and that religious values are pivotal when such religious groups have the means to both 'promote compliance and punish nonconformity'.¹⁰⁰ Sexual indiscretions and the use of contraception have in some places and times meant that at a confessional absolution might be withheld by the parish priest until referral to the Bishop.¹⁰¹ Catholic teaching on sexuality in addition highlighted that the proper role of a wife included her duty to obey her husband and if that meant having sex when demanded then so be it.¹⁰² Traditions in less developed societies have favoured prolonged abstinence from intercourse in the post partum period but Catholic teaching in western countries has focused on 'marital debt' whereby there is an obligation on a spouse not to deny sexual gratification to their partner. The debt to be

⁹⁵ *Humanae Vitae* Encyclical of Pope Paul VI on the Regulation of Birth, 25 July 1968.

⁹⁶ Rates were the local government charges on property occupation prior to the introduction of the Community Charge. E. Wilson, *Sex on the Rates. Memoirs of a Family Planning Doctor* (Glendaruel, Argyll: Argyll Publishing, 2004).

⁹⁷ Interview VV 21 April 2011.

⁹⁸ <www.orthodoxchristianity.net/forum/index.php/topic,29748.0.html> [accessed 4 July 2014].

⁹⁹ R. Fagley, 'The Christian's Response to the Population' *Journal of the American Scientific Affiliation*, 14 March (1962), pp. 17-24 <www.asa3.org/ASA/PSCF/1962/JASA3-62Fagley.html> p.7. [accessed 20 January 2015]

¹⁰⁰ K. McQuillan, 'When Does Religion Influence Fertility?', *Population and Development Review*, 30.1 (2004), pp. 31-32.

¹⁰¹ D. Baillargeon, *Making Do. Women, Family, and Home in Montreal During the Great Depression*. (Waterloo, Ont: Wilfrid Laurier University Press, 1999), pp. 72-73. Quoted in McQuillan, 'When Does Religion Influence Fertility?', p. 36.

¹⁰² McQuillan, 'Religion Influence', p. 38.

honoured by both husbands and wives as ‘each partner, so to speak, deeds to the other his or her body’.¹⁰³

In areas, such as Scotland, where there was religious pluralism, no denomination was pre-eminent but the institutions of the Catholic Church with its emphasis on the need to adhere rigidly to doctrine, and the belief in the infallibility of the papacy and the central role of the parish priest in close knit communities, often of immigrant stock, especially in the west of Scotland, meant that fertility decline was slower amongst Catholics. The immigrant groups brought with them, as in America, their own religious traditions which they sought to continue in their new home.¹⁰⁴

According to the Report on the Royal Commission on Population of 1949, in Scotland as a whole family size had fallen rather more slowly than in England and Wales and was to some extent associated with occupational differences.¹⁰⁵ The decline in family size was however slower in Catholics than in Protestants but there is little doubt that family size had declined greatly even among Roman Catholics across Europe, even in traditionally Catholic countries (Table 4.1). Indeed Roman Catholics of different occupational groups seemed to differ in average family size in very much the same way as did non Catholics.¹⁰⁶

Table 4.1 Birth Rate in Italy, Spain and Portugal (traditionally Roman Catholic countries).¹⁰⁷

YEAR	ITALY	SPAIN	PORTUGAL
1920-4	30.1	30.0	33.0
1930-4	24.5	27.5	29.3
1956	18.1	20.7	22.9

4.5 Demographic Change

Across Europe regional differences in demographic behaviour have been identified which are correlated with religious adherence and practice and Lesthaeghe and Wilson highlight the crucial role of the churches in the social and political environment.¹⁰⁸ Demographic

¹⁰³ Fagley, *Population Explosion*, p. 173.

¹⁰⁴ E.S. Sterne, 'Bringing Religion into Working-Class History. Parish, Public, and Politics in Providence, 1890-1930', *Social Science History*, 24.1 (2000), p. 171.

¹⁰⁵ H.D. Henderson, *Royal Commission on Population Report* (London: HMSO, 1949), XIX. Para 71 p. 29.

¹⁰⁶ H.D. Henderson, *Royal Commission on Population Report* (London: HMSO, 1949), XIX. Para 72 p. 30.

¹⁰⁷ Adapted from F. Campbell, 'Birth Control and the Christian Churches', *Population Studies*, 14.2 (1960), p. 145.

¹⁰⁸ R. Lesthaeghe and C. Wilson, 'Modes of Production, Secularization, and the Pace of the Fertility Decline in Western Europe, 1870-1930', in *The Decline of Fertility in Europe*, eds. A.J. Watkins and S.C. Coale,

change having been noted to be slowest in areas where the Catholic Church was involved in ideological struggles with forces of secularisation. McQuillan considers that where religious affiliation is widely accepted by a discrete population, conferring identity, there is likely to be broader support for upholding teachings of that faith and greater public opprobrium on 'rule breakers'.¹⁰⁹ Conformity only occurs when 'religious authorities have available a menu of rewards and sanctions at their disposal'.¹¹⁰ In order to achieve this, churches have cooperated with civil institutions for their own gain. Conflict over the educational system, as occurred in Scotland, for example, frequently led to the formation of political parties and trade unions associated with the Catholic Church which supported its position on social issues and facilitated, in Scotland, setting up Catholic Schools. Politicians like John Wheatley and John Maxton acted in favour of Catholic positions, often to ensure re-election, and Willie Ross, Secretary of State for Scotland clearly did not wish to antagonise the Catholic Church by promoting birth control. (These matters will be considered more fully in the next chapter on politics.)

4.6 The Influence of the Catholic Church.

Flann Campbell, writing in 1960, stated that from 1910 there had been an outpouring of literature on the whole subject of marriage and sexuality in all its aspects and that once the floodgates were opened the church authorities realised that they should direct controversy into clerically approved channels. Publications for Roman Catholics having ranged from Papal Encyclicals translated into numerous languages and addressed to the faithful which contain the definitive church teachings and which are binding on all members of the church, to cheap and easily written pamphlets often available at the church door.¹¹¹ The Roman Catholic position throughout the years being that the church's teachings were expected to be obeyed without question and that 'to have coition other than to procreate children is to do injury to nature'.¹¹² It should be noted, though, that whereas official statements in certain communions have considerable authority for their members this is not the case with Protestant churches and no formulation of doctrine can be binding on Protestantism as a whole.¹¹³

(Princeton, New Jersey: Princeton University Press, 1986), pp. 261-92. Quoted in K. McQuillan, 'When Does Religion Influence Fertility?', *Population and Development Review*, 30.1 (2004), p. 46.

¹⁰⁹ McQuillan, 'Religion Influence', p. 47.

¹¹⁰ McQuillan, 'Religion Influence', p. 47.

¹¹¹ Campbell, 'Birth Control and the Christian Churches', p. 132.

¹¹² Marks, *Sexual Chemistry*, p. 217.

¹¹³ Fagley, 'A Protestant View of Population control', p. 470.

The Catholic Church clearly did not want any information disseminated other than through approved sources and sought successfully to influence publishers. The British Medical Association in suspending the sale of the pamphlet *Getting Married* sailed into controversy in 1959, not least because of the charge that immorality was being promoted and that 'chastity is a vanishing quality and that sex whether premarital or not, is pleasurable'.^{114,115} The BMA then refused to publish in the 1960 edition of *Getting Married* an advertisement for the Family Planning Association (FPA) and was accused of having succumbed to complaints from a religious minority, the Roman Catholic Church. The Free Church of Scotland at this time was however at one with the Catholic Church and roundly criticised the medical profession as 'exerting influence on the side of immorality'.¹¹⁶ Leading articles in *The Times* necessitated a leader in the *BMJ* 'O Tempora!' to explain the association's action.^{117,118} As *The Times* leading article pointed out however 'undue pressure of this kind is tantamount to the exercise of censorship, which cannot be justified from any standpoint'.¹¹⁹ A similar publication was edited in 1961 at the behest of the Archbishop of Edinburgh when the publisher of *Household Physician* agreed to delete all references to birth control in their forthcoming edition.¹²⁰ In the 1970s 'junk mail' known then as 'unaddressed envelope delivery service mail', offering details of contraceptives and literature pertaining to contraception, which was giving offence to parents especially Roman Catholics and which might fall into the hands of children, was barred by the Post-Master General from the household delivery service.¹²¹

4.7 Role of clergy

Amongst Catholics a pivotal role in ensuring that the values of the religion and the enforcement of obedience is undertaken by the 'ordained priests who draw the religious community together and present the Church's view of the world; rewards to those who conform and punishment for those who do not'.¹²² The influence of priests can be seen at national level promoting large families and by local influence on the number of children a

¹¹⁴ G. Jaffe, 'Getting Married', *British Medical Journal*, 1.5124 (1959), p. 785.

¹¹⁵ C. Allen, 'Getting Married', *British Medical Journal*, 1.5124 (1959), p. 785.

¹¹⁶ Reports of the General Assembly of The Free Church of Scotland, 1959 p. 118.

¹¹⁷ 'Leading article', *The Times*, 10 December 1959.

¹¹⁸ 'O Tempora', *British Medical Journal*, 1.5165 (1960), p. 42-43.

¹¹⁹ H. Silver, 'Family Planning Advertisement', *British Medical Journal*, 1.5165 (1960), p. 59.

¹²⁰ Scottish Catholic Archives. DE 135/53/18. 18 October 18 1961. Letter from Virtue and Co. Publishers of *Household Physician* to Archbishop of Edinburgh and St Andrews. *Household Physician* a practical description in plain language of all the diseases of men, women, and children ... By a corps of eminent specialists, practising physicians and surgeons.

¹²¹ Hansard HC Deb 07 February 1964 vol 688 c226W

¹²² A. Somers and F. van Poppel, 'Priest, Parishioner and Posterity: A Dutch Urban Legend or Historical Fact?', *The History of the Family*, 15 (2010), pp.174-175.

family would have. Yet a study by Berman, Iannaccone and Ragusa found that fertility decline was strongly correlated with the fall in the number of Catholic nuns and thus manifesting as the waning of the ecclesiastical influence.¹²³

Fisher, though, considers that few churchmen chose openly to discuss contraception rather considering it a personal matter, unsuitable for open discussion. Others preached against 'immoral practices' but many of Fisher's interviewees saw no connection between their contraceptive practices and their personal religious beliefs.¹²⁴ Not so for a poor, unfortunate woman in Fife, burdened by numerous pregnancies whose GP conspired with her to give her the Pill against her husband's wishes and the teachings of the local Parish Priest. The woman's conscience was such that she confessed to the Priest, was immediately told to stop the Pill and after her next inevitable pregnancy she reregistered with the local Catholic GP at her husband's insistence.¹²⁵

Officially the Catholic Church, at least in Scotland, held no truck with dissenting from the pontifical line but some priests and bishops were perhaps more sympathetic. We cannot be sure what was revealed in the confessional booth or response of the priest at the time. Studies in Holland have suggested the extraordinary lengths parish priests would go to in order to influence family life, berating couples who had not had a child for several years or for admitting to practising *coitus interruptus* or periodic abstinence.¹²⁶ Yet other priests admitted that at the beginning of their careers they strictly applied church teachings but that they eventually became less rigorous. Many priests,¹²⁷ considered that from the mid 1950s the use of contraception was no longer considered by believers to be a sin but that because of their Catholic background – 'sexuality was still a very difficult affair.'¹²⁸

In Fife, in the 1960s, the Parish Priest was undoubtedly influential, more so amongst the 'lower levels of society than the well off middle class', who did not confess to the priest their use of contraceptives, but the poor 'were scared of the priest' and although impoverished were expected to give five shillings per month to the church.¹²⁹

¹²³ E. Berman, R. Iannaccone and G. Ragusa, *From Empty Pews to Empty Cradles. Fertility Decline Among European Catholics* (La Jolla, CA.: Department of Economics, University of California, San Diego, 2007). Quoted in Somers and van Poppel, 'Priest, Parishioner and Posterity', p. 175.

¹²⁴ K. Fisher, *Birth Control, Sex and Marriage in Britain 1918-1960* (Oxford: Oxford University Press, 2006), pp. 149-151.

¹²⁵ Interview JJ 1 October 2009.

¹²⁶ Somers and van Poppel, 'Priest, Parishioner and Posterity', p. 178.

¹²⁷ Interview VV, 21 April 2011.

¹²⁸ Somers and van Poppel, 'Priest, Parishioner and Posterity', p. 187.

¹²⁹ Interview JJ 1 October 2009

A number of doctors, both GPs and family planning doctors interviewed voiced their concerns about hard line Roman Catholic opposition to their work and spoke of 'run ins' with Parish Priests and the Roman Catholic Church:^{130,131}

The practice looked after a home for unmarried Catholic girls which I went to occasionally and these girls had their babies taken away from them and that ... that, ... upset me a great deal. That ... that ... was very wrong.¹³²

The Salvation Army in Dundee offered a different view and provided a home for young pregnant girls, many of whom who had been turned out by their parents. The young mothers in the home then looked after the pregnant girls and adoptions were arranged by the Salvation Army.¹³³

4.8 The State and Society

The position of the Roman Catholic Church was clear as to the functions of marriage and the illegitimacy of contraceptive practices, but to Protestants, contraception became acceptable in their desire to exercise responsible parenthood, and as early as 1951 the Presbyterian Church of Ireland stated that prohibition of the use of contraceptives by a civil government was an infringement of the rights of individuals, and was thus an unwarranted interference by the state in the affairs of the family.¹³⁴ Such sentiments were echoed by other churches and reflected the conviction 'that to deny couples legal access to means they accept in conscience is to deny them part of their religious freedom'.¹³⁵

Religion has undoubtedly been a factor in influencing demographic change in societies not just because of the views of varying denominations on contraception but also the wider issues of gender, sexuality and family life. McQuillan considers that the religion under study must have 'behaviour norms that have linkages to fertility outcomes'¹³⁶ and that the religious group must have 'the means to communicate its teachings to its members and enforce compliance', in effect exhibit according to Kertzer 'coercive power'.¹³⁷ A power retained for most of this period by the Catholic Church but lost by most Protestant churches due to increasing secularisation of society. Thus when the social and political

¹³⁰ Interview JJ 1 October 2009

¹³¹ Interview EW 2 November 2009

¹³² Interview JJ 1 October 2009

¹³³ Interview JJ 1 October 2009

¹³⁴ Text from Presbyterian Church of Ireland. Quoted in Fagley, 'A Protestant View of Population control.', p. 488.

¹³⁵ Fagley, 'A Protestant View of Population control', p. 488.

¹³⁶ McQuillan, 'Religion Influence', p. 49.

¹³⁷ D.I. Kertzer, 'Political-economic and Cultural Theories of Demographic Behaviour', in *Situating Fertility. Anthropology and Demographic Inquiry*, ed. S. Greenhalgh, (Cambridge: Cambridge University Press, 1995), p. 46.

conditions that have allowed churches a pre eminent role in society change the influence of the church, can diminish quickly.

Donaldson considers that the influence of the Catholic Church was a principal reason why governments throughout the world moved cautiously to implement programmes to slow population growth, and Catholic observers considered that those who promoted birth control as an aid to development were pessimists. Catholic Church leaders, like communist leaders, espousing the view that that a newer more equitable world order could support a larger population.¹³⁸

Donaldson further considers the Catholic Church was suspicious of government supported family planning initiatives. Indeed the middle and upper classes were controlling their fertility whilst the poor were breeding rapidly, and it has been said that amongst Irish Catholic immigrants to America ‘the emotional revulsion that contraception aroused among Catholics was often an ethnic revulsion against the people who were promoting it’, the ladies of the Planned Parenthood organisation.¹³⁹

4.9 Conclusion

The spread of birth control throughout the world, fuelled by rapid population increases, caused Churches to reconsider their dogmatic stances and to take cognisance of medical advances. The Protestant churches ultimately embracing scientific and medical developments as a force for good whilst officially the Roman Catholic hierarchy remained obdurate, but just as Protestant laity were ahead of Protestant opinion in 1915 ¹⁴⁰ so too many Roman Catholics by the 1960s were no longer adhering to Church teachings or pronouncements.

The Catholic Church was thus alarmed by the birth control movement as it ‘challenged their sphere of influence in both secular and sacred society’¹⁴¹ and yet by the time of the encyclical *Humanae Vitae*, upholding the Church’s orthodox teaching against contraception, priests were no longer being presented at confession with concerns that taking the contraceptive pill was a sin necessitating forgiveness. In part of course this could have been due to the fact that there was a widespread expectation that prior to

¹³⁸ P.J. Donaldson, 'American Catholicism and the International Family Planning Movement', *Population Studies*, 42.3 (1988), p. 367.

¹³⁹ P.T. Piotrow, *World Population Crisis. The United States Response* 4th edn (New York: Praeger, 1973), p. 10. Planned Parenthood Federation of America is the US affiliate of the International Planned Parenthood Federation.

¹⁴⁰ U.F.C.G.A, 1916 Reports,XXX11, p. 4. Quoted in Boyd, *Scottish Church Attitudes to Sex, Marriage and the Family 1850-1914*, p. 244.

¹⁴¹ Donaldson, 'American Catholicism', p. 370.

Humanae Vitae, characterised by Donaldson as a careful reading of the theological tea leaves,¹⁴² many Catholics had concluded that a revision of the old prohibition was likely to be forthcoming. One retired parish priest interviewed for this study had no doubt that the contraceptive pill was to be approved and the encyclical caused widespread disbelief in the seminary he attended.¹⁴³

Thomas Aquinas had considered that the purpose of every act of sexual intercourse was to have a potentially procreative outcome but with the Church's approval of the rhythm method, intercourse could take place without that procreative potential, and be essentially for hedonistic purposes. The Catholic Church has not addressed the illogicality of such a position.

The Protestant consensus on this issue, as stated by Fagley is that the possession of the medical knowledge to prevent conception is no more unnatural than the knowledge to prevent disease and or prolong life and that the use of 'scientific means to prevent the union of sperm and ovum no more 'counterfeits' the marital act than the contraceptive intent 'counterfeits' the act when the rhythm method is used.¹⁴⁴

An increasingly secular society, better educated and ultimately less subservient with ready access to birth control knowledge, has fuelled the spread of birth control, although politicians have like the Churches often been rather reactionary. Politics and religion can be considered perhaps as uncomfortable bedfellows. The next chapter will thus consider the political influences on this practice.

¹⁴² Donaldson, 'American Catholicism', p. 370.

¹⁴³ Interview VV 21 April 2011.

¹⁴⁴ Fagley, 'A Protestant View of Population Control', p. 485.

Chapter Five: Politics

Introduction

If in 2015 a young woman were to attend her GP seeking contraceptive advice to be told that as she is unmarried she cannot be offered any advice at all, or if married she can only get advice if she is 'unfit' to reproduce, then she would consider her GP mad. In much of the period under consideration in this work that was indeed the case as birth control advice was not readily available and politicians had no desire to become involved at either a local authority or national level. Welfare facilities for mothers were sparse and until 1948 there was no national health service. Politicians were fearful of approving or of encouraging voluntary family limitation for a variety of reasons, from not wishing to offend church teachings, to eugenic arguments, to concerns that contraceptive practices would lead to moral degeneration, to concerns about the 'Empire' not having adequate breeding stock.

Homans has characterised the male control of reproduction as being maintained at an individual level by the power men have over women and through cultural practices at an institutional level shaping the way society is organised and further that 'the activities of the state in Britain can be regarded as reproducing ideas about women and women's place in society which are enshrined in legislation'.¹ Only after 1930 did the Protestant Church accept a place for birth control as did the Minister of Health (England and Wales) albeit reluctantly offer 'a limited acceptance by the state of the necessity to provide women with the means to control their own fertility.'²

This chapter will thus consider the role of central and local government and the Office of the Scottish Home and Health Department and the political influences which have prompted or hindered the dissemination of birth control advice in the period under consideration.

5.1 Model Welfare Centres

The 1911 National Health Insurance Act provided a basic income to workers during sickness but most were able to obtain only basic medical attention from their 'panel doctor'. Most women and children were excluded from the Act and little support was provided to mothers. Andrew Carnegie, the Dunfermline born and American domiciled steel magnate and philanthropist who had founded the Carnegie United Kingdom Trust,

¹ H. Homans, 'Introduction', in *The Sexual Politics of Reproduction*, ed. H. Homans (Aldershot: Gower, 1985), pp. 2-3 and p. 6.

² L. Doyal and I. Pennell, *The Political Economy of Health* (London: Pluto Press, 1979), p. 174.

proposed in 1917 the setting up of 'Model Welfare Centres' in order to provide maternity and child welfare clinics.³ Inverness was initially thought, on general grounds, to have had a strong claim to be considered as the first site in Scotland, but the Town Council deliberately rejected an 'excellent scheme prepared by the Medical Officer of Health and supported by the general public'.⁴ It is not clear from extant publications and archival material why Inverness Town Council rejected this plan. Inverness' loss was Lanarkshire's gain when Motherwell was eventually chosen as the site of the first of Carnegie's Model Welfare Centres in Scotland due to its good location and as it was considered 'full of vigorous municipal energy, and more or less progressive in their Child Welfare and Maternity work.'⁵

Captain Walter Eliot MC MP, Under Secretary for Health for Scotland, at the opening in 1923 of the Motherwell Model Welfare Centre considered that 'the mortality rate amongst infants was still very high; the risk of child bearing was very high, child bearing was recognised as being amongst the worst dangers that confronted woman ...' and he advised that '... a Departmental Committee had been set up to enquire into the causes of the high mortality rate amongst mothers at childbirth and to suggest remedial measures'.⁶ Indeed Dora Russell, honorary secretary of the Workers' Birth Control Group,⁷ characterized pregnancy as four times more fatal than mining:

The bearing of children is at one and the same time the most dangerous trade there is ... every year out of every thousand women in childbirth four die; out of every thousand miners actually engaged in mining 1.1 die of fatal accidents. Yet mining is reckoned our most dangerous trade.⁸

5.2 Labour Politics

Despite the fact that even discussion of birth control was controversial amongst the leaders of the Labour Party and leaders of the women's sections,⁹ Ernest Thurtle, a labour MP in 1924 had asked:

³ M. Simms, 'Parliament and Birth Control in the 1920s', *Journal of the Royal College of General Practitioners*, 28.187 (1978), p. 83.

⁴ NRS GD 281/63/1 15 December 1917.

⁵ NRS GD 281/63/1

⁶ 'Child Welfare Centre. Centre Opened at Motherwell. The Fight Against Infantile Mortality', *The Scotsman*, 18 June 1923, p. 8.

⁷ Worker's Birth Control Group was founded in 1923 by Dora Russell, Katherine Glasier, Susan Lawrence, Margaret Bonfield, Dorothy Jewson and H.G. Wells.

⁸ D. Russell, 'The Need for Birth Control', *Socialist Review*, September (1924), p. 57.

⁹ S. Brooke, *Sexual Politics. Sexuality, Family Planning, and the British Left from the 1880s to the Present Day*, Oxford Scholarship Online <www.oxfordscholarship.com> p. 1 [accessed 5 January 2012].

the Minister of Health to consider the desirability of allowing local authorities to impart to people who wish to obtain the information as to birth control methods without penalising such local authorities by withdrawing their maternity and child welfare grants.¹⁰

Yet John Wheatley, MP for Shettleston and the Minister of Health, a deeply religious man and practising Roman Catholic, considered that, as local authorities were funded from the public purse, they should not be using public funds for such purposes, which were the subject of controversy. Indeed he conceded that he was not prepared to sanction the use of maternity centres for so controversial a purpose without the express directions by Parliament and 'that even if he had the executive authority he would not introduce such a revolutionary change'.¹¹ A deputation to John Wheatley led by H.G.Wells, and organised by the Hon. Mrs Bertrand Russell's (Dora Russell) Birth Control Committee, including members of the medical profession and representatives of Marie Stopes Constructive Birth Control Society and the New Generation League, requested that birth control information should be given at institutions under the control of the Ministry to those working mothers who requested it, and that it should be left to the discretion of the welfare centre doctors to give advice when they considered it medically advisable, and further, that it was contrary to Labour party policy to deny working women access to knowledge which was readily available to those who could afford it. Wheatley refused both requests and advised that such patients should be referred to private doctors or to hospitals. He failed to answer the supplementary question about the expense of private treatment or the fact that few hospitals gave advice on birth control matters in any case.¹² Wheatley stated:

a clear distinction must be drawn between allowing access to knowledge and actually distributing knowledge. No one would seriously maintain that access to knowledge should be forbidden, but public opinion on this question was not so definite that it would allow State and rate aided institutions to do more than direct people in need of advice as to where it should be obtainable.¹³

The Local Authorities (Birth Control) Enabling bill was proposed by Thurtle in 1926 in order to authorise local authorities, when deemed expedient, in conveying knowledge of birth control methods to married women who desired such information. He further opined that a woman was entitled as far as is practicable to decide what the size of her family should be.¹⁴ In opposing the Bill, the Rev. James Barr, a staunch Presbyterian and Labour MP for Motherwell, considered that the knowledge and information was readily available

¹⁰ Hansard HC Deb 30 July 1924 vol 176 c2050

¹¹ Hansard HC Deb 6 August 1924 vol 176 c2908

¹² 'Birth Control. Deputation to Minister', *The Scotsman*, 10 May 1924, p. 11.

¹³ 'Deputation to Minister', *The Scotsman*, p. 11.

¹⁴ Hansard HC Deb 9 February 1926 vol 1191 c852

to the very poorest and, although he felt all should be able to access the very best medical information and skill, this was not to say he supported a national policy of birth control and propaganda.¹⁵ Labour MPs for Glasgow constituencies James Maxton and John S. Clarke offered no support to Thurtle and the motion was lost by 167 to 81. Dora Russell, writing in *Forward* considered that this was because:

the shadow of threatened religious opposition blinds many Scottish members and organisations to the reality of possible support - great in numbers and passionate in belief - from these awakening women.¹⁶

Knox believes that despite the underrepresentation of Irish Catholics in the House of Commons the political influence of the Catholic Church in Scotland was still significant.¹⁷ Support for the Labour party was considered to be conditional and 'silence was demanded from Labour on issues such as abortion and birth control'.¹⁸ Indeed James Maxton opposed the idea of birth control, instead advocating 'intelligent control of the appetites and desires'.¹⁹ John S. Clarke MP for Maryhill is said to have given the Catholic Church assurances at the time of the 1929 election that he would 'oppose any legislation on birth control'.²⁰ Indeed 'the fear of losing the Catholic vote was too great for Labour to renounce sectarian alliances',²¹ despite concerns from some Labour supporters that the Protestant voters might be alienated.²²

Working class women nevertheless did not take the stance of male Independent Labour Party (ILP) MPs without dissent, and at a meeting in Motherwell of 600 voters, a resolution was passed protesting against their MP, Rev. Barr's opposition to the Birth Control Enabling Bill.²³

The debate following the fall of Ernest Thurtle's Local Authorities (Birth Control) Enabling bill was carried into the House of Lords by Lord Buckmaster who requested that the government withdraw all instructions given to, or conditions imposed, on welfare committees for the purpose of causing such committees to withhold from married women

¹⁵ Hansard HC Deb 9 February 1926 vol 1191 c854

¹⁶ *Forward*, 27 March 1926, p. 15.

¹⁷ W.W. Knox, 'Religion and the Scottish Labour Movement c.1900-39', *Journal of Contemporary History*, 23.4 (1988), p. 622.

¹⁸ Knox, 'Religion', p. 622.

¹⁹ *New Leader* 18 March 1932. Quoted in Knox, 'Religion', p. 622.

²⁰ Hughes, E., *Rebels and Renegades*, Emrys Hughes Papers, National Library of Scotland, (Dept 176, File 13) 8. Quoted in Knox, 'Religion', p. 622.

²¹ Knox, 'Religion', p. 622

²² *Forward* 13 May 1931. Quoted in Knox, 'Religion', p. 622.

²³ A. Hughes, *Gender and Political Identities in Scotland, 1919-1939* (Edinburgh: Edinburgh University Press, 2010), p. 121.

in their district information when sought by such women as to the best means of limiting their families:

There is an expressed prohibition that prevents these people, though they are qualified medical men and women, from being able to give information to any person who asks them as to the means by which further birth might be prevented.²⁴

His case was argued with tragic examples of early marriages, multiparity and dire poverty:

Here is a woman who was married at the age of seventeen. At the age of thirty-four she had had eighteen pregnancies with eleven live children ... the three youngest children are backward and unable to walk ... the mother shares a flock mattress without sheets or blankets, with these youngest children. She refuses to have relation with her husband until he overpowers her, and of course, by the merciful law of this country, a man cannot rape his wife ... during the last pregnancies she has done everything she knew to procure [an] abortion.²⁵

Buckmaster's oration ended with the entreaty, 'I want to know why these people are not to be helped'.

Despite vociferous opposition from peers and bishops, including the Archbishop of Canterbury, on this occasion the motion was carried, but of course it had no bearing on the actions of the Commons. What was surprising at this point was the opposition of the Lord Chancellor, Lord Cave, not because he opposed contraception but because he believed everyone had access to medical advice from a private practitioner or 'a panel doctor'.²⁶ He was however berated for his ignorance of the Lloyd George Insurance Act which provided no right of access to a medical practitioner for married, working class women who were not in employment.²⁷

5.3 Department of Health for Scotland

In 1926 a letter was sent from a patient in Murray Royal, Psychiatric Hospital in Perthshire to the Secretary of State for Scotland pleading with him to change the law and encourage medical practitioners to provide advice on family planning in the wake of the tragic events in Nairn whereby a mother had killed herself, her ten month old infant and two older children. The author of the letter was convinced that too many children and the stress that this caused had tipped the balance of the mothers' sanity.²⁸

²⁴ Hansard HL Deb 28 April 1926 vol 63 cc996-1057 998

²⁵ Hansard HL Deb 28 April 1926 vol 63 cc996-1057 999

²⁶ Hansard HL Deb 28 April 1926 vol 63 cc996-1057 1052

²⁷ Hansard HL Deb 09 February 1967 vol 279 cc1507-49 1537

²⁸ NRS HH 101/1025 Letter from Isabella Rae, Murray Royal Hospital, Perth.

Documents held in the National Records of Scotland (NRS) show that the Department of Health for Scotland in the mid 1920s became under pressure from secular organisations and in the press to ‘ensure that no restriction should be imposed on Welfare Committees regarding affording to married women information on the best way of limiting families’.²⁹ The Scottish Cooperative Women’s Guild called on the Government to ‘release facilities at all maternity centres for the guidance and instruction in constructive Birth Control to married women who require it’;³⁰ and a deputation of women from the ILP lobbied John Wheatley MP, Health Minister, to no avail.³¹ The view of the Scottish Board of Health being that as this was a ‘highly controversial subject and that the aim was to avoid controversy in Scotland, that a Ministerial reply should be carefully worded’.³² Indeed, in March 1927 such a carefully worded response amounted to ‘the question raised by your letter is not one in which they (the Secretary of State) are prepared to make a general pronouncement’.³³

Ministry officials in Whitehall had concluded that a medical restriction would offend the least number of people and could be drawn up to conform to the Notification of Births (Extension) Act of 1915 (UK legislation) that permitted local authorities, under existing public health legislation, to assist expectant and nursing mothers at welfare centres and that the medical advice appropriate to each case is given by the medical officer in charge, the nature of the advice given in any case being a matter for the professional judgement of the medical officer.³⁴

Hughes feels that the Scottish Labour movement was more hostile to the issue of birth control than its English counterpart, but that hostility was not uniform.³⁵ As Harry McShane, a contemporary socialist states, that neither male or female activists in the ILP, ‘sought the abolition of family’ and ‘the socialist movement’s attitude to sex was very bourgeois’³⁶ with many ILP members considering the use of birth control as irreligious,

²⁹ NRS HH 101/1025 04 March 1927 Letter from Mauchline Nursing Association.

³⁰ NRS HH101/1025 3 June 1927 Letter from Scottish Cooperative Women's Guild.

³¹ Hughes, *Gender and Political Identities in Scotland, 1919-1939*, p. 118.

³² NRS HH101/1025 31 March 1926.

³³ NRS HH101/1025 23 March 1927 Letter from Secretary of State for Scotland.

³⁴ R.A. Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill: University of North Carolina Press, 1982), p. 310.

³⁵ Hughes, *Gender and Political Identities in Scotland, 1919-1939*, p. 118.

³⁶ H. McShane and J. Smith *Harry McShane. No Mean Fighter* (London: Pluto Press, 1978), p. 4

yet many supporters of the eugenics movement were also active in the promotion of birth control and saw birth control as 'a social remedy in the best interests of the race'.³⁷

In the House of Commons however, opponents of birth control were not silenced when Dr Vernon Davies MP was taken to task by Ernest Thurtle MP for fabricating the assertion that 'the competent medical opinion of the country was definitely opposed to birth control'.³⁸ Dr Davies' erroneous comments were said to have been based on the answers he received from 'competent gynaecological and obstetric surgeons' to a questionnaire he sent.³⁹

5.4 1930s

In March 1931, in secrecy akin to the Thatcher administration's publication of the *Black Report*,⁴⁰ the Ministry of Health (England) under the leadership of Arthur Greenwood issued *Memorandum 153/MCW* which in fact reaffirmed that it was not the function of the maternal and child welfare centres to provide birth control instruction except 'in cases where there were *medical grounds* for giving advice on contraceptive methods to married women ... [and that] such advice should be limited to cases where further pregnancy would be detrimental to health, and should be given at a separate session'.⁴¹ (It was later conceded that in fact *Memorandum 153/MCW* was only sent out by the ministry in response to specific enquiries and was not circulated to all local authorities in England.)⁴² Jeger considers that the language used was so obscure that it was later redrafted by the National Birth Control Council (NBCC) and circulated to all health authorities (in England).⁴³ In issuing this memorandum Greenwood had broken with tradition established by his predecessors of excusing their inactivity on the matter of birth control by declaring that a political question required a vote in Parliament.⁴⁴

Under the Public Health Acts, Local Authorities (in England) thus had the power to provide clinics at which medical advice and treatment would be available for women

³⁷ *Glasgow Herald*, 6 February and 27 November 1924. Quoted in Hughes, *Gender and Political Identities in Scotland, 1919-1939*, p. 120.

³⁸ 'Parliamentary Intelligence', *The Lancet*, 215.5564 (1930), p. 889.

³⁹ 'Conference on Birth Control. The Giving of Information by Public Authorities', *The Lancet*, 215.5563 (1930), p. 829.

⁴⁰ P. Townsend, N. Davidson, and M. Whitehead, *Inequalities in Health. The Black Report* rev. edn (London: Penguin Books, 1992).

⁴¹ Ministry of Health, 'Birth Control. Memorandum 153/MCW', (Ministry of Health, 1931).

⁴² NBCA E.C. Minutes 1 October 1930. Quoted in R.E. Dowse and J. Peel, 'The Politics of Birth-Control', *Political Studies*, 13.2 (1965), p. 192.

⁴³ L.M. Jeger, 'The Politics of Family Planning', *The Political Quarterly*, 33.1 (1962), p. 52.

⁴⁴ Simms, 'Parliament and Birth Control in the 1920s', p. 87

suffering from gynaecological conditions, but that these clinics should be limited to dealing with sick persons.⁴⁵ A subsequent (clarifying) circular stated that, if an authority decided to provide facilities for giving birth control advice at a Maternity and Child Welfare Centre, 'the use of these facilities must be strictly incidental to the purpose for which the centres were established and they can be made available only for married women who are either expectant or nursing mothers ... and in whose cases further pregnancy would be detrimental to health'.⁴⁶

A further circular (1408) clarified that advice and instruction in contraceptive methods should readily be available, in addition, to married women suffering organic disease in which child bearing might endanger life or from sickness physical or mental 'as are detrimental to them as mothers'.⁴⁷ Significantly what was or was not medically detrimental to health was to be left to the professional judgement of the practitioner in charge of the clinic and this was considered a 'distinct advance'.⁴⁸ The Minister further considered that no existing medical officer at a local authority clinic should be prejudiced if the local authority decided to provide facilities for birth control advice within the stated limits of the memoranda. Such work was to be considered outwith the scope of the local authorities medical officers, normal duties and 'they should be free to undertake it or decline it'.⁴⁹ The government's view that economic circumstances alone did not provide sufficient justification for a local authority to make provision for birth control advice and clinics contributed greatly to the growth in the provision of such private clinics which were able to offer advice to those married women who requested it.⁵⁰

Scottish Local Authorities were advised on the other hand that they could 'only establish such clinics as part of a sphere of hospital services under Section 27 of the Local Government (Scotland) Act of 1929'⁵¹ and initially only Edinburgh, Aberdeen, Dundee, County of Bute and Stirling adopted such schemes. Despite lobbying from birth control advocates, the Minister in Scotland remained unconvinced of the need to issue a circular along the lines of *Memorandum 153/MCW*:

... because we doubted whether public opinion in Scotland was strongly enough in favour of such advice to warrant our issuing a circular and ... if the Local

⁴⁵ 'Memorandum 153/MCW'

⁴⁶ Ministry of Health, 'Birth Control. Circular 1208', (Ministry of Health, 1931).

⁴⁷ Ministry of Health, 'Circular 1408', (Ministry of Health, 1934).

⁴⁸ 'National Birth Control Association', *The Lancet*, 224.5809 (1934), p. 1456.

⁴⁹ 'Local Authorities and Advice on Birth Control', *The Lancet*, 218.5630 (1931), pp. 214-215.

⁵⁰ 'The Display of Contraceptives', *The Lancet*, 223.5762 (1934), pp. 247-248.

⁵¹ NRS HH101/1024 1939-1940.

Authorities felt the need to give such advice they should do so on the quiet without advertising it.⁵²

Branches of Mother's Welfare Clinics in Edinburgh, Johnstone, Paisley and Renfrew, notwithstanding, all received local authority council funding, perhaps because in these geographical areas women had permeated in significant numbers into local government politics.⁵³

The National Birth Control Association⁵⁴ however was of the opinion that 'Medical Officers of Health in Scotland believed that they had no powers under the Notification of Births (Extension) Act 1915 or under any other act which would enable them to take any steps with regard to the provision of Birth Control information.'⁵⁵ The government's response however remained that a circular akin to *Memorandum 153/MCW* was not necessary in Scotland as 'Scottish Local Authorities [were] empowered by Section 3(1) of Notification of Births (Extension) Act 1915 to make such arrangements as they see fit for expectant and nursing mothers ... the nature of the advice [being] a matter for the professional judgement of the Medical Officer'.⁵⁶ In practice the views of the local Medical Officer of Health (MOH) dictated the local policy as regards contraceptive provision and he would be mindful of the views of his employers on the town council and their sensibilities and prejudices. Indeed there was controversy in Health Visitor circles on 'the position of women public health officers who are required to undertake duties which are contrary to their convictions e.g. assist at Birth Control Clinics'.⁵⁷

The ambivalence of the Secretary of State, and his desire to obfuscate, became manifest when he conceded that 'the Department's policy has therefore been to take up a line which would ensure that the clinics of local authorities were not used as agencies in a general propaganda in favour of Birth Control'.⁵⁸ Some politicians, as has been mentioned, at this time were fearful that their re-election chances could be harmed by supporting legislation which might have met with the disapproval of some of their constituents.

⁵² NRS HH101/1025 26 January 1932.

⁵³ Hughes, *Gender and Political Identities in Scotland, 1919-1939*, p. 123.

⁵⁴ The National Birth Control Association's aims were defined as the promotion of physical fitness of the mother and her children by such advice and help as would result in a rational spacing of birth or in the prevention of conception in cases in which pregnancy would be detrimental to health. 'National Birth Control Association Medical Conference, Edinburgh', *British Medical Journal* 1.3983(1937), p. 990.

⁵⁵ NRS HH101/1025 17 February 1932 Letter from National Birth Control Association.

⁵⁶ NRS HH101/1025 8 June 1934.

⁵⁷ CMAC:SA/HVA/D.1/1: *Report of the First Conference of Women Public Health Officers*, London, Women Public Health Officers' Association, 1931, pp. 36-8. Quoted in J. Smith, 'The Archive of the Health Visitors' Association in the Contemporary Medical Archives Centre', *Med.Hist.* 39.3 (1995), p. 362.

⁵⁸ NRS HH 101/1025 1935, p. 97.

5.5 Cathcart Report

In 1932 the Lovat Committee which had been charged by the Chancellor of the Exchequer Neville Chamberlain to consider the whole area of local expenditure recommended an independent inquiry into the subject of Public Health in Scotland. The then Secretary of State for Scotland, Sir Godfrey Collins, keen to reduce Scotland's maternal deprivation, aimed to lay the foundations for improvements in the health of the people of Scotland. Determined to pursue an independent line for Scotland he sought to increase the influence of the Department of Health for Scotland, now part of a newly integrated Office of the Secretary of State for Scotland, based in Edinburgh, answerable only to the Secretary of State for Scotland and not the Minister of Health in London. In June 1933, Collins appointed the Committee on Scottish Health Services which submitted its report under the chairmanship of Professor Edward Cathcart of Glasgow University in 1936, the *Report of the Scottish Health Services Committee*.⁵⁹ The members of the Cathcart Committee, chosen to advise on the future development of Health Services in Scotland were not drawn from a patrician elite, more they 'belonged to a profession that looked for its leadership among those who had distinguished themselves in public service or in medical science'.⁶⁰ Cathcart, as a product of the Scottish medical tradition, wished to give priority to the maintenance of health over the treatment of disease and proposed a changing role for the general practitioner including the application of preventive medicine to the community at large, in effect Public Health. Macrae considers that for the Cathcart Committee's members 'curative medicine as we know it was still inconceivable'.⁶¹ The Cathcart Committee looked at population trends and were aware that the birth rate in Scotland was falling. In dismissing both the theory of natural decline in fertility and the Malthusian view of an increase in average age of marriage, they concluded that the fall in birth rate must be due to increasing knowledge and practice of deliberate family limitation, in effect birth control.

The evidence of the birth control clinics, for example is to the effect that, in general, married women who have prevented conception for a time can, in fact, have children when they so decide.⁶²

⁵⁹ Department of Health for Scotland. Committee on Scottish Health Services Report 1935-36, Cmd. 5204

⁶⁰ M. McCrae, *The National Health Service in Scotland. Origins and Ideals, 1900-1950* (East Linton: Tuckwell, 2003), p. 47.

⁶¹ McCrae, *National Health Service in Scotland*, p. 72.

⁶² Department of Health for Scotland. Committee on Scottish Health Services Report 1935-36, Cmd. 5204 para 59, p. 28.

The Committee acknowledged that deliberate prevention of conception was widespread, and that knowledge of birth control methods was available to all classes but they did not attempt to offer an explanation for ‘the factors that lie behind this deliberate act’.⁶³ Cathcart himself though, in published statements supporting birth control and sterilisation, had acknowledged that the state, in prioritising prevention rather than palliation would be faced with dilemmas.⁶⁴ He questioned the ‘perpetuation of the unfit and the prolongation of the lives of the insane’ and asked ‘why look askance at birth control and sterilisation of the unfit?’.⁶⁵

It was however noted that the highest birth rates were amongst the poorest and least secure sections of the community and there was recognition that appalling deprivation remained in industrialised areas of Scotland; ‘countless families were still condemned to huddle in one and two roomed tenement slums’ with no sanitation inside the home.⁶⁶ In Hamilton the large Catholic population made it unlikely that municipal birth control services could have been approved⁶⁷ and in Dumbarton the MOH was ‘entirely opposed to artificial contraception’ and the town was described as ‘shabby, poor and depressing with mean streets’.⁶⁸ Yet no comment was made on the inconsistency of the previous assertion that knowledge of birth control methods were becoming available to all classes. Knowledge of method did not necessarily translate into use of, or understanding of technique, or indeed opportunity. And as mentioned previously, adequate facilities and running water might have helped.

Local authorities who refused to allow their premises to be used for the provision of birth control advice considered that public opinion was sharply divided and that a large section of the community was strongly opposed to the provision of such advice but no documentary evidence of this division in public opinion has been identified.⁶⁹ By 1939 the Department of Health for Scotland doubted still ‘whether there is as yet such unanimity of opinion in Scotland on the subject of birth control as would render it politically desirable for the Secretary of State to depart from the policy of his predecessors and issue a circular

⁶³ Department of Health for Scotland. Committee on Scottish Health Services Report 1935-36, Cmd. 5204 para 62, p. 29.

⁶⁴ E.P. Cathcart, 'Preventive Medicine and Public Health', *Glasgow Medical Journal* cxix (1933), pp.188-89.

⁶⁵ Cathcart, 'Preventive Medicine and Public Health', p. 189.

⁶⁶ NHS Scotland, 'Our NHSScotland. Cathcart Report' <<http://www.ournhsscotland.com/history/birth-nhs-scotland/cathcart-report>> [accessed 17 July 2014].

⁶⁷ WL SA/FPA/A11/73D 1936 Greenock - Kirkcaldy .

⁶⁸ WL SA/FPA/A11/73 17 February 1932 Report by Miss Holland Civil Servant at Scottish Home and Health Department.

⁶⁹ 'Birth Control Advice. Paisley Council Refuses to Grant Accommodation', *The Scotsman*, (14 July 1937), p. 9.

on the lines issued by the Minister of Health (England),⁷⁰ [advising local authorities to extend their remit].

5.6 1940s

In 1947 Dr Santo Jeger MP enquired of Aneurin Bevan the Health Minister whether instructions had been given since the conclusion of hostilities to discourage the use of contraceptives in clinics under his control where birth control advice is normally given.⁷¹ The response indicated that nothing had changed since the circular issued in 1934 to Maternity and Child Welfare Authorities and merely reiterated the government's view that clinics would only be available for women who are in need of medical advice and treatment for gynaecological conditions, and that advice on contraceptive methods would only be available to married women who attend clinics for such medical advice, and in whose cases pregnancy would be detrimental to health.⁷² It was however acknowledged that this matter was important for women suffering from a variety of organic diseases in which a pregnancy could endanger life, and in such cases instruction in contraceptive methods would be available to such women.⁷³

By way of comparison in Sweden, nowadays held up as a libertarian democracy, a Contraceptives Act was introduced in 1911 and was in force until 1938 which prohibited the dissemination of any information on contraceptive methods. The law was much criticised and the Gothenburg Social Democratic women's group together with Dr Gärda Lidforss-af Geijerstam established a family planning clinic in 1924 which advised both married and unmarried mothers.⁷⁴

5.7 House of Commons

In 1949 the House of Commons became exercised about the sale of contraceptives in hairdressers and also their sale from slot machines, sometimes outside cinemas, but only in certain areas of Greater London.⁷⁵ The concern being the 'urgent need of counteracting the

⁷⁰ NRS HH101/1024 23 June 1939.

⁷¹ Hansard HC Deb 27 February 1947 vol 433 c329W

⁷² Ministry of Health, 'Birth Control Circular 1408', (1934).

⁷³ Tuberculosis, heart disease, diabetes, chronic nephritis.

⁷⁴ M. Niemi, *Public Health and Municipal Policy Making Britain and Sweden, 1900-1940* (Aldershot, England: Ashgate, 2007), p. 173. Gärda Lidforss-af Geijerstam was considered one of the pioneers of sexual health education in Sweden.

⁷⁵ Hansard HC Deb 13 July 1949 vol 467 c26W

danger to the health of our people contained in this open invitation to juveniles to indulge in indiscriminate sexual intercourse'.⁷⁶ But the issue had already been highlighted in the House of Lords by Lord Dawson in 1928 when he attempted to make it an offence to offer contraceptives for sale 'in an automatic machine'. He regarded this as an offence against public manners⁷⁷ but wisely had not sought to restrict the age at which appliances could be sold from a vending machine on the assumption that :

unless the attention of the healthy youth is forcibly drawn to such things and their sale is pushed upon him it is probable with few exceptions he would not obtain them.⁷⁸

Requests in 1949 were made to legislate against the practice but the Minister considered that any legislation to deal with the sale of contraceptives would be very controversial and although he held out no prospect of legislation to restrict this practice he did however concede that he had given instructions for a model by-law to be drafted prohibiting the sale of contraceptives by means of automatic machines.⁷⁹

The Secretary of State for Scotland, Mr Woodburn, considered however, that it was open to any town or county council in Scotland to make by-laws prohibiting the sale of contraceptives from automatic machines in its area but he was informed by honourable members that as very few people in Scotland knew of the existence of such machines perhaps it was best not to circularise Local Authorities lest this have the effect of advertising them, and in any case there might not actually be any contraceptive slot machines in Scotland at all.⁸⁰

The issue and concerns about vending machines distributing contraceptives returned to the House of Commons in 1964 when it was revealed that a firm was installing these machines 'in the toilets of cafés and licensed premises and that one hundred of the first batch of machines were to be placed in areas, including seaside resorts, frequented by teenagers'.⁸¹ That using a contraceptive from a vending machine might prevent an unwanted pregnancy seems never to have been considered.

5.8 Royal Commission on Population

⁷⁶ Hansard HC Deb 20 October 1949 vol 468 cc747-9

⁷⁷ Hansard HL Deb 20 March 1934 vol 91 cc282-5

⁷⁸ 'This Contraceptive Business', *The Lancet*, 231.5980 (1938), p. 852.

⁷⁹ Hansard HC Deb 20 October 1949 vol 468 cc747-9

⁸⁰ Hansard HC Deb 01 November 1949 vol 469 cc188-9 LR industries, manufacturers of Durex® were unable to clarify whether any slot machines were situated in Scotland at this time. Of interest is the fact that such machines exist, on public display outside pharmacies near Roman Catholic cathedrals in Italy today.

⁸¹ Hansard HC Deb 16 April 1964 vol 693 cc83-4W 83W

The Report of the Royal Commission on Population was presented to Parliament in June 1949 amounting to five volumes, and considered the population question from a statistical, a biological and an economic perspective.⁸² Volume I *Family Limitation and its Influence on Human Fertility During the Past Fifty Years* contained the report by E. Lewis-Faning into the past growth and present extent of the practice of birth control which showed that there had been a decline in the use of birth control since 1930 amongst the lower classes.⁸³ The Report concluded that ‘the initial duty to give advice (on contraception to married persons who want it) should rest with the family doctor’.⁸⁴

The report was essentially ignored from 1949, and in 1959 Willie Hamilton, MP for Fife, thorn in the side of the establishment, expressed the hope that the Minister of Health would implement the recommendations of the 1949 Report of the Royal Commission on Population, albeit ten years late, that the giving of advice on contraception to married persons who wanted it should be accepted as a duty of the National Health Service. The Minister however declined without reason.⁸⁵

The BBC in 1959, like the *British Medical Journal*, (see Chapter 4.6) sailed into controversy by broadcasting an appeal as ‘The Week’s Good Cause’ in favour of the Family Planning Association, which was characterised by opponents of contraception as a very controversial body which advised that married women should go in for contraception and birth control without the knowledge or permission of their husbands.⁸⁶ If family planning services, had however become available at NHS expense then this would have obviated the need for appeals for voluntary funds. Yet the government considered that advice on contraception, where it was needed on medical grounds, *was* available under the National Health Service and included advice on all methods appropriate to the individual case.⁸⁷ It is axiomatic that both views could not have been correct.

5.9 The oral contraceptive pill

The introduction of the oral contraceptive pill in 1960, encouraged parliamentarians of all political hues to debate the issues of a reliable, medically approved method of contraception rather than to prevaricate and pontificate about the rights and wrongs of practising birth control. Unfortunately it did not mean that the members of parliament and

⁸² PP 259 Cmd.7695, June 1949. Report of the Royal Commission on Population.

⁸³ Papers of the Royal Commission on Population Volume I E. Lewis-Faning, *Report on an Inquiry into Family Limitation and its Influence on Human Fertility during the Past Fifty Years* (London: HMSO,1949).

⁸⁴ PP 259 Cmd 7695 June 1949. Report of the Royal Commission on Population.

⁸⁵ Hansard HC Deb 08 June 1959 vol 606 c64W

⁸⁶ Hansard HC Deb 01 July 1959 vol 608 cc451-6

⁸⁷ Hansard HC Deb 21 March 1960 vol 620 c11W

their lordships were any more likely to have the knowledge or understanding on the subjects of which they were prone to wax lyrical. Baroness Summerskill in November 1962 called for the government to prohibit the distribution of oral contraceptives pending the report of the Medical Research Council which had appointed a committee of specialists to assess recent suggestions that steroid contraceptives may predispose to thrombosis.⁸⁸ She was however advised that as oral contraceptives were restricted to sale or supply on prescription only and that the decision when to prescribe these, like other drugs, was the responsibility of the patient's doctor, and that in exercising his or her clinical judgment they will no doubt take account of reports and views expressed from time to time about their use. She was, in addition, advised that in fact the Government had no power to restrict the prescription or the distribution of this drug, or any other such drug. Further, that these pills, like any other drug, could be prescribed under the National Health Service if a doctor considered that there was a good medical reason for prescribing them.

Lord Killearn intervened in the debate with incredulity when he realised that the Government could not forbid the sale of any drug, even if they thought it was undesirable, in that they had not the power. This intercession raised the question as to whether the Government should instruct doctors in future on what they were, or were not to prescribe, with the Government Minister considering that it would be most undesirable for the Government to be in a position to interfere to such an extent in the professional field of doctors.⁸⁹ This view lasted twenty three years until the Thatcher era when Kenneth Clark, the Health Secretary, introduced the 'Limited List' of drugs which could or could not be prescribed at NHS expense.^{90,91,92} Jeger, writing of the politics of family planning in *The Political Quarterly*, considered that once substances were taken orally, the question became much more one of general medicine and that, if only because of costs to the NHS, this would force political attitudes.⁹³

5.10 Family Planning Advice

Some fifteen years after the Report of the Royal Commission on Population recommended an extension of the availability of contraceptive services and the incorporation of family

⁸⁸ Hansard HL Deb 28 November 1962 vol 244 cc1203-7 1203, Dr Edith Summerskill.

⁸⁹ Hansard HL Deb 28 November 1962 vol 244 cc1203-7 1206

⁹⁰ W. Russell, 'Prime Minister Backs Limited List', *British Medical Journal*, 290.6464 (1985), p. 331.

⁹¹ Leathard cites an interview with Dr David Owen whereby he expressed a desire to simplify the choice of contraceptive pills in order to reduce the NHS medicines bill. A. Leathard, *The Fight for Family Planning. The Development of Family Planning Services in Britain 1921-74* (London: Palgrave Macmillan, 1980), p. 205.

⁹² J. Cunningham, 'Cost of Drugs Must be Cut', *The Guardian*, 17 May 1975, p. 20.

⁹³ Jeger, 'The Politics of Family Planning', p. 55.

planning services into the National Health Service, the Minister of Health in 1964, Kenneth Robinson, still prevaricated as to what could be done to encourage local authorities to provide premises for family planning clinics, concluding that to extend National Health Service facilities to all who want contraceptive advice, treatment and appliances would imply a free service, which could be extremely costly.⁹⁴ Yet by February 1965 the Minister implied that he was considering extending family planning services to the unmarried.⁹⁵ Doctors however, could and did prescribe and fit contraceptives, on private prescriptions, on social, as opposed to medical grounds, which was not part of medical care under the Health Service, and a small charge in such cases was levied and considered reasonable.⁹⁶ Labour MPs however challenged the Minister to say how he reconciled the introduction of this new charge with his declared policy to abolish all charges within the Health Service?⁹⁷

The explanation from the Minister being that the Royal Commission had indeed recommended that advice on contraception should be available under the National Health Service and that indeed was the case. The prescribing or fitting of contraceptives on social as opposed to medical grounds was not, however, part of medical care under the Health Service. The Minister however did not believe that this would discourage family planning. However many of his Labour colleagues felt that this policy was an abrogation of Labour's desire to abolish NHS prescription charges and at the same time lining the pockets of the already well paid doctors which might, if such a premium were available, make it more profitable for the doctor to prescribe this form of treatment.

The Minister Kenneth Robinson stated thus:

I do not honestly think that doctors will be guided in the kind of advice they give to their patients by whether they get a fee of half a crown or so for writing out a prescription.⁹⁸

Leo Abse MP was not prepared to let this matter rest and proposed an adjournment debate on the issue in which he berated the 'absurdly ambiguous position of the family planning services' and described the State's attitude to family planning as 'prissy and evasive' as it laid down rules under which local authorities could operate, such that advice on family planning was restricted to where there was a medical need. He further took the Minister to

⁹⁴ Hansard HC Deb 23 November 1964 vol 702 cc904-5

⁹⁵ Hansard HC Deb 08 February 1965 vol 706 c11W

⁹⁶ Patients interviewed were hazy as to how much they paid per prescription but a retired GP clarified the fee as ten shillings. Personal Correspondence, A.P. 13 December 2014.

⁹⁷ Hansard HC Deb 09 May 1966 vol 728 cc13-5 13

⁹⁸ Hansard HC Deb 09 May 1966 vol 728 cc13-5 13

task over the fact that in the majority of teaching hospitals there was no provision for the teaching of medical students in contraceptive techniques and he considered that ‘doctors as a group have little knowledge of contraceptive techniques,’ yet they can charge patients for their services.⁹⁹ In response the Minister continued the usual mantra of, if the patient requires contraceptive advice because a pregnancy would be detrimental to her health then that is available under the NHS but if a woman requires advice, and or a prescription on social grounds then that was quite clearly a private matter. He also acknowledged that the amount of such a charge for providing a private service was not one in which a Minister of Health could negotiate a fee and he reiterated his belief that contraceptives supplied on social grounds should not be free of charge.¹⁰⁰

If patients are prepared to pay the chemist a comparatively large amount for the pills, they will hardly grudge the doctor a small fee for prescribing them.¹⁰¹

The Minister was further questioned as to whether he would instruct local authority clinics to make it possible for women to choose a particular method without reference to either their husbands¹⁰² or to the requirements of the Medical Defence Union (MDU)¹⁰³ and in addition whether he would clarify the position of patients, if their request for contraception was declined by their GP on conscientious grounds.

In June 1966 Willie Ross, Secretary of State for Scotland, to the approbation of the FPA, had asked local authorities in Scotland to offer free birth control services for women whose health would be threatened by a pregnancy.¹⁰⁴ He advised that existing family planning powers of local authorities related solely to the provision of services for those likely to be harmed by a pregnancy and that legislation would be necessary to extend these powers. Edinburgh Town Council Health Department anticipated that Ross’ support would encourage an expansion in family planning activity in all clinics whereas the more muted response of the Glasgow Health Authorities was that the issue was too controversial for them to forecast the council’s reaction. The Convention of Royal Burghs, however, in

⁹⁹ Hansard HC Deb 24 February 1966 vol 725 cc612-3 The *Medical Act* of 1956, laid a general responsibility on the General Medical Council for the standards of those entering the profession and left it to the universities to decide matters of curriculum. This system did not allow Ministers of the Crown to tell the universities what should be in the curriculum of each medical school.

¹⁰⁰ Hansard HC Deb 20 June 1966 vol 730 cc26-7

¹⁰¹ Hansard HC Deb 24 May 1966 vol 729 cc431-40

¹⁰² WL SA/FPA/A4/H35, 30 September 1965. In Dumbarton several patients attending an FPA clinic reported that their husbands insisted on them coming off the pill.

¹⁰³ Hansard HC Deb 04 July 1966 vol 731 cc4-5. The MDU confirmed that their advice to doctors wishing to prescribe the contraceptive pill to women was that they should seek the consent of their husbands beforehand.

¹⁰⁴ NRS HH 61/1005 H. & W. S. Circular No. /1966 April 1966 Family Planning

response to the Secretary of State for Scotland, considered that ‘different views may be taken in different areas in accordance with the makeup of the local community or the council concerned’.¹⁰⁵ In other words do not offend your constituents and accept a post code lottery. Unsurprisingly an official of the Archbishop of St Andrews and Edinburgh voiced his disapproval and announced that ‘we would expect Catholics to adhere to their own principles’.¹⁰⁶

5.11 Abortion

As early as 1939 it was recognised that ‘as a result of the need felt by women to escape pregnancy on medical and other grounds’ that the rate of criminal abortion was high and was increasing.¹⁰⁷ A view echoed in the *Abortion Report* from an Interdepartmental Committee on Abortion which commented on the evidence gathered ‘from medical, police and social circles an opinion that criminal abortion has recently become more frequent’ and that ‘the proportion of abortions is higher among unmarried women’.^{108,109}

It was not however until 1967, that David Steel, MP for Roxburgh, introduced the Medical Termination of Pregnancy Bill. In proposing the Bill, he outlined that in England, the law was governed by the Offences Against the Person Act of 1861, which ‘forbade any woman, being with child from using means to procure her own miscarriage, since if found guilty of such a felony shall be liable to be kept in penal servitude for life’.¹¹⁰ Whereas in contradistinction, the law in Scotland related to the procuring of an abortion was a Common Law Offence, but in which case criminal intent must be proved. Scots law therefore recognised that in certain circumstances it might be necessary, in the interests of the mother and in good faith, to carry out an abortion; something which English law did not specifically recognise. Thus different parts of the UK had not only varying legal processes but within Scotland, in Aberdeen, for example under the wider ambit of Scots Law and under the practice of Professor Sir Dugald Baird and his colleagues, a fairly large proportion of those desiring medical terminations of their pregnancies were able to achieve that which in other parts of Scotland was almost impossible, for example Glasgow. Indeed Ian Donald, Regius Professor of Obstetrics at the University of Glasgow styled his

¹⁰⁵ NRS HH 61/1005 28 February 1966 Letter from the Convention of Royal Burghs.

¹⁰⁶ Daily Mail Reporter, ‘Free Birth Control Plan. Ross Urges Councils to take New Look at Family Planning’, *Daily Mail*, 3 June 1966.

¹⁰⁷ WL SA/A8/H1.2 Draft Memorandum to Secretary of Department of Health for Scotland 23 June 1939.

¹⁰⁸ *The Abortion Report* (London: HMSO, 1939).

¹⁰⁹ ‘The Abortion Report. Legal, Medical and Sociological Aspects. Clarification of Law Recommended’, *The Lancet*, 1.4093(1939), p. 1248.

¹¹⁰ Offences Against the Person Act 1861 c. 100 (Regnal. 24_ and 24_ Vict) Attempts to procure abortion Section 58.

colleague, Professor Malcolm MacNaughton, the Muirhead Professor of Obstetrics of the University of Glasgow, as the 'abortionist in the east'.¹¹¹ A *nom de guerre* of which MacNaughton seemed proud, more than likely because he had been Dugald Baird's senior registrar in Aberdeen and had witnessed firsthand the dire poverty and overcrowding in tenement flats in the poorer districts of Aberdeen. He was in no doubt that effective contraception was the answer, but until that situation pertained medical abortion could be supported.¹¹²

Some argued that the law in Scotland did not need changed. Indeed Sir Dugald Baird encouraged David Steel to ensure that Scotland was included in the Bill for the very reason that whether a woman could obtain an abortion in Scotland was not down to her circumstances or wealth but her geographical location and to the views of the gynaecologist she consulted, not the law.

Fife, like Glasgow, had an east west split. Prior to the 1967 Abortion Act a liberal view on abortion requests was available in the east of Fife, Kirkcaldy area, but the gynaecologist in the west of Fife, the Dunfermline area, would not undertake terminations and consequently people from the west had to travel to the east.¹¹³

A retired Fife GP interviewed had vivid recollection of the consequences of illegal abortions and patients being admitted in extremis to the local Infectious Diseases Hospital

It was very, very common in this area. Lower Methil [Fife] was quite a slummy area ... and I never really discovered who the person was who did it. I remember on more than one occasion putting patients into Cameron Hospital, septic ... with septicaemia. Some of these women went through hell.¹¹⁴

The publicity surrounding the Abortion Act undoubtedly fuelled demand for terminations, in large part from unmarried women as premarital sexual intercourse had increasingly become acceptable behaviour of young people from broad social backgrounds.¹¹⁵ In Aberdeen, for example, the number of illegitimate pregnancies terminated rose steadily from 1964 to 1971, when there was a fall and subsequent rise and levelling off.¹¹⁶ Aitken-Swan considers that 'the demand for abortion came from the better educated girl and her parents and that this broadening of the social base of illegitimacy was not without its effect

¹¹¹ Donald was referring to MacNaughton's practice in the Eastern part of Glasgow. Interview with Sir Malcolm MacNaughton. 4 February 2010.

¹¹² Interview MM 4 February 2010

¹¹³ Interview JJ 1 October 2009

¹¹⁴ Interview JJ 1 October 2009

¹¹⁵ J. Aitken-Swan, *Fertility Control and the Medical Profession* (London:Croom Helm, 1977), p.11.

¹¹⁶ B.Thompson, 'Problems of Abortion in Britain – Aberdeen. A Case Study', *Population Studies*, 31.1 (1977), p. 145.

on the sympathies of the medical profession.’¹¹⁷ Doyal argued that a woman needs to treat her doctor very carefully if she is to obtain an abortion, ‘good girls’ arguing that they ‘made a mistake’ and are ‘duly contrite’ whereas ‘bad girls’ would be refused an abortion lest it encourage them in their ‘promiscuity’.¹¹⁸

In the debate that followed Steel’s Bill, Jill Knight MP absolutely rejected the argument used by ‘some emotional do-gooders that poor people did not understand how to use contraceptives. ‘Of course they do; they are not stupid.’¹¹⁹ Renee Short MP concluded the debate and called for support for the Medical Termination of Pregnancy Bill indicating that education and birth control rather than abortion were the answer.¹²⁰ Unfortunately contraceptive services were still not widely available, were not free and were not available on social grounds or to the unmarried.

5.12 Brooks Private Member’s Bill

In 1967 Edwin Brooks MP introduced a Private Members Bill, National Health Service (Family Planning), with a historical resume of the official silence on this issue for over thirty years and he acknowledged that the Minister of Health considered there was need for ‘advice and prescription for those who wisely desire to achieve the aim of planned parenthood even though no specific danger to health is involved’.¹²¹ The Minister further acknowledged that the existing family planning powers of local authorities related, still, to the provision of services for those who required family planning services on medical grounds. The Bill which had all party support specifically excluded Scotland but did include the unmarried. Leo Abse MP commented:

It cannot be due to any lack of demand in Scotland for such a family planning service. It is interesting to note that the Scottish and Northern Irish figures reveal that it is likely that some 120,000 women in those regions are using the pill. That represents nine out of every 100 women between 15 and 44, which is a far higher percentage than the number of women using the pill in the Greater London area.¹²²

He further mused that the Bill not applying to Scotland might be because some ‘prim Victorian prejudices’ might be lingering round the Scottish Office’ but equally the omission of Scotland from the Bill ‘might have been due to a lack of appreciation that the cost of the oral contraceptive, which would protect against pregnancy, would be sixty-five

¹¹⁷ Aitken-Swan, *Fertility Control and the Medical Profession*, p. 11.

¹¹⁸ L. Doyal, *The Political Economy of Health* (London: Pluto Press, 1979), p. 234.

¹¹⁹ Hansard HC Deb 22 July 1966 vol 732 cc1067-165 1101

¹²⁰ Hansard HC Deb 22 July 1966 vol 732 cc1067-165 1164

¹²¹ Hansard HC Deb 17 February 1967 vol 741 cc935-1020 937

¹²² Hansard HC Deb 17 February 1967 vol 741 cc935-1020 963

shillings per annum as opposed to the cost of child allowance of twenty pounds per annum'.¹²³

Donald Dewar, the MP for Aberdeen, called on the legislation to be extended to include Scotland and recounted the long history, since the late forties, of what was first known as a Gynaecological Advisory Clinic, run by the Health and Welfare Department of the Corporation of the City of Aberdeen where a woman could get free advice from the unit in Aberdeen if referred to it by a general practitioner, health visitor or midwife, and obtain appliances at cost price.¹²⁴ Dewar later proposed a Ten-Minute Rule Bill which was withdrawn as he was advised that legislation was shortly to be introduced by the Government which would apply to Scotland. It is unclear why Donald Dewar accepted the Scottish Office's assurance of impending action as the hallmark of their behaviour heretofore had been one of prevarication and obfuscation.

When Edwin Brooks' National Health Service (Family Planning) Bill was first proposed the Minister of Health, Kenneth Robinson, a supporter of the Bill, had considered that the Bill should extend to Scotland but the Secretary of State for Scotland, Willie Ross MP considered that:

I do not think we are quite ready for this legislation in Scotland, [there are] controversial points such as the line to be taken on advice and treatment for the unmarried'.¹²⁵

There is no record of the public being consulted on this assertion.

Brooks' Bill sought to empower local authorities to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice, and the supply of contraceptive substances and appliances for any persons who needed them on social grounds, and not only for women at medical risk in the event of pregnancy.

5.13 The Health Services and Public Health Act, 1968

The Health Services and Public Health Act, 1968 sought to amend the National Health Service Act (1946) and the National Health Service (Scotland) Act (1947) and make other amendments connected with the National Health Service. Section 15 of the Health Services and Public Health Act, 1968 which only applied to Scotland empowered any local authority, with the approval of the Minister (Secretary of State for Scotland), 'to make arrangements for the giving of advice on contraception, the medical examination of

¹²³ Hansard HC Deb 17 February 1967 vol 741 cc935-1020 963

¹²⁴ Hansard HC Deb 17 February 1967 vol 741 cc935-1020 1016

¹²⁵ NRS HH 61/1005 28 June 1966 Letter from Willie Ross to Kenneth Robinson.

persons seeking advice on contraception for the purpose of determining what advice to give and the supply of contraceptive substances or contraceptive appliances'.¹²⁶

Despite the issue being raised regularly in Parliament by Donald Dewar, David Steel and Willie Hamilton, the Secretary of State for Scotland, had still not implemented Section 15 by July 1969. His reasons being: 'I shall have regard to the pressure on local authority resources.' Scottish Office Circular 21/68 sent to local authorities advised 'in the light of the present economic situation it has been decided to defer for the present bringing this section [15] into force'. At a meeting of the Scottish Grand Committee, Ross acknowledged, however, that he was not doing anything because he considered that no pressure was being brought to bear on him to do so.¹²⁷ And yet in February 1968 in Committee he had considered that 'the demand for this kind of provision in Scotland is as great as the demand south of the Border'.¹²⁸

The small print in section 79 of the Health Services and Public Health Act, 1968 empowered the Secretary of State for Scotland to implement the Act on such a date 'as he shall appoint and different dates may be appointed under this section for different provisions of this Act or for different purposes'.¹²⁹ The implementation of section 15 of the Act was thus solely in the hands of Willie Ross and the delay in implementing section 15 raised doubts, according to Leo Abse, that a 'curious pattern appears to be establishing itself for Scotland in relation to Bills touching upon human relationships'.¹³⁰

In reply, the Under Secretary of State for Scotland, Bruce Millan sought to reassure the House of Commons that indeed family planning services were being provided by local authorities in Scotland but he emphasised that the advice was available on medical grounds only and so tried to obscure the lamentable delays and obfuscation by the Scottish Office. Indeed circular 10 of 1966, issued 1 June 1966, asked for local authorities to plan for future developments of family planning services in the context of these services being made available on medical grounds. This of course was not what Edwin Brooks Bill proposed and, as noted above, Willie Ross did not consider that extending the Bill to cover Scotland

¹²⁶ Health Services and Public Health Act, 1968 section 15 (London: HMSO, 1968)
<<http://www.legislation.gov.uk/ukpga/1968/46>> [accessed 18 February 2012].

¹²⁷ Scottish Grand Committee 8 July 1969; Hansard HC Deb 23 July 1969 vol 787 cc1750 Scotland (Family Planning).

¹²⁸ Official Report, Standing Committee D, 8 February 1968 c246

¹²⁹ Health Services and Public Health Act, section 79. (London: HMSO, 1968)
<<http://www.legislation.gov.uk/ukpga/1968/46>> [accessed 18 February 2012].

¹³⁰ Hansard HC Deb 17 February 1967 vol 741 cc935-1020 962. The Divorce Bill was savaged in the Scottish Committee without any protest and in relation to the homosexual Law reform Bill, no initiative came from Scottish Members of the House.

was appropriate given that the unmarried would be able to access treatment under the Brooks Bill.

Millan further stated, that the intention, during the passage of the Brooks Bill, was ‘that at the first convenient opportunity we would introduce a similar provision for Scotland, and [that] this was done in the Health Services and Public Health Act, 1968’, meaning that the provision of contraceptive services in Scotland would be in line with the provisions outlined in Brooks’ Bill.¹³¹ Although as previously mentioned the relevant section 15 of the Health Services and Public Health Act, 1968 was not implemented. The official reason for the delay in implementing section 15 being economic considerations, but the Home Affairs Committee later withdrew their objection. The Secretary of State however ruled that the section would not be implemented until the pressure on local authorities had been lifted.¹³² The financial argument was however rather spurious in that although at this time local authorities were being asked to curb expenditure, implementing section 15 would merely have given local authorities discretionary powers to extend family planning provision and, if they had more urgent calls on their finances, then they would not have been bound to incur such expenditure.

What really lay behind Willie Ross’ delay in implementing section 15 remains open to conjecture but in October 1968 the Secretary of State for Scotland declined an invitation to address a conference in Glasgow on Family Planning for Scotland ostensibly ‘due to other commitments’.¹³³ The memo held in the National Archives of Scotland suggests nevertheless that ‘we cannot offer any explanation of the delay in bringing s[ection] 15 into operation which would be in the least acceptable to this conference or to the press when they report it. So we had better keep off that subject.’¹³⁴

Eventually, on 1 September 1970, some three years after Brooks’ Bill was enacted in England and Wales, patients in Scotland were able to avail themselves of family planning advice for both medical and social reasons. But they still had to pay for appliances and pills.

5.14 National Health Service Reorganisation Bill- A Free Service??

Only in 1972 did the Health Ministers of the three home countries agree that from April 1st 1974 a comprehensive contraceptive advice service should be available to all free of

¹³¹ Hansard Deb 23 July 1969 vol 787 cc1750-72 1767

¹³² NRS HH 61/1391 Note No. 1234/1968/69.

¹³³ NRS HH 61/1391 18 October 1968 Letter from J. Cormack to Dr Millar.

¹³⁴ NRS HH 61/1391 14 October 1968 Memo.

charge. The Secretary of State for Social Services announced that the fees which general practitioners were charging to those who wished contraceptive advice as a 'social need' and in whom there were no health reasons for avoiding pregnancy, should 'be replaced from official sources'.¹³⁵

In congratulating the government for at last acknowledging that the family planning service should become a Government responsibility as part of the National Health Service Reorganisation Bill, Dr Summerskill MP took the Minister to task in proposing that free advice without free supplies was an entirely illogical approach and would be a deterrent for low income groups.¹³⁶ Indeed the Lords in committee voted by a majority that no charge be made either for any examination or treatment or for supplies. Indeed they advocated that there should be a completely free family planning service.¹³⁷

The National Health Service Reorganisation Bill exercised the minds of their Lordships further in 1973 with much concern expressed, based on an article by Cohen in the *British Journal of Venereal Diseases*, that the increasing popularity and use of oral contraceptives was the cause of the increasing incidence of venereal disease.

Oral contraceptives are being used increasingly by both married and unmarried women, and there is increasing extra-marital sexual activity among all women taking the oral contraceptives, regardless of marital and social status. Decreasing use of the condom is an additional factor in spreading venereal diseases. Fear of pregnancy acts as a brake on promiscuity, and removal of this brake increases sexual activity and the incidence of venereal infection. The oral contraceptives fulfil their function as an almost perfect method of preventing pregnancy, but one of the by-products would appear to be increased promiscuity with a consequent increase in the risk of contracting venereal diseases. In short the 'pill' promotes promiscuity ...

Interestingly Lord Stamp¹³⁸ in quoting the article by Cohen omitted the remainder of last line of his paper which read ... 'but this complication of taking the 'pill' is only one of many and must be viewed in its proper perspective'.¹³⁹

Concern from their Lordships was also expressed about what would happen in those twenty or so progressive local authorities (e.g. Aberdeen) which at that time were implementing totally 'free services', when in 1974, the NHS was to take over family planning services. 'In the first place, we think that at the very least it will discourage other

¹³⁵ Hansard HC Deb 12 December 1972 vol 848 cc234-40 235

¹³⁶ Hansard HC Deb 12 December 1972 vol 848 cc234-40 236

¹³⁷ Hansard HL Deb 19 December 1972 vol 337 cc950-69

¹³⁸ Hansard HL Deb 12 February 1973 vol 338 cc1262-390 1382

¹³⁹ L. Cohen, 'The 'Pill', Promiscuity and Venereal Disease', *British Journal of Venereal Diseases*, 46 (1970), p. 110.

local authorities from embarking on these free services’¹⁴⁰ and will so limit availability to the public. It was further considered that the local authorities had been realistic and humane in their attitude, and that the Bill rejected local authority control over the wisdom of the Secretary of State.

Hector Monro, the Under-Secretary of State for Health and Education in the Scottish Office, however, in acknowledging the progressive attitude of Aberdeen Town Council in providing a comprehensive family planning service, considered that it would be unreasonable to continue local authority services when the 1974 NHS reorganisation came about. He however commented that when the present responsibilities of the local authorities were taken over by the health boards that he had no doubt that in areas such as Aberdeen which have very comprehensive family planning clinics at the moment would continue to do so under the [new] health boards.¹⁴¹

5.15 Contraceptive advice – Controversy continues.

Further discussions however ensued on whether doctors were the right people to provide social treatment and equally, whether it was fair to them that they should have to do so. The Health Minister indicated that doctors would be *authorised* to prescribe medically suitably contraceptives and that they would be *entitled* to prescribe them. The point of debate was, did the government really mean that the doctor was to have a choice on whether to provide a contraceptive, or not?

Is he to have the choice, or is everybody to have the right to go to a doctor and say, ‘Give me a contraceptive’? If the doctor is to have a choice, is it to be on purely medical grounds or on social grounds as well?¹⁴²

There was however increasing recognition that this matter was becoming to a great extent a social and non-medical matter and so demedicalising the issue.

Concern was also raised by Baroness Llewellyn-Davies that ‘Scottish legislation apparently limited its powers on contraception’,¹⁴³ by this she meant that the new proposals would limit the scope of centres like Aberdeen which had done so much to promote birth control by offering a free service from 1967, and yet the social and medical benefits of a comprehensive family-planning service without charge, on the model of Aberdeen (discussed in detail in Chapter Eight), were considered to amply justify the

¹⁴⁰ Hansard HL Deb 19 December 1972 vol 337 cc950-69

¹⁴¹ Hansard HC Deb 26 July 1972 Vol. 841 cc1979-89 1988

¹⁴² Hansard HC Deb 27 March 1973 vol 853 cc1101-232 1196

¹⁴³ Hansard HL Deb 19 December 1972 vol 337 cc950-69

cost.¹⁴⁴ The medical officer of Aberdeen, Dr. Ian MacQueen, had estimated that the two items of expenditure of £17,000 on contraceptive services and £18,000 a year on health visiting and health education represented a total annual saving in rates and taxes of about £200,000.¹⁴⁵

Sir Keith Joseph, the Conservative Health Secretary, estimated that a free contraceptive service, UK wide would cost in excess of 3 million pounds. The Lords supported an entirely free family planning service¹⁴⁶ but it was rejected resolutely by the Commons, in dividing along traditional party lines, with few exceptions including the Tory Dr Tom Stuttaford. Sir Keith Joseph, however, sought to placate those members who saw a totally free service as ‘the final dissolute rush into the pit of permissiveness’.¹⁴⁷ Little account of the role of General Practitioners was taken as it had already been conceded that within the 1974 reorganisation of the NHS, and in discussion with the BMA, that the question of family planning was not to be regarded as an obligation for the doctor. The BMA regarded this as an additional service, and one which had to be paid for.¹⁴⁸

5.16 Incoming Labour Party

In the event on 28 March 1974 the incoming Labour Secretary of State Barbara Castle announced that, from 1 April 1974, there would be no prescription charges for contraceptives supplied from clinics and hospitals, for those in medical need. But that until negotiations with GPs were completed family planning provided by GPs would still be subject to a charge. She stated :

I have no alternative but to ask GPs to continue to provide family planning services on the same basis as at present. This means that they will continue to give advice without charge, but they may make a charge for issuing private prescriptions in social cases and the patient will pay the chemist the full costs. It means that prescriptions for medical cases will carry the current prescription charge.¹⁴⁹

Barbara Castle in honouring an election pledge and introducing a totally free family planning service from 1 April 1974 conceded that it had done so without specifically canvassing the views of religious leaders. Dr David Owen MP did however concede that he was aware that the Church of England's Board of Social Responsibility supported the

¹⁴⁴ Birth Control Campaign, *The Benefits of Birth Control. Aberdeen's Experience 1946-1970* (London: Birth Control Campaign, 1973).

¹⁴⁵ Hansard HC Deb 26 March 1973 vol 853 cc923-1052 996

¹⁴⁶ Hansard HL Deb 19 December 1972 vol 337 cc950-69 964

¹⁴⁷ 'No Time for Compromise On Contraception', *The Lancet*, 301.7804 (1973), p.650.

¹⁴⁸ Hansard HC Deb 02 July 1973 vol 859 cc173-209

¹⁴⁹ Hansard HC Deb 28 March 1974 vol 871 cc655

provision of an entirely free service and he was aware of the views of English Prelates in the Lords.¹⁵⁰ Yet no one sought the views of the Established or Free Churches in Scotland nor the Roman Catholic Church.

The Class War was unfortunately not over as the vanquished Tory Health Secretary, Sir Keith Joseph, sought to highlight ‘the “degeneration” of our society: delinquency, truancy, vandalism, hooliganism, illiteracy’ and then inject into his pleas for the remoralisation of our society the emotive genetic argument:

The balance of our population, our human stock is threatened. A high and rising proportion of children are being born to mothers least fitted to bring children into the world and bring them up. They are born to mothers who were first pregnant in adolescence in social classes 4 and 5. Many of these girls are unmarried, many are deserted or divorced or soon will be. Some are of low intelligence, most of low educational attainment. They are unlikely to be able to give children the stable emotional background, the consistent combination of love and firmness which are more important than riches. They are producing problem children, the future unmarried mothers, delinquents, denizens of our borstals, sub-normal educational establishments, prisons, hostels for drifters. Yet these mothers, the under-twenties in many cases, single parents, from classes 4 and 5, are now producing a third of all births. A high proportion of these births are a tragedy for the mother, the child and for us ...Yet what shall we do? If we do nothing, the nation moves towards degeneration ...

Yet proposals to extend birth-control facilities to these classes of people, particularly the young unmarried girls, the potential young unmarried mothers, evokes entirely understandable moral opposition. Is it not condoning immorality? I suppose it is. But which is the lesser evil, until we are able to remoralise whole groups and classes of people, undoing the harm done when already weak restraints on strong instincts are further weakened by permissiveness in television, in films, on bookstalls ?¹⁵¹

He considered that single parents from the lower social classes were producing a third of all births (thirty-three per cent). Unfortunately his understanding of arithmetic and or statistics was lacking in that the actual figure would have been 3.9 per cent.¹⁵² The figures, notwithstanding, highlighted the fact that the social class of a legitimate child was defined in terms of the father’s occupation whereas in illegitimate births the defining parameter was the mother’s occupation. In trying to extricate himself from his error he only exceeded

¹⁵⁰ Hansard HC Deb 29 April 1974 vol 872 cc366-7W

¹⁵¹ Sir Keith Joseph’s Speech at Edgbaston (‘Our Human Stock is Threatened’) 19 October 1974 Margaret Thatcher Foundation<<http://www.margaretthatcher.org/document/101830>> [accessed 7 February 2013].

¹⁵² Live births, numbers and percentages, by marital status of parents and type of registration, Scotland, 1974 to 2013 <<http://www.nrscotland.gov.uk>>[accessed 2 July 2015]. In 1974 there were 2755 live births to unmarried women in Scotland out of a total of 70192 live births, thus 3.93% of live births were to unmarried women in that year. NRS data for this period does not identify social class.

in making matter worse by stating that it was the lower social class teenage girl who was not taking sufficient advantage of family planning services. Barbara Castle, the Labour Secretary of State for Social Services, countered that if that was his argument then it was really astonishing that he as Secretary of State insisted on putting a prescription charge on the very contraceptives he was anxious for poorer families to use.^{153,154,155}

5.17 A Free family Planning Service

Seeking agreement with the medical profession to facilitate the operating of the free family planning service took many months until February 1975. The fees eventually agreed were that GPs would be paid £4.65 per patient per year for providing 'ordinary' contraceptive services, including prescribing the oral contraceptive pill and undertaking annual IUCD checks and £ 15.50 per patient for fitting an IUCD.¹⁵⁶ The scheme was to have no lower age limit and doctors would have the right to refuse to provide contraception for an individual patient. There was to be no prescription charge but condoms would not be supplied free to men as these were regarded as 'non medical devices'.¹⁵⁷

The call from vociferous members of the medical profession that it would be a constructive step forward if the range of those persons empowered to prescribe oral contraceptives was extended to members of the nursing professions who had received additional training was welcomed by the government who set up a joint working group to consider the matter.¹⁵⁸

Variations in clinical practice in providing contraceptive services were thought to be the source of some confusion to women who might in some cases have the briefest interview whilst others received a thorough physical examination.¹⁵⁹ One woman interviewed for this study commented:

I do not recall ever having had my blood pressure checked when I went to the doctor for the pill.¹⁶⁰

¹⁵³ Hansard HC Deb 01 November 1974 vol 880 cc543-644 548

¹⁵⁴ P. Symon, 'Birth Control Remarks Naive, Sir Keith Admits', *The Times*, 59223, 21 October 1974, p. 1.

¹⁵⁵ Political Staff, 'Sir Keith Hits Back at 'Gross Misrepresentation' of Birth Control Views', *The Times*, 59224 (22 January, 1974), p. 1.

¹⁵⁶ Scottish Executive Health Department. National Health Service. General Medical Services *Statement of Fees Allowances Payable to General Medical Practitioners in Scotland*, 1979 PCS (34) Para 1, Schedule 1. 1 July 1975.

¹⁵⁷ Leathard, *The Fight for Family Planning. The Development of Family Planning Services in Britain 1921-74*, p. 204.

¹⁵⁸ Hansard HC Deb 22 April 1975 vol 890 cc282-3W

¹⁴⁵ Interview KK 19 November 2009.

¹⁶⁰ Interview FF 21 September 2009

A retired GP from Fife who was proactive in promoting contraceptive advice within her practice from 1960 considered that too many doctors were allowed to do family planning who were not trained. She recalled:

I remember this woman coming in and her blood pressure was sky high ... now this GP from Kirkcaldy, a female had been giving this girl, this woman, this pill for ages and never checking her blood pressure.¹⁶¹

And yet another retired GP's view was different, confirming variations in clinical practice:

Of course we did pelvic examinations and breast examinations as well as blood pressure checks. You have to remember we did not know what we were dealing with. We had no idea if the pill would cause ovarian or uterine cancers.¹⁶²

The Health Minister David Owen declined, however, to make examinations prior to prescribing treatment mandatory, pointing out that, as GPs were independent contractors, it was incumbent on them to ensure that they were being guided by authoritative medical opinion prior to prescribing contraceptives and moreover that in claiming a fee for providing the service they were acknowledging that they had undertaken suitable training.¹⁶³ Willie Ross, the Secretary of State for Scotland, estimated that general medical practitioners would in 1975-76 receive an average net income of £250.00 from contraceptive fees.

5.18 Conclusion

Thus having been initially eschewed by the medical profession, through fear of disapproval, lack of interest and lack of training, providing contraceptive services eventually became a regular source of additional private income. The politicians continued however to debate the place of medical versus social need for contraceptive advice but, by the mid 1960s, the medical place of contraceptive advice was assured as a *medicine* was being prescribed and the profession had responsibility for ensuring the appropriate professional judgements about prescribing were made. In addition, in the period under consideration, parliamentarians had wavered from hostility to the notion of any state provision for contraceptive advice to promoting a free service. It took, nonetheless, another thirty years, until 2004, before the provision of contraceptive services was considered part of the GPs usual duties and not subject to additional remuneration.

¹⁶¹ Interview JJ 1 October 2009.

¹⁶² Interview KK 19 November 2009

¹⁶³ Hansard HC Deb 27 November 1975 vol 901 cc281-3W

In 2015 contraceptive advice is provided by a variety of providers, GPs, NHS sexual health clinics and private bodies and yet Scotland has the highest rate in Europe of teenage pregnancies. The advisory services are there to be accessed but the debate surrounding the causes of the lamentable figures for teenage pregnancies in Scotland continues unabated.

Legal impediments to the prescription of, and supply of, contraceptives and abortifacients have exercised the legal profession over many years and thus the next chapter will seek to explore the interface between politics, the law, and medicine.

Chapter Six: The Law

Introduction

This chapter will consider, by way of case studies, how the law has come to be involved in the controversies which promoted or hindered the availability of birth control advice.

No law in England or Scotland could prevent the use, manufacture or sale of contraceptives and only the 1857 Obscene Publications Act, in England, could be used to attempt to restrict the publication of contraceptive material. The Obscene Publications Act did not apply to Scotland because it was felt that Scots Common Law was sufficient. There existed, however, a statutory offence under the Burgh Police (Scotland) Act 1892, s30, which penalised the publication, distribution, sale or exhibition of indecent or obscene books or representations. The common law offence of publishing, selling or exposing for sale an obscene work ‘devised, contrived and intended to vitiate and corrupt the morals of the lieges, particularly of the youth ... and to raise in their minds inordinate and lustful desires’ was last reported in 1843 in relation to prosecuting a bookseller for selling *Fanny Hill*.¹

As legal restrictions were virtually nonexistent, disputes could not be resolved by the courts and consequently the debates and clashes of moral and medical opinion were carried out in journals and conferences and the press at large from the 1920s.² Feminist historians however have commented that, despite the fact that the subject of birth control in the late nineteenth and early twentieth centuries aroused so much controversy, there were those willing to defend their beliefs in the law courts.

6.1 Bradlaugh-Besant Trial

In 1877 the infamous Bradlaugh-Besant trial saw the defendants Charles Bradlaugh MP and Annie Besant charged with publishing ‘a certain indecent, lewd, bawdy, and obscene book called *Fruits of Philosophy*’, a reprint of Knowlton’s publication.³

Besant stated that, in the knowledge that her reputation might be impugned:

We republish this pamphlet, honestly believing that on all questions affecting the happiness of the people, whether they be theological, political or social, fullest right of free discussion ought to be maintained at all hazards.⁴

¹ G.H. Gordon, ‘Shameless Indecency and Obscenity. An Analysis’, *Journal of the Law Society of Scotland*, 25 (1980) p. 262.

² A. Leathard, *The Fight for Family Planning. The Development of Family Planning Services in Britain 1921-74* (London: Palgrave Macmillan, 1980), pp. 21-22.

³ *R v Bradlaugh* (Charles) (1877) 2 Q.B.D.569

This thrust the issue of birth control into the public domain, indirectly being responsible for the establishment of the first birth control organisation in Great Britain, the Malthusian League. The president of the Malthusian League, Dr C. R. Drysdale, in trying to encourage doctors to provide guidance on family limitation, faced a daunting task. He however supported the Malthusian view that overpopulation was the cause of poverty⁵ and argued for a law 'discouraging by small fine families of more than four children'.⁶ His views remained germane in Scotland into the 1920s when in 1929 Dunfermline Parish Council advised a consumptive man that if he had any more children then 'his aliment would be discontinued and his wife and children would be placed in the poor house'.⁷

The indictment against Bradlaugh and Besant accused them of:

unlawfully and wickedly devising, contriving, and intending as much as in them lay to vitiate and corrupt the morals as well as of divers other liege subjects of our said Lady the Queen, and to incite and encourage the said liege subjects to indecent, obscene, unnatural, and immoral practices, and bring them to a state of wickedness, lewdness, and debauchery ... unlawfully, wickedly, knowingly, wilfully and designedly did print, publish, sell and utter ... a certain indecent, lewd, filthy, bawdy and obscene book called Fruits of Philosophy, thereby contaminating, vitiating, and corrupting the morals as well of youth as of other liege subjects ... and bringing the said liege subjects to a state of wickedness, lewdness, debauchery and immorality,⁸

and yet this heralded a mass press response and ensured a readership eager to digest the details of the trial.

The Solicitor General considered:

that this is a dirty, filthy book, and the test of it is that no human being would allow that book to lie on his table; no decently educated English husband would allow even his wife to have it, and yet it is to be told to me, forsooth, that anybody may have this book in the City of London or elsewhere, who can pay sixpence for it... The object of it is to enable persons to have sexual intercourse, and not to have that which in the order of Providence is the natural result of that sexual intercourse. That is the only purpose of the book, and all the instruction in the other parts of the book leads up to that proposition.

Besant served as her own defence counsel,⁹ highlighting stories of women whose health had suffered from excessive childbearing and she decried the lack of availability of

⁴ A.W. Besant, *Annie Besant. An Autobiography* (Kindle edition, 2011), location 2075.

⁵ *The Malthusian*, January 1906. Quoted in R.E. Dowse and J. Peel, 'The Politics of Birth-Control', *Political Studies*, 13.2 (1965), p. 180.

⁶ *The Malthusian* February 1906. Quoted in Dowse and Peel, 'The Politics of Birth-Control', p. 180.

⁷ Dunfermline Parish Council Archives. Minutes of Relief Committee 7 November 1929.

⁸ *R v Bradlaugh (Charles)* (1877) 2 Q.B.D.569

⁹ R. Dinnage, *Annie Besant* (Harmondsworth: Penguin, 1986), p. 43.

practical birth control advice to the poor and recounted scenes of families of twelve living together in one small room.¹⁰

I had seen the misery of the poor, of my sister-women with children crying for bread; the wages of the workmen were often sufficient for four, but eight or ten they could not maintain.¹¹

She articulated that birth control advice was available in more expensive books which were not available to the poor as this sixpenny book was, thus raising the class issue.¹²

Besant, by undertaking vast amounts of preparation, exhibited a mastery of legal argument and was commended by the judge.¹³ Her reputation at stake, she was exonerated by the jury; nevertheless the book was considered obscene. The verdict being:

we are unanimously of the opinion that the book in question is calculated to deprave public morals, but at the same time we entirely exonerate the defendants of any corrupt motives in publishing it.¹⁴

The judge seemed surprised at this verdict and considered that it must stand as a guilty verdict. The matter went to appeal and was reversed on a technicality thus facilitating the widespread dissemination of birth control advice.¹⁵

Indeed the sales of *Fruits of Philosophy* increased from modest pre trial levels in the period 1834-1876 of 42,000 to 277,000 in the three and a half years after the trial to August 1881 and it is evident that large numbers followed the trial and the reading material central to the case.¹⁶ Many English national and provincial newspapers published extensive extracts of the trial and commented on the event.

The Morning Post considered that: 'The result of the prosecution has been to scatter thousands of copies broadcast through the land and to work an evil which may be set down as incalculable.' It further described 'the teaching of the book as atrocious and every right minded person must regret that it every saw the light'. Yet it recognised that the aim of the defence was 'that the humbler classes should be made acquainted with the means of checking the present increase in the population'.¹⁷

¹⁰ Reminiscent of Engels' descriptions in the *Condition of the Working Class in England*

¹¹ A.W. Besant, *Annie Besant. An Autobiography* (Kindle edition, 2011), location 2087.

¹² K.B. Kalsem, 'Law, Literature, and Libel. Victorian Censorship of "Dirty Filthy" Books on Birth Control', *William & Mary Journal of Women and the Law*, 10.3 (2004), p. 543.

¹³ Kalsem, 'Law, Literature and Libel', p. 547.

¹⁴ R v Bradlaugh (Charles) (1877) 2 Q.B.D.569.n t In the

¹⁵ Bradlaugh v Queen, The (1878) 3 Q.B.D. 607

¹⁶ N.E. Himes, 'Charles Knowlton's Revolutionary Influence on the English Birth Rate', *New England Journal of Medicine*, 199.10(1928), p. 464.

¹⁷ *The Morning Post*, 22 June 1877, (32756), p. 4.

Meanwhile the *Aberdeen Weekly Journal* considered that ‘the effect of the prosecution will be enormously to enhance the demand for the obnoxious book – to advertise it more effectively than it could otherwise have been advertised’.¹⁸

The *Dundee Courier and Argus and Northern Warder* in quoting the *Daily News* commented that the sentence was not lenient but attributed this to Bradlaugh having antagonised the judge with legal points. They concluded, however, that ‘a loosely conducted trial, ending in an extemporised and vindictive sentence, can add nothing to the dignity of the British Bench’.¹⁹

The Scotsman published the facts of the trial without comment but it did carry advertisements for meetings arranged by both Charles Bradlaugh and Annie Besant in Edinburgh and Glasgow.²⁰ On 6 October 1877 they attended a meeting in the City Hall, Glasgow on the ‘Population Question’ and were greeted with enthusiasm.²¹ The Catholic Church in Glasgow however accused them of ‘talking any amount of blasphemy and immorality’.²²

One can only speculate what contemporary tabloid journalists would make of a salacious trial, an ill thought out prosecution, no identified complainant, an irascible judiciary and a jury who felt the defendants were innocent but who were directed by the judge to enter guilty verdicts.

6.2 Crimes Brothers.

The paucity of reliable effective birth control led women to seek other remedies to deal with unwanted pregnancies. Advertisements increasingly appeared in newspapers ‘inviting women to purchase nostrums for the purpose of removing “irregularities”, “suppressions” and “obstructions”’, in effect to purchase abortifacients.

Apiol and Steel Pills for ladies. A French remedy for all irregularities. Obtainable only from Martin, Chemist, Southampton. Price 4s.6d, post free.^{23,24}

Ottey’s Strong Female Pills quickly and certainly remove all Obstructions arising from any cause whatsoever, where Steel and Penny Royal fails. Invaluable for married women.^{25,26}

¹⁸ ‘The Bradlaugh-Besant Case’, *Aberdeen Weekly Journal*, 23 June 1877 issue 6971, p. 4.

¹⁹ The *Dundee Courier and Argus and Northern Warder*, 2 July 1877, issue 7470.

²⁰ ‘Untitled- Article 9’, *The Scotsman*, 27 September 1878, p. 4.

²¹ ‘The Population Question’, *The Scotsman*, 6 October 1877, p. 6.

²² Untitled, *The Scotsman*, 26 February 1878, p. 4.

²³ E. van de Walle and E. Penne, *Regulating Menstruation. Beliefs, Practices, Interpretations* (Chicago: The University of Chicago Press, 2001), p.102. Apiol was deleted from the British Pharmacopeia in 1949.

²⁴ ‘Quacks and Abortion. A Critical and Analytical Inquiry I’, *The Lancet*, 152.3928 (1898), p. 1570.

Married and Single ladies should send at once for Free Advice and information of Priceless Value. Address in confidence: Professor Leslie 34 George-Street, Chester.²⁷

Vulnerable women could thus be duped or defrauded, as was the case in 1898 of the Chrimes Brothers, who were charged with ‘feloniously sending to Kate Clifford a letter demanding money from her, under the threat of exposing her for taking certain drugs when with child, to procure her miscarriage.’ These brothers advertised a ‘palpable inducement to abortion’ in the form of ‘Lady Montrose Miraculous Female Tabules’ which were said to be ‘acknowledged by ladies throughout the world to be worth a guinea per tabule’. Persons wishing these tabules were advised:

Don’t waste money on useless famous infailible[sic] &c., fluids, mixtures and cures, &c.. It is utterly impossible for these weak water and medicine remedies to be as strong, powerful, irresistible, compressed tabules.

The plan as hatched was, having got persons to reply to the Lady Montrose advertisement, the accused amassed the names and addresses of some 12,000 women who were pregnant or thought themselves to be pregnant, and who ‘wanted to rid themselves, lawfully or unlawfully, of their condition of pregnancy’.

These women were then sent a letter purporting to be from ‘an official’ advising that:

Madame, I am in possession of a letter of yours by which I can positively prove that you did on or about ... commit, or attempt to commit the fearful crime of abortion by preventing, or attempting to prevent, yourself giving birth to a child. Either of these constitutes a criminal act punishable by penal servitude, and legal proceedings have already been commenced against you, and your immediate arrest will be effected unless you do send me on or before Tuesday morning next the sum of £2.2s., being costs already incurred by me, and your solemn promise in writing on oath as before God that never again by whatsoever means will you prevent yourself giving birth to a child.

Interestingly, in the transcripts of cases of the Central Criminal Court, it states ‘the particulars of this case are unfit for publication’.²⁸ The *Times* however had no such concerns about publishing details of the case.²⁹

²⁵ ‘Quacks and Abortion. A Critical and Analytical Inquiry I’, p. 1570.

²⁶ ‘Quacks and Abortion. A Critical and Analytical Inquiry II’, *The Lancet*, 152.3929 (1898), p. 1652. An analysis undertaken by *The Lancet*, showed the ‘strong pills’ to be innocuous but that the ‘strongest pills’ contained savin oil a scheduled poison. ‘A powerful local and general irritant... a powerful emmenagogue’. In addition Savin was considered to be one of the substances ‘which promote the contraction of the uterus and facilitate the expulsion of the contents’.

²⁷ ‘Quacks and Abortion. A Critical and Analytical Inquiry II’, p. 1652.

²⁸ *Old Bailey Proceedings Online* <www.oldbaileyonline.org>, version 7.0 [accessed 29 April 2012] December 1898, trial of Richard Chrimes (32) Edward Chrimes (31) Leonard Chrimes (22) Reference No. (t18981212-90).

6.3 Aldred and Witcop

Guy Aldred, the Glasgow based anarchist, and Rose Witcop featured in the last significant birth control trial in 1923, prosecuted as they were for selling *Family Limitation* by Margaret Sanger.³⁰ The magistrate found the pamphlet to be obscene and ordered copies to be destroyed, despite evidence from an eminent surgeon from Guy's Hospital, Sir W. Arbuthnot Lane who considered that the book should be in the hands of every young person about to be married.³¹ Sureties of £50 were lodged by both Dora Russell and John Maynard Keynes but both case and appeal were lost.³² Nonetheless the case attracted national publicity and support was given by many members of the Labour Party³³ once again keeping the issue of birth control prominent in the public view.

6.4 Marie Stopes Libel Action

Advocates of birth control were vilified in the press and publications but occasionally the victims fought back, as was the case in 1924 when Marie Stopes raised a libel action against Dr Halliday Sutherland, 'a Catholic physician of the University of Edinburgh and author of a book entitled *Birth Control: A Statement of Christian Doctrine against the Neo-Malthusians*',³⁴ and Harding & More, Ltd., the publishers of a work containing words alleged to be a libel upon the plaintiff, Dr Stopes. Sutherland had accused Marie Stopes of 'experimenting on the poor'.

The substance and gist of the alleged libel was that the plaintiff had exposed the poor to experiments, of which the poor, owing to their poverty, lack of learning and helplessness, were the natural victims, and had opened a birth control clinic where working women were instructed in a method of contraception described by Professor Anne McIlroy, Professor of Obstetrics and Gynaecology, Royal Free Hospital, London as 'the most harmful method of which I have had experience', and had carried on a monstrous campaign of birth control, thus committing a crime more serious than that for which Charles Bradlaugh was condemned to jail ... it is truly amazing that this monstrous campaign of birth control should be tolerated by the Home Secretary.

The case was tried before the Lord Chief Justice of England with a special jury. The defendant Sutherland pleaded that 'the said words in their natural meaning are true in substance and in fact and are fair comments made in good faith and without malice'.

²⁹ 'The Charge of Extorting Money', *The Times*, 3 December 1898, p. 9.

³⁰ M. Sanger *Family Limitation* 32nd edn (London, 1925).

³¹ 'A Book on Birth Control. Destruction Ordered', *The Times*, 11 January 1923, p. 7.

³² 'A Book on Birth Control. London Sessions Appeal', *The Times*, 10 February 1923, p. 5.

³³ Leathard, *The Fight for Family Planning*, p. 26.

³⁴ H. Sutherland *Birth Control. A Statement of Christian Doctrine against the Neo-Malthusians* (London: Harding & More, 1922).

In answer to questions put by the Lord Chief Justice the jury found that the words complained of were accurate but that they had been made in a defamatory manner and they awarded damages at £100 to Stopes. Upon these findings the Lord Chief Justice, perversely however, entered judgment for the defendants. His summation has been considered as far from impartial as he described birth control in some cases as ‘a deplorable necessity’.³⁵ On appeal, a majority of the Court of Appeal gave judgment for the plaintiff Dr Stopes with £100 being awarded in damages. An appeal by Dr Sutherland and the publishers, ‘supported and funded by Catholic newspapers and a committee to counteract the evils being perpetrated by the advocates of birth control’,³⁶ was heard in the House of Lords and judgment of the Lord Chief Justice of England hung essentially on a moot legal point relating to whether the jury should ever have been asked whether in fact Sutherland’s words constituted a fair comment but also as to whether in using the words in the book Sutherland had justification for expressing his opinion. After all the jury had found that although Sutherland’s words were defamatory of Dr Stopes they were true in substance; the view of the Lords being that the libel had not been proved. The Lords did not consider the fact that there was a need for the poor to be instructed in birth control methods.³⁷

During the libel action an anonymous medically qualified female from Edinburgh considered it necessary to remind readers of *The Scotsman* that ‘Dr Stopes is not a doctor of medicine. It is a misapprehension which we medical women frequently have to point out’.³⁸ Meanwhile an enterprising bookseller in Hawick took the opportunity to advertise Marie Stopes book *Married Love* for sale at 6s 9d (post free).³⁹

Despite ultimately ‘losing’ the case and having to pay a significant amount in damages, approximately £10,000,⁴⁰ the extensive publicity of this trial further spread the word about birth control. As a result, “‘Stopery” had become the talk of the town’.⁴¹ The term ‘Stopery’ was used as a term of reproach by Stopes’ opponents and was frequently used in

³⁵ M. Box, ‘The Lord Chief Justice’, *The Trial of Marie Stopes* (Femina Books 1967), pp. 357-386.

³⁶ Kalsem, ‘Law, Literature, and Libel’, p. 565.

³⁷ Sutherland and Others Appellants; v Stopes Respondent. House of Lords 21 November 1924 [1925] A.C. 47

³⁸ ‘Dr Marie Stopes’, *The Scotsman*, 26 February 1923, p.9.

³⁹ ‘Classified Ad. 203’, *The Scotsman*, 24 March 24 1923, p.15.

⁴⁰ J. Rose, *Marie Stopes and the Sexual Revolution* (Stroud: Tempus, 2007), p. 224.

⁴¹ Kalsem, ‘Law, Literature, and Libel’, p. 566.

Roman Catholic Journals when referring either to Stopes' activities, or the advocacy of birth control in general, according to Aylmer Maude.⁴² Marie Stopes considered that:

the very overburdened working class mother does not read our literary reviews; she does not read these books of health, and she has not got the time to read them, even if she had the money and wished to buy them.⁴³

And in Edinburgh the New Picture House in Princes Street was to show:

The Picture of the Year - "Married Love". Adapted from the Book by Dr Marie Stopes D.Sc., Ph.D.⁴⁴

And,

Owing to enormous success of First Visit and Numerous Enquiries, we have rebooked for three days only. Lilian Hall-Davis⁴⁵ in "Married Love". A story specially written for the screen by Dr Marie Stopes.^{46,47}

The film was submitted to the British Board of Film Censors (BBFC) who considered that there were many scenes and subtitles in the film which rendered the film unsuitable for 'ordinary audiences', whilst the title taken in conjunction with the name of the book and the authoress suggested propaganda on a subject unsuitable for discussion in a cinema theatre. The BBFC however, sought the advice of the Home Office. The president of the BBFC T.P. O'Connor, a Roman Catholic, had already received a protest from Marie Stopes.⁴⁸ At this time neither the BBFC nor the Home Office had the powers to censor films and it was generally with agreement between the local cinema licensing authorities and the BBFC that films which were deemed unsuitable were not shown.⁴⁹ That the film was shown in October 1923 suggests an independence of thought on behalf of the local cinema licensing authority in Edinburgh as only in July 1923 had the Home Office issued an advisory set of model conditions for cinema licensing, including the recommendation that only films with the BBFC certificate could be shown without the express consent of the local cinema licensing authorities. Kuhn feels that 'film censorship creates censorable

⁴² A. Maude, *Marie Stopes. Her Work and Play* (London: Peter Davies, 1933), 1934, p. 187.

⁴³ Box, 'Evidence - Second Day, 22 February 1923, Dr Marie Carmichael Stopes sworn', *The Trial of Marie Stopes*, pp. 74-132.

⁴⁴ 'Classified Ad. 5 Picture Houses', *The Scotsman*, 8 October 1923, p. 1.

⁴⁵ Lilian Hall-Davis was a star of silent films but never made the transition to 'talkies'.

⁴⁶ 'Classified Ad. 1', *The Scotsman*, 12 November 1923, p. 1.

⁴⁷ 'What the Censor Saw. Maisie's Marriage', British Board of Film Censors < <http://www.bbfc.co.uk> > [accessed 27 May 2012]. Samuelson's *Maisie's Marriage* (1923) was a controversial film which attempted to explore the subject of birth control, in part through the use of euphemism-driven images of babies, rose gardens and pruning. Initially submitted with the title *Married Love* the BBFC removed a number of the birth control references. The register notes that 880ft of the 5570ft submitted was deleted (which equates to approx. 14 minutes of an 85 minute film), subtitles were altered and that the film was given an A certificate (more suitable for adults) with the title *Maisie's Marriage*.

⁴⁸ A. Kuhn, 'The "Married Love" Affair', *Screen*, 27.2 (1986), p. 10.

⁴⁹ A. Kuhn, *Cinema Censorship and Sexuality 1909-1925* (London: Routledge, 1988), p. 19.

films; and a censorable film, once it has entered the public domain, becomes a marketable property exactly because of the lure of prohibition conferred by the acts of censorship'.⁵⁰ The government were at pains not to add to the controversy of *Married Love*, the book and now the film. The trouble with the film not being solely the content, but its association with the by now notorious public figure and 'a topic that was once taboo and controversial'.⁵¹

The denizens of Kirkcaldy however had to be content with an address, at the Adam Smith Hall, by Marie Stopes representing the Society for Constructive Birth Control and Racial Progress. She told her audience that it was a mistake to think that anything to do with sex and reproduction must not be discussed and she was confident in her assertion that in twenty-five years they would not find a clergyman in the land who would say the things against birth control which some of them were saying today.⁵²

In 1925 Marie Stopes was sued for libel by the editor of the *Morning Post*. She had written a letter of complaint to the Duke of Northumberland, chairman of the directors of the publishers of *Morning Post* asserting that an advertisement for the Constructive Birth Control Society had been withdrawn owing to *Morning Post* coming under undue influence from a small group of Roman Catholics who opposed the aims and objectives of the society she represented. Stopes stated, 'I say there is a very clever plot on the part of the Roman Catholics to muzzle the freedom of the British Press'.⁵³

The case was lost but she gained some support from the *New Statesman*, a journal which did not support her aims but which criticised the summing up of the judge in the case. The editor of the *New Statesman* was subsequently charged with contempt of court.

Dr Halliday Sutherland, subsequently raised a libel action *against* Marie Stopes, her husband and publisher in 1929 regarding an article in her publication *Birth Control News* but the judgement on this occasion was for the defendant.

The Press never seemed to tire of mentioning Marie Stopes even down to giving extensive publicity to her charges of failing to keep her dog under control, its subsequent death sentence, and her legal battle with local magistrates and subsequent appeal to the Home Office. Clearly the maxim that no publicity is bad publicity was in evidence as whenever she was mentioned by name she was always ascribed as birth control authority or pioneer.

⁵⁰ Kuhn, 'The "Married Love" Affair', p. 6.

⁵¹ Kuhn, 'The "Married Love" Affair', p. 10.

⁵² 'Dr Marie Stopes at Kirkcaldy', *The Scotsman*, 17 April 1925, p. 10.

⁵³ 'Dr Marie Stopes Sued', *The Scotsman*, 26 January 1928, p. 14.

Her fame, or in some quarters infamy, was such that it was said that ‘W.H. Smith refused to distribute her journal *Birth Control News* and that the BBC would not allow her to broadcast’.⁵⁴ An anthropologist travelling in Africa in the 1920s apparently reported that ‘the natives had heard of only two British women, Queen Victoria and Marie Stopes’.⁵⁵ She was also mentioned in children’s playground songs of the 1920s.

Jeanie, Jeanie full of hopes

Read a book by Marie Stopes

But to judge by her condition

She must have read the wrong edition.⁵⁶

6.5 Cowen v Cowen, 1946

Cases peculiar to English Courts have been mentioned here because when appeals are held at the Court of Appeal or in the House of Lords then these cases have had resonance for the law in Scotland.

This case of *Cowen v Cowen* concerned a couple who had agreed that, early in their marriage when they lived in Persia, they would make use of contraceptive sheaths in order to prevent conception. Some five years later on their return to the United Kingdom, the wife desired to have a child and that she wished to resume ‘normal’ marital relations. The husband however persistently refused to dispense with condoms or practised *coitus interruptus*.

Twelve years after they were married the wife left her husband and petitioned the courts for a decree of nullity on the grounds of the wilful refusal of the husband to consummate the marriage within the meaning of the Matrimonial Causes Act, 1937, s. 7, sub-s. 1. The petition by the wife was dismissed, but on appeal, although penetrative intercourse had been proved, it was held that the purposes of marriage was the procreation of children and that a marriage could be considered null and void from inception where there is impotency or incapacity. In the male it denotes an incapacity, *erectio ac intromissio penis cum emissionem seminis*. The emission of semen was thus considered an essential element to consummation: ‘*erectio, intromissio, ejaculatio*’.

⁵⁴ N. Shepley, *Women of Independent Mind. St George’s School Edinburgh and the Campaign for Women’s Education* 2nd edn (Edinburgh: St George’s School, 2008), p. 100.

⁵⁵ Shepley, *Women of Independent Mind*, p. 100.

⁵⁶ J. Rose, *Marie Stopes and the Sexual Revolution* (Stroud: Tempus, 2007), p. 227.

The learned judges concluded that sexual intercourse cannot be said to be complete when a husband deliberately discontinues the act of intercourse before it has reached its natural termination, or when he artificially prevents that natural termination, which is the passage of the male seed into the body of the woman.⁵⁷

6.6 Jeffcoat v Jeffcoat 1947

In the case of Jeffcoat v Jeffcoat which was an application for a *decree nisi* on the grounds of non consummation of the marriage, the appellant wife alleged that the marriage had never been consummated and that the non-consummation was due to either incapacity or a wilful refusal to consummate on the part of her husband. The facts of the matter being that, just before the marriage, the husband underwent an operation which, while leaving him able to achieve penetration and emission, made it impossible for sexual intercourse to result in the conception of a child. He apparently told the doctor who performed the operation that he was about to be married and that there was insanity in his future wife's family. The latter statement was untrue. The doctor who performed the operation required a statement to be signed by the wife as well as by the husband setting out their understanding of the effect of the operation. Intercourse subsequently took place regularly for the first two or three years of the marriage, thereafter rarely.

The judge held that the husband was guilty of wilful refusal to consummate the marriage, but dismissed the wife's petition on the grounds that it would be contrary to public policy to grant it in view of the wife's knowledge of the facts before marriage. The wife appealed and it was averred that the husband, by undergoing this operation, rendered himself incapable of consummating the marriage. At the Court of Appeal it was considered contrary to public policy, that a person should be deprived of the power of generation and that it was equally contrary to public policy that a person capable of generation should be tied to a person permanently incapable of it. An operation of the kind performed on this husband was considered so contrary to public policy that it constituted a crime, and the husband's consent to the operation was irrelevant.

It was thus considered that a marriage was not consummated if a husband, by his own act, prevents 'intercourse' from having its natural consequence in the passage of 'the male seed into the body of the woman'.¹⁵ The husband in this case effected by the operation the same

⁵⁷ Cowen v Cowen. Court of Appeal 16 July 1945 (unreported) <westlaw.co.uk.> [accessed 1 February 2013].

result as could have been effected by the use of a contraceptive on each successive act of intercourse. The appeal judges concluded that by his act in having surgery, he had rendered himself incapable of effecting consummation by reason of a structural defect which he had himself brought about in his organs of generation'.⁵⁸

6.7 Baxter v Baxter 1947 ⁵⁹

The facts of the case of Baxter v Baxter were that the parties were married in 1934 and lived together for 10 years until the husband left his wife in 1944. According to the husband's evidence the marriage was unhappy because his wife, determined not to become pregnant, insisted that intercourse could only take place if the husband used a sheath and that he would have been unable to have sexual intercourse at all if he had refused to do so, but that he constantly pleaded with her throughout the ten years they were together to have intercourse in the natural way.

The arguments in this appeal centred on whether it was necessary for the consummation of a marriage for penetrative intercourse with emission of semen to have taken place. If a sheath prevented the emission of semen, then, following Cowen v Cowen the marriage was not consummated but if the sheath had a hole or was ruptured then the marriage could be considered to be consummated. The use of a douche or spermicidal which would operate after the sexual act was completed would thus not affect consummation. The use of a cap or mechanical pessary would thus not affect penetrative intercourse or emission of semen but would operate after the sexual act to prevent passage of the semen into the uterus and inhibit fertilisation. The marriage would thus be consummated.

The court decided that the husband, the petitioner, was not entitled to a decree of nullity on the grounds of non consummation. The petitioner appealed but the Court of Appeal agreed with the lower court. The Court of Appeal however appealed to the House of Lords who overruled the judgement in the case of Cowen v Cowen and in quoting Lord Stair's *Institutions*:

so then, it is not the consent of marriage as it relateth to the procreation of children that is requisite; for it may consist, though the woman be far beyond that date; but it is the consent, whereby ariseth that conjugal society, which may have the conjunction of bodies as well as of minds, as the general end of the institution of marriage, is the solace and satisfaction of man,⁶⁰

⁵⁸ Jeffcoat v Jeffcoat. Court of Appeal 23 May 1947 (unreported) <westlaw.co.uk.> [accessed 1 February 2013].

⁵⁹ Baxter v Baxter [1948] A.C. 274

⁶⁰ Lord Stair's *Institutions*, 1681 edn book I., tit. 4, para. 6. Quoted in Baxter v Baxter.

concluded that the husband was not entitled to a decree of nullity on the ground that his wife had wilfully refused to consummate the marriage, since a marriage may be consummated within the meaning of s.7, sub-s.1 (a) of the Matrimonial Causes Act, 1937, although artificial methods of contraception are used. What the Law Lords, at the time, in 1948, did not, and could not, comment upon was how the procurement of sterility, whether temporary or permanent, by a drug taken orally would be viewed.

6.8 Medical Defence Union advice on contraception and sterilisation

The issue of both male and female sterilisation continued to provide the legal profession with much interest. The Medical Defence Union in 1969 advised that it would appear that many surgeons did not realise that vasoligation should not be carried out under the National Health Service unless there was a medical indication for the operation. They further considered that there was no distinction between men and women regarding sterilisation under the NHS, the operation could be carried out under the NHS, in either case if it was required to protect the physical or mental health of the patient.⁶¹ The legal status of sterilisation having been clarified in 1960 with the view that sterilisation was not unlawful, whether performed for therapeutic or eugenic reasons, provided there was full and valid consent from the patient. The caveat for the law of Scotland being that the operation must be performed 'by a responsible surgeon for a reason substantial and not immoral by present-day standards'.⁶² Only in 1970 did the Secretary of State for Social Services empower the medical profession to perform, under the NHS, vasectomy operations in the interests of the health of either husband or wife.⁶³ There was however no provision for a man to be sterilised as a contraceptive measure.

The practice of some general practitioners requiring the written consent of husbands before prescribing the oral contraceptive pill in the 1960s, on the other hand, was considered a feudal practice⁶⁴ but was based on Medical Defence Union counsel's advice which held that a man had a legal right to the opportunity of having children by his wife. In the case of the contraceptive pill, there was considered to be less risk of liability on the part of the doctor, for it cannot be said (as it can in the cases of sterilisation and of the intra-uterine device) that it is the doctor who commits the final act of human agency which makes conception impossible.⁶⁵ Interestingly the wives of service personnel, at least until the mid

⁶¹ P.H. Addison, 'Voluntary Sterilisation', *British Medical Journal*, 4.5684 (1969), p. 690.

⁶² 'Legality of Sterilization', *British Medical Journal*, 1.5698 (1970), pp. 704-705.

⁶³ Hansard Deb 30 April 1970 vol 800 cc393-4W Vasectomy and Family Planning

⁶⁴ Hansard Deb 20 June 1966 vol 730 cc26-7

⁶⁵ Annual Report, Medical Defence Union, 1966.

1980s, required the consent of their husband if they wished to have an IUCD. Some military wives based in Germany elected to travel back to the UK specifically to attend family planning clinics in order to have an IUCD fitted 'rather than suffer the humiliation of being regarded as their husband's chattel'.⁶⁶

6.9 Conclusion

Unlike in the United States where Margaret Sanger was arrested for opening a birth control clinic in 1916, there was no law in Scotland which could forestall the introduction of family planning clinics. There was no legal impediment to the use, sale or manufacture of contraceptives in Scotland, nor was there any restriction in the advertising of contraceptives nor the dissemination of birth control literature provided the terms of the Burgh Police (Scotland) Act 1892, s30 were obeyed. As has been seen, some of the clinics in the major centres of population in Scotland arose initially as philanthropic ventures, whilst politicians initially obstructed then obfuscated. The legal profession have, from earliest times, sought to comment on the issues of contraception, sterilisation and abortion by defining that which is or is not obscene, what the purpose of marriage is and what defines consummation of marriage.

Kalsem⁶⁷ quoted earlier, has commented, in relation to advocacy of birth control, that 'the threat of being charged with obscenity and immorality, whether in a legal indictment, a literary review, or the court of public opinion, effectively silenced much public discourse on this important and pressing social issue', yet, fortunately not all were prepared to be censored or censured. As has been seen, advocates of birth control like Marie Stopes and Bradlaugh and Besant courted publicity through the courts and legal process. The opposition, like Dr Halliday Sutherland, a convert to Roman Catholicism, were, however, not to be silenced in their public opposition to the promotion of birth control

The next chapter will consider how the medical profession moved from eschewing the promotion of contraceptive advice to embracing the practice, albeit for financial reward.

⁶⁶ Interview EW 2 November 2009

⁶⁷ Kalsem, 'Law, Literature, and Libel', p. 534.

Chapter Seven: The Medical Profession

Introduction

In this period under study the medical profession did not consider, at least at the start, that offering birth control advice was in any way part of their duties or responsibilities or indeed sphere of interest. It would be wrong to categorise the profession's view as being obdurate, indeed as a profession they did not have a collective view. They took their lead from the attitudes of society but in no way were they leaders. What changed the profession's attitudes is the subject of this chapter.

The churches voiced opposition in principle and the moralists promoted the view that practising contraception was deleterious to health. Leathard considers in *Fight for Family Planning*, that however interested the general public may have been to discover that family limitation was only reading a pamphlet away, the medical profession remained unconvinced. Indeed she feels that medical opinion was founded on ignorance.¹ She further considers that Place's accoucheurs must have been a dying or silent breed as 'medical men shied away from giving any possible place to birth control.'²

7.1 The Victorian era.

A meeting of the Dialectical in London, a society where 'ladies and gentlemen discuss together the "most delicate subjects"', reported in the *BMJ* of 1 August 1868, pondered the subject of overpopulation. Lord Amberley, Bertrand Russell's father considered that he was a convert to Malthus and that the only alternative to overpopulation and poverty was small families which he considered essentially was a medical question as to how this could be accomplished without injury to health. This society looked to France for the model of families of two or three children, yet the *BMJ* castigated the views of the Dialectical:

We believe that our profession will repudiate with indignation and disgust such functions as these gentlemen wish to assign to it.³

No comment however was made of the fact that 'various ladies gave their opinions'.⁴

¹A. Leathard, *The Fight for Family Planning. The Development of Family Planning Services in Britain 1921-74* (London: Palgrave Macmillan, 1980), p. 22.

² Leathard, *The Fight for Family Planning*, p. 142.

³ 'Social Dialectics', *British Medical Journal*, 2.396 (1868), p. 113.

⁴ 'Social Dialectics', p. 113.

The *BMJ* was anxious to clarify the position of the profession in these matters and a number of medical authors were lauded as honourable for clarifying that they were not disposed to remain connected with a Society [Dialectical] which:

Gravely discusses the propriety of assigning to medical men the intimated function of teaching females how to indulge their passions and limit their families.⁵

In the following year, 1869, the *BMJ* continued to attack suggestions:

Publically made, and apparently emanating from high authority, that its members should lend themselves to some scheme of limiting the numbers of children born into families.⁶

The Bradlaugh-Besant trial of 1877 was little remarked on by the medical press. Dr C. H. Routh however, a senior physician to the Samaritan Hospital for Women and Children and not an advocate of contraception, but who recognised that some in the profession were, and whom he criticised because of the perceived risk to health. Routh attributed metritis, leucorrhoea, menorrhagia, hysteralgia, ovaritis, sterility, mania and nymphomania to the use of 'sexual fraudulency' by women. In an address to the Obstetrical Section of the British Medical Association in 1878, he advised listeners that their obligation was not only to the sick but to healthy virtuous women.⁷

He stated:

we were credibly informed that [uterine stems] were used by ladies of high position and continually worn by them with a view to prevent conception ... to find them placed in proper position and with this intent implies the assistance of a person of some skill, and shows to what a degree of degradation some men have fallen. The question presents itself, who put them there? ⁸

In 1887 Dr Henry Allbutt appeared before the Fellows of the Royal College of Physicians of Edinburgh and subsequently his name was erased from the Medical Register for infamous conduct. He was a member of the medical branch of the Malthusian League and had published in 1885 a simply worded low cost booklet, *The Wife's Handbook*, priced at sixpence, and thus widely available. As well as useful information on general hygiene, *The Wife's Handbook* included advice on the use of the condom, douche and Mensinga

⁵ 'Social Dialectics', p. 141.

⁶ T.E. Beatty, 'Address in Midwifery, Delivered at the Thirty-seventh Annual Meeting of the British Medical Association', *British Medical Journal*, 2.449 (1869), pp. 141-142.

⁷ R.A. Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill: University of North Carolina Press, 1982), p. 113.

⁸ Charles Henry Routh, *The Moral and Physical Evils Likely to Follow if Practices Intended to Act as Checks to Population be not Strongly Discouraged and Condemned* (London, 1879). Quoted in Soloway, *Birth Control*, p. 113.

diaphragm. Unfortunately his crime in the view of the medical establishment in the form of the GMC was to have caused his work to be sold, 'at so low a price, as to bring the work within the reach of the youth of both sexes, to the detriment of public morals'.⁹

The *BMJ* considered that Dr Allbutt 'might have ventilated his views without let or hindrance ... had he been content to address them to medical men instead of to the public'.¹⁰ Perhaps as a result of the endeavours of the GMC other physicians were dissuaded from publicly defending contraception, but the notoriety of the case ensured that *The Wife's Handbook* sold by the hundreds of thousands.¹¹

The Lancet in 1896 described the increasing practice of preventing conception as 'A Horrible Trade' and berated the "'medical men" [who] are in the habit of teaching their clients how to commit this sin against physiology'. *The Lancet* further considered that:

the practice of restricting the birth of children may become widespread, but it can never become universal. The improvident, the unstable and the vicious will continue to propagate as before ...¹²

7.2 The twentieth century

McLaren considers that the turn of the century saw no change in the medical profession's attitude towards contraception and that vehement protestations, notably by members of the British Gynaecological Society, opposed a practice considered 'to sap the strength of the nation'.¹³ Yet it was noted that the clergy, teachers, military officers, bankers, lawyers and members of the medical profession had smaller families compared to other sectors of the population which may have merely been due to abstinence, or indeed deliberate limitation. This however did not mean that the medical profession had any expertise in discussing methods of contraception per se nor ambition to learn. Indeed some members of the BMA considered that:

the advertisement and sale of such appliances and substances, as well as the publication and dissemination of literature relating [to contraceptives] thereto should be made a penal offence.¹⁴

⁹ Minutes of the General Medical Council for 1887 (1888), pp. 316-317. Quoted in P. Fryer, *The Birth Controllers* (London: Corgi Books, 1967), p. 189

¹⁰ 'H.A. Allbutt v. The General Medical Council', *British Medical Journal*, 2.1489 (1889), p. 88.

¹¹ A. McLaren, *Birth Control in Nineteenth Century England* (London: Croom Helm, 1978), p. 133.

¹² 'The Wail of a French Philanthropist', *The Lancet*, 147.3783 (1896), pp. 564-565.

¹³ McLaren, *Birth Control in Nineteenth Century England*, p. 133.

¹⁴ South Western Branch, 'Association Notices', *British Medical Journal*, 1.2307 (1905), pp. S109-S110.

The National Birth Rate Commission ¹⁵ of 1914, which reported in 1916, found evidence that doctors were advising on family spacing and that 'plummeting fertility was a consequence of the wilful curtailment of conception by married couples'.¹⁶

The Lancet in 1917 further considered that the assumed efficacy of contraception amongst the higher orders was unproven and that, as the appreciation of art, literature and the sciences descended the social scale, so too would the need for physical gratification be diminished and consequently the birth rate amongst the less wealthy classes would reduce.¹⁷

Yet Marie Stopes and Margaret Sanger hoped to enlist the help of the medical profession in promoting their ideals of birth control but in this aim they were singularly unsuccessful. Marie Stopes' *Married Love* ¹⁸ published in 1918 was joined by similar marriage guidance and birth control manuals, some written by clergymen and some by doctors, yet the medical profession were never at the forefront of the birth control movement.¹⁹

In raising the issue of the practice of birth control, Lord Dawson of Penn, the King's physician, drew attention to the public's desire and expectation that the medical profession could offer an opinion on the relative merits of different methods, lest the public be driven into the hands of the less scrupulous, and he acknowledged that 'contrary to the public's impression, the doctors were not familiar with the scientific aspects of the subject'.²⁰ *The Lancet*, however, in the same year, 1921, conceded that few medical teachers offered any instruction to students but considered that the qualified doctor should be able to discuss the arguments for and against the use of contraceptives and of the 'relative degree of nervous wreckage to be anticipated from the use of any one method'.²¹ After puberty 'sexual aim

¹⁵ National Birth-Rate Commission National Council of Public Morals, *The Declining Birth-Rate. Its Causes and Effect, being the Report of the chief evidence taken by the National Birth-Rate Commission, instituted with official recognition, by the National Council of Public Morals- for the Promotion of Race Regeneration-Spiritual, Moral and Physical* (London: Chapman and Hall, 1916), pp. 20-21.

¹⁶ R.A. Soloway, 'Neo-Mathusians, Eugenists, and the Declining Birth-Rate in England, 1900-1918', *Albion. A Quarterly Journal Concerned with British Studies*, 10.3 (1978), p. 269.

¹⁷ 'Annotations. Birth Control', *The Lancet*, 190.4902 (1917), pp. 207-208.

¹⁸ M. Stopes, *Married Love or Love in Marriage* (New York: The Critic and Guide Company, 1918).

¹⁹ J.A. Banks *Prosperity and Parenthood a Study of Family Planning Among the Victorian Middle Classes* (London: Routledge & Kegan Paul, 1954), p.150 lists the following books and articles: R.T. Trall *Sexual Physiology* (New York, 1895); Anon *Valuable Hints* (1866); Anon *The Power and Duty of Parents to Limit the Number of their Children* (1868); M.G.H. *Poverty its Cause and Cure* (London: 1875); A. Holyoake *Large or Small Families?* (1871); Oedipus (Dr Haslam) *The Marriage Problem*; M. Cookson, 'The Morality of Married Life', *Fortnightly Review* (1872). See R. Jütte *Contraception a History* (Cambridge: Polity Press, 2008), p.117-134 for a more detailed account.

²⁰ 'Methods of Contraception', *The Lancet*, 198.5122 (1921), pp. 914-915.

²¹ 'One Aspect of Birth Control', *The Lancet*, 197.5091 (1921), p. 677.

was considered to be fixed in the central nervous system’²² and addressing the gap in birth control knowledge required a joint meeting of gynaecologists and neurologists.²³ Young doctors were considered not competent to discuss the merits and demerits of the social and domestic consequences of advocating abstinence in married couples who for economic or medical reasons should not produce large numbers of children.²⁴

Marie Stopes sent out questionnaires to doctors in the autumn of 1922 and the 128 responses reflected deep division within the profession. A surgeon in Stockport apparently considered her writings, ‘more in the interest of pornography than science’ whilst a doctor in London congratulated her on ‘doing a public service’.²⁵

Banks, in *Prosperity and Parenthood*,²⁶ has characterised the general movement in birth control opinion as follows. He feels that the awakening of birth control propaganda began to have influence in the 1860s with journal articles written by Charles Bradlaugh and George Drysdale, many reprinted in pamphlet form to reach a wider audience. Family limitation, however, as far as the middle classes were concerned, was not an immediate problem, due to rapid expansion of income and standard of living, although some were undoubtedly practising it. The Bradlaugh-Besant trial of 1877 was seen as a catalyst, at a time when the middle classes were finding it increasingly difficult to maintain the differential standards to which they had become accustomed. His theory was that the trial had shed light on an issue which had rapidly become a conviction behind the scenes. There was recognition that the working classes bred more rapidly, but Dr Charles Drysdale, Founder and President of the Malthusian League felt that to some employers this was of benefit if it ensured a ready supply of labour. The wealthy did not want their poorer neighbours to imitate them in limiting the size of their families.²⁷

Contraception published by Stopes in 1923, was considered to have challenged the medical profession more than *Married Love* as it was viewed as a threat to their authority and Geppert thinks that this was symptomatic of the professionalism of medicine and

²² ‘Sexual Reform’, *The Lancet*, 198.5130 (1921), p. 1336.

²³ ‘Methods of Contraception’, *The Lancet*, 198.5122 (1921), p. 915.

²⁴ Annotations, ‘Teaching on Contraception in Medical Schools’, *The Lancet*, 204.5283 (1924), p. 1137.

²⁵ J. Rose, *Marie Stopes and the Sexual Revolution* (Stroud: Tempus, 2007), pp. 209-210

²⁶ J.A. Banks *Prosperity and Parenthood a Study of Family Planning Among the Victorian Middle Classes* (London: Routledge & Kegan Paul, 1954), pp. 149-150.

²⁷ C. Drysdale, ‘The Malthusian Theory of Population. A Reply to “Statistics Versus Malthus”’, *The Westminster Review* January (1889), pp. 571-572.

served to medicalise birth control.^{28,29} As we shall see however medicalisation of birth control took longer to achieve.

7.3 Medical and Social imperatives - 1926

Norman Haire in addressing the Neo-Malthusian and Birth Control Conference of 1922, attended by ‘over a hundred medical men and women, including distinguished Harley Street consultants and medical officers of health’, commented that abstention led to ‘severe psychical if not physical symptoms’, and that no artificial method was perfect and that ‘safe period’ intercourse was unreliable, not least because no temporal relationship had been made between ovulation and menstruation, at this time.³⁰ Indeed the mid-cycle was considered safe. Haire favoured the Dutch cap³¹ and argued through the correspondence columns of *The Lancet*, with Marie Stopes who advocated the occlusive rubber cap,³² denigrating her lack of medical qualification and the fact that many of the women attending the Birth Control clinic were examined and treated ‘only’ by a nurse.³³ Haire commented, ‘I have no desire to enter, through your columns, into controversies on medical subjects with non medical persons’.³⁴

Meanwhile other correspondents were claiming that contraception *was* a branch of medicine and that it must be studied in the same way as any other branch of medicine, ‘otherwise it deteriorate into quackery’.³⁵ This thus heralded the first signs of the profession staking claim to the subject of birth control.

Unfortunately there was no consensus. Dr H.P. Newsholme, of Croydon, in 1926, considered that the benefit to children of growing up with siblings born at close intervals was more than they would lose from ‘physical privations’ of being a financial burden on the family. In addition he considered that artificial birth control might cause irreparable harm by changing attitudes between husbands and wives.³⁶ On moving to Birmingham, in 1927, to become MOH he ‘adopted a negative stance in establishing municipal family planning clinics and used the threat of dismissal to keep [their] staff in line’, and called for

²⁸ M.C. Stopes, *Contraception (Birth Control). Its Theory, History and Practice. A Manual for the Medical and Legal Professions* (London: J. Bale, sons & Danielsson, 1923).

²⁹ A.C. Geppert, 'Divine Sex, Happy Marriage, Regenerated Nation. Marie Stopes' Marital Manual *Married Love* and the Making of a Best-Seller, 1918-1955', *Journal of the History of Sexuality*, 8.3 (1998), p. 395.

³⁰ 'Neo-Malthusian and Birth Control Conference', *The Lancet*, 200.5160 (1922), p. 195

³¹ The diaphragm, a form of occlusive cap forms a physical barrier to the passage of sperm by being placed over the cervix and occluding the cervical canal. The latex rubber Mensinga was invented in 1882.

³² This form of high domed occlusive cap is designed to fit closely over the cervix

³³ N. Haire, 'Clinic Experience in Contraception', *The Lancet*, 200.5164 (1922), p. 419.

³⁴ Haire, 'Clinic Experience', p. 588.

³⁵ E.A. Rout, 'Clinic Experience in Contraception', *The Lancet*, 200.5164 (1922), p. 419.

³⁶ 'Birth Control Instruction by Public Authorities', *The Lancet*, 208.5385 (1926), pp. 1018-1019.

the resignation of Dr Clara Macirone as Catholic clergy discouraged Catholic mothers from attending the clinic at which Dr Macirone worked.³⁷

The medical profession slowly began to recognise that 'for want of proper teaching the public had to go to "popular books"', some of which were said to have been written in 'an erotic vein,' or the public would seek help from birth control clinics and be 'counselled by non medical persons'.³⁸ Yet there began to be an acceptance, in some quarters, that birth control might be a necessity on medical grounds and, in a few cases, expedient on economic grounds, once again raising the eugenic argument. If birth control could 'ensure the elimination only of the unfit, the wasters and the degenerates, something might be said for it'.³⁹ Marie Stopes however vehemently disagreed with some doctors who promoted the 'safe period', since it was acknowledged that there was no understanding of the timing of such a safe period and in addition she considered restrictions on timing of coitus were 'barbarous and immoral'.⁴⁰

As was discussed in Chapter Five, in 1926, Mr Ernest Thurtle MP introduced a bill into Parliament which would have 'empowered local authorities to incur expenditure, when expedient, in conveying knowledge of birth control methods to married women who desired it'.⁴¹ Dr Fairfield, co-author of *Medical Views on Birth Control*, nonetheless considered that, if economic conditions were considered justification for providing advice on conception control, then that decision as to whether a woman should, or should not, receive such advice should not rest solely with a member of the medical profession and that if birth control was to be considered a legitimate remedy for poverty then the deciding word should be with the patient.⁴² However, in 1926, there was still no general medical consensus regarding birth control unless the woman was unfit for pregnancy or had a hereditary disease, but economic distress was of itself insufficient justification for practising birth control, especially as the use of contraceptive methods were considered harmful.⁴³ The acceptability of contraception was thus becoming within the sphere of doctors as it was considered appropriate if infirmity could be demonstrated.

³⁷ M. Niemi, *Public Health and Municipal Policy Making Britain and Sweden, 1900-1940* (Aldershot, England: Ashgate, 2007), p. 93.

³⁸ A.E Giles, 'An Address on the Need for Medical Teaching on Birth Control', *The Lancet*, 209.5395 (1927), pp. 165-166.

³⁹ Giles, 'An Address', p. 167.

⁴⁰ Marie C. Stopes, 'Medical Teaching on Birth Control', *The Lancet*, 209.5396 (1927), p. 259.

⁴¹ Hansard HC Deb 09 February 1926 vol 191 cc 849-57 849 Thurtle, 'Local Authorities (Birth Control)

⁴² L. Fairfield, 'The State and Birth Control,' in *Medical Views on Birth Control*, ed. J. Marchant, (London: M. Hopkinson, 1926), p. 118

⁴³ Marchant, *Medical Views on Birth Control*, p. 115.

7.4 Beginnings of acceptance - 1927

From the medical officers of the Maternity and Child Welfare clinics on the other hand there was a considerable body of support for the promotion of birth control. These doctors considered that the fitting of contraceptives, in suitable cases, *was* medical treatment and that there was resentment of an apparent restriction in their professional dealings with patients. But there was not unanimity in the ranks of Medical Officers of Health some of whom were opposed to the teaching of birth control in any form.⁴⁴

The interest generated by the 1926 publication *Medical Views on Birth Control* exemplified the differing medical and social imperatives on this matter. In addition, the correspondence in the medical journals on the subject, and methods employed in birth control, and the recognition that birth control was being practised, 'by a large number of married people of all classes' encouraged the formation of the Birth Control Investigation Committee, composed of scientific workers, members of the medical profession, lay workers and interested parties in 1927. The members of the committee were considered to be united in the realisation that the practice of birth control had become widespread and that the scientific problems raised could not be ignored.⁴⁵

The annual report of 1927 of the Walworth centre for the Provision of Birth Control, run by Marie Stopes provided a statistical summary of the activities of each affiliated clinic, including that in Glasgow. The medical practitioners of these clinics were providing treatment 'in the interests of social welfare and for the relief of poverty', that is, taking account of poor housing and poverty as justification for providing advice on birth control on request. The Society were thus considered to be serving both a social and medically useful purpose. Marie Stopes recognised that well-to-do women could find it easy enough to obtain advice on birth control methods from their doctors, but that poor women were at the mercy of the ignorance and the prejudice of many in the medical profession. The incentive to show any interest in birth control thus remained with those doctors who had wealthy clients. The majority of the committee of the Aberdeen centre, which was affiliated to Marie Stopes' organisation, on the other hand considered that medical grounds and a recommendation from a medical practitioner were pre requisites for the provision of birth control advice. Accordingly the Aberdeen centre was 'erased from the roll of centres affiliated to the Society for the Provision of Birth Control Clinics'. Interestingly *The*

⁴⁴ Marchant, *Medical Views on Birth Control*, p. 112.

⁴⁵ H. Rolleston, 'The Birth Control Investigation Committee', *The Lancet*, 210.5435 (1927), p. 944.

Lancet, by this time, was now acknowledging that these clinics served a useful social purpose.⁴⁶

The Glasgow Society for Equal Citizenship and the Glasgow Women's Citizens Association⁴⁷ in a conference in 1929 entitled 'Problems of Population' concluded that necessitous family limitation had been practised by the professional and artisan classes but was not being practised to the same extent in the poorest and unskilled labouring classes. Furthermore, although working women had no access to a general practitioner they did have access to infant welfare clinics where special sessions could be held to offer advice to mothers. Dr Maeve Marwick who was later to open the Mother's Welfare Clinic in Edinburgh and who was the first lecturer in family planning to be appointed at the University of Edinburgh considered that 'it was common justice that a woman should have the right to decide the question of motherhood for herself'.⁴⁸

7.5 Medicalisation of Birth Control

The increasing medicalisation of birth control advice was enhanced by the proposition from Dr Gräfenberg that the insertion into the body of the uterus of a small spiral ring could provide effective contraception for a year. Gräfenberg considered that endometrial hypertrophy consequent on the insertion of a foreign body prevented successful implantation of a fertilised ovum, whereas Russian commentators considered that physico-chemical changes in the endometrium prevented fertilisation of the ovum.⁴⁹ Increasingly medical officers at birth control clinics advocated that a regular vaginal speculum examination be undertaken before a particular method was recommended since this would make the difference between a 'scientific and philanthropic approach' to contraception.⁵⁰

As discussed in the chapter on religion, the established Church of Scotland and the Free Church and Free Presbyterian Church remained vehemently opposed to birth control regarding the practice as wrong and degrading, and in a Papal Encyclical in 1930⁵¹ Pius XI reminded Catholics of the 1917 Canon Law which holds that the secondary end of marriage was 'allaying concupiscence'.⁵² In Dundee, however, Roman Catholics were

⁴⁶ 'Birth Control Clinics', *The Lancet*, 210.5444 (1927), p. 1400.

⁴⁷ E. Breitenbach and V. Wright, 'Women as Active Citizens. Glasgow and Edinburgh c. 1918-1939', *Women's History Review*, 23.3 (2014), p. 404. Active women's organisations in Glasgow in inter-war years.

⁴⁸ 'Social Problems. Women's Conference', *The Glasgow Herald*, 14 October 1929, p. 7.

⁴⁹ 'The Technique of Birth Control', *The Lancet*, 214.5534 (1929), p. 623.

⁵⁰ 'The Technique of Birth Control', p. 623.

⁵¹ Pope Pius XI in his encyclical of 1930, *Casti Connubii* reiterated the Catholic prohibition on artificial methods of contraception.

⁵² 'Birth Control in Modern Life. Debate at the Hunterian Society 18 November, 1935', *British Medical Journal*, 2.3907 (1935), pp. 1009-1010.

advised to boycott a mother's welfare advisory clinic sponsored by the Dundee branch of the BMA and the BMA was condemned as a 'Menace to Mothers'.⁵³ Yet the use of contraceptives was by some now considered to be an established practice among all classes in the country and those who were most active in its propagation (if one may use such a word in this connexion) were considered to act from the highest motives.

By 1930 it was recognised though that a profound change in the public attitude to the question of birth control had taken place and that increasing demands were being made to the Ministry of Health to remove the embargo against birth control advice being provided at municipal antenatal clinics.

The conference on birth control organised by the National Union of Societies for Equal Citizenship, the Society for the Provision of Birth Control Clinics, the Women's National Liberal Federation, and the Workers' Birth Control Group held at Central Hall, Westminster in April 1930, considered the following issues:

(1) Were there any medical grounds on which married people needed information on birth control? (2) Had they a right to it? (3) Were the public authorities the people who should supply it?

The resolution at the conclusion of the conference called for 'making available medical information on methods of birth control to married people on medical grounds or who ask for it' making quite explicit that a request for information, not medical necessity, was sufficient grounds for the information to be provided.⁵⁴

Yet the President of the League of National Life, Dr F.J. McCann stressed the harmfulness of contraceptive practices, as the objects of the League were to combat the theory and practice of contraception and to oppose any state or municipal assistance for the promotion of contraception. Nevertheless their views were discredited as there remained no clinical evidence that birth control was injurious to health.⁵⁵

The medical profession were nonetheless berated in *The Lancet* article reviewing *The Cost of English Morals*⁵⁶ as timidly following behind an advance guard of lay opinion in relation to problems of sexual physiology, sex education, birth control and abortion:

⁵³ 'Menace to Mothers', *Daily Record*, 5 October 1936.

⁵⁴ 'Conference on Birth Control. The Giving of Information by Public Authorities.', *The Lancet*, 215.5563 (1930), p. 830.

⁵⁵ 'Birth Control', *The Lancet*, 216.5577 (1930), pp. 147-148.

⁵⁶ J. Chance, *The Cost of English Morals* (London: Douglas, 1931).

To the lay observer the outlook of the medical profession sometimes exhibits a puzzling mixture of realism and conventionalism, of originality and orthodoxy, of courage and timidity.⁵⁷

The Lancet nevertheless at least acknowledged the increasing public interest in family limitation, in part due to the views of prominent members of the clergy and some of the judiciary.⁵⁸ There was acceptance that there was no absolutely reliable, foolproof, method of contraception which was free of risk and that surgical sterilisation involved the hazard attendant on a laparotomy and termination of pregnancy involved considerable threat, although recent evidence from Russia where abortions were undertaken at the wish of patient, in state hospitals, on a not for profit basis by surgeons, suggested the contrary.⁵⁹ Mr Justice McCardie however in trying a series of criminal abortion cases in Leeds Assizes in the winter of 1931 made a controversial statement in favour of legislation permitting abortion:

The accused was only trying to help [the mother] ... I express the view clearly that in my opinion the law of abortion as it exists ought to be substantially modified ... I cannot think it right that a woman should be forced to bear a child against her will.⁶⁰

In November, 1932 James Young, an Obstetrician and Gynaecologist at Edinburgh Royal Infirmary and president of the Edinburgh Obstetrical Society, delivered a British Medical Association lecture on the medical profession and birth control. He commented that the medical profession had been criticised for remaining outside a movement, which had promoted the intentional restriction of fertility, which was 'changing the whole fabric of the State'.⁶¹ He stated, in the profession's defence, that the difficulty of formulating clear policies, 'the taboo on discussing sex, the attitude of the Churches, the variance of views amongst sociologists and economists' had 'all naturally militated against organised medicine being in a position to make a pronouncement on some of the most important national and propagandist aspects of the [birth control] movement'.⁶² He further felt that it was up to the State to formulate a policy which would be generally acceptable, rather than 'expect the doctor to engage in the polemics of the movement'. He however viewed it as paradoxical that, whilst the profession remained aloof 'from the overt concerns of birth

⁵⁷ 'The Cost of English Morals', *The Lancet*, 219.5656 (1932), p. 198.

⁵⁸ F. Cook, 'Surgical Aspects of Birth Control', *The Lancet*, 218.5651 (1931), pp. 1380-1381.

⁵⁹ N. Haire, 'Surgical Aspects of Birth Control', *The Lancet*, 218.5652 (1931), pp. 1433-1434.

⁶⁰ K. Hindell and M. Simms, *Abortion Law Reformed* (London: Owen, 1971), pp. 66-67.

⁶¹ J. Young, 'The Medical Profession and Birth Control', *British Medical Journal*, 1.3762 (1933), p. 213.

⁶² Young, 'The Medical Profession', p. 213

control', that intentional birth restriction was being practised by the profession.⁶³ He further mused that those in the community seeking to practice birth control, which required knowledge of anatomy and physiology, should rightly look to the profession to offer expert guidance. He dismissed the idea that birth control should not come within the sphere of a doctor, unless in the 'presence of authentic medical conditions' as failing to recognise that 'all matters which involve the health of an individual or the community must necessarily be the doctor's concern'.⁶⁴ James Young was thus calling for a 'health service', health care for individuals and for doctors to have concerns for the health of the community.

The giving of contraceptive, advice in the 1930s for example, was still held to depend largely on the views of the individual practitioner and *Eden and Lockyer's Textbook of Gynaecology* published in 1935 considered that:

It is hardly necessary to state that he [the practitioner] should not associate himself with the practice of contraception based purely on social grounds. As in the case of a newly married couple who wish to prevent pregnancy because of financial considerations or in the case of a middle aged married woman to whom a pregnancy might be an 'inconvenience'.⁶⁵

7.6 Maternal Mortality

Maternal mortality figures from Edinburgh Royal Maternity Hospital, Glasgow Royal Maternity Hospital and East Maternity Hospital, London presented by Dr James Young, in an address to the Organisation and Administration of Maternity Hospitals in 1932 (Fig. 7.1) highlighted marked discrepancies in maternal mortality figures, and although local factors in the case of the Scottish Hospitals such as a concentration of abnormal and difficult maternity cases would have contributed in part to the discrepancies, Dr Young concluded that 'when the domestic midwifery service and service for the supervision of pregnancy were sound, the hospital death rate was small', the inference being the urgent need for revision of maternity methods and wider availability of adequate family planning instruction and methods to those wishing such advice.⁶⁶

⁶³ Young, 'The Medical Profession', p. 213.

⁶⁴ Young, 'The Medical Profession', p. 214.

⁶⁵ H.B. Whitehouse, *Eden and Lockyer's Gynaecology for Students and Practitioners* 4th edn (London : J. & A. Churchill: 1935), p. 210.

⁶⁶ 'Scotland. Maternity Hospital Death Rates', *The Lancet*, 219.5662 (1932), pp. 534-535.

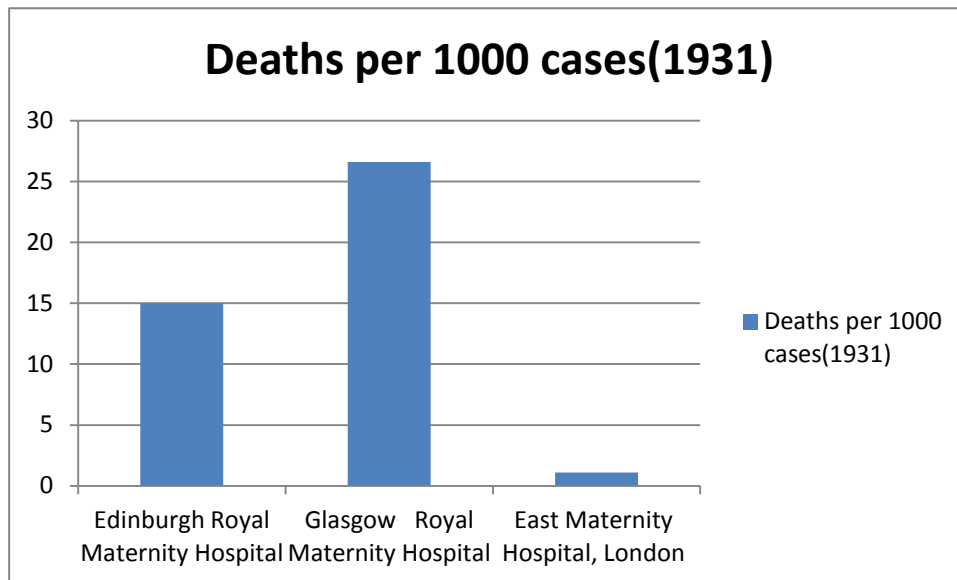


Fig. 7.1 Maternal Mortality 1931

Unfortunately the maternal mortality for Scotland continued to rise year on year in part due to the increasing death rate from abortions, both ‘illegal’ and ‘therapeutic’, no doubt due in part to the increasing numbers of unwanted pregnancies.⁶⁷ However the death rate in hospital in Glasgow was steadily falling. Dugald Baird in an analysis of 999 fatal cases in Glasgow between 1925 and 1934 showed that the death rate fell from toxæmia and sepsis.⁶⁸ He considered however that multiparity, poor housing, poverty and lack of antenatal care were contributory factors, but that in nine per cent of the fatal cases pregnancy had been a grave risk ‘which the patient should not have been allowed to take’. He further stated that sterilisation or contraception were indicated but most of the impoverished patients could not purchase contraceptive material and that the local authority in Glasgow provided no birth control clinics. Dame Louise McIlroy, in her Presidential address to the Royal Institute of Public Health and the Institute of Hygiene, held in Edinburgh in 1936, in considering abortion vis a vis birth control, felt that birth control was the lesser of the two evils.⁶⁹

7.7 Ambivalence to Birth Control

In an attempt to provide information for the general public on the problems of adolescence and the adjustments required by persons of either sex who contemplated marriage, the British Social Hygiene Council, previously known as the National Society for Combating Venereal Diseases, published a handbook entitled *Preparation for Marriage* in 1932,

⁶⁷ E. Holland, 'Maternal Mortality', *The Lancet*, 225.5826 (1935), p. 973.

⁶⁸ D. Baird, 'Maternal Mortality in Hospital. A Review of 999 Fatal Cases in the Glasgow Royal Maternity and Women's Hospital During Ten Years, 1925-34', *The Lancet*, 227.5867 (1936), p. 298.

⁶⁹ 'Public Health Congress in Edinburgh', *The Lancet*, 227.5884 (1936), p. 1322.

prepared by a special committee on behalf of that organisation, which included chapters on sexual intercourse, adjustment in marriage, fertility and sterility and birth control.⁷⁰ Nonetheless the organisation had to defend itself through the columns of *The Lancet* against the accusation that it was offering approval of artificial birth control, their defence being that 'in the event of an individual requesting advice on methods they would be referred to the medical profession',⁷¹ but as will be shown such a referral would often be of no benefit to the patient.

There were undoubtedly, some enthusiasts, amongst general practitioners who offered premarital instruction and practised audit. One such small study, presented in 1933 at a medical conference on contraception by Dr E. Griffith, revealed forty-one per cent dissatisfaction with the method of contraception used and fifty two per cent were indifferent. Fifty two per cent admitted to practising *coitus interruptus*. The author of this study proposed that the sale of contraceptives be prohibited, except on the recommendation of a medical practitioner, and that rational birth control was preventative medicine in the same way as antenatal and postnatal work and that the profession should make themselves proficient in the techniques of birth control and 'no longer shut its eyes to the problem'.⁷² The attitude of the medical profession was considered to vary, by and large, due to the age of the practitioner. The older practitioner being characterised as unsure of his attitude towards the morality of birth control, but he appears also doubtful as to whether his limited experience justifies him in recommending particular techniques or apparatus. He is seen to vacillate or disapprove, whereas the younger practitioner approves of birth control but is inhibited by the lack of training opportunities afforded.^{73,74}

Dr Manson, the idealistic young St Andrews graduate from A.J. Cronin's *The Citadel* set in the late 1920s in a Welsh mining village, proves evidence of the exception to the thesis that the young graduates approve of birth control when he berates the evangelical preacher for requesting birth control advice.

Manson considered the minister ... in a cold distaste. He said carefully: Don't you realise there are people on a quarter of your stipend who would give their

⁷⁰ British Social Hygiene Council, *Preparation for Marriage* ed. K. Walker (London: 1932).

⁷¹ K.M. Walker, 'The Problems of Marriage', *The Lancet*, 219.5667 (1932), p. 804.

⁷² 'Medical Conference on Contraception', *The Lancet*, 222.5733 (1933), p. 130.

⁷³ R.N. Goodman, 'Clinics for Birth Control', *The Lancet*, 225.5816 (1935), p. 400.

⁷⁴ The National Birth Control Association offered expert instruction, and attendance at clinical sessions to increase knowledge of contraceptive technique. M.A. Pyke, 'Contraceptive Methods', *The Lancet*, 226.5857 (1935), p. 1268.

right hand to have children. What did you get married for? ... Get out – quick – you - you dirty little man of God!⁷⁵

Not all the *British Medical Journal* correspondents considered that birth control advice was universally available and the class divide between rich and poor was often raised. An anonymous writer stated that abortion would be reduced to vanishing-point if scientific birth control advice were available for the poor, so that they, like others, might limit the size of their family according to their means and desires. 'The population may decline, but who is to say that a small population of healthy 'well-bred' citizens is not preferable to the indiscriminately bred masses of the present.'⁷⁶

The eugenics argument was frequently cited considering:

it is well known that while at present practically all the best, mentally and physically, of our women are using contraceptive methods in the endeavour to restrict their families to the lowest possible level, the mentally degenerate women are reproducing to the full extent of their capacities.⁷⁷

Complete state control of the sale and distribution of all contraceptives is absolutely desirable so as to ensure that these may only be available for such married women as require them strictly [on] medical grounds. The sterilisation of the unfit and the establishment of some form of state subsidy for those who produce substantial families also merit careful attention.⁷⁸

The medical profession were however not enthusiastic about seeing the provision of 'birth control' advice as within their sphere of responsibility;

But why such supposedly intelligent people should need all this 'medical advice' on the methods of contraception, and that at the expense of the already overburdened ratepayers is not quite clear. In any case the methods are, without any medical advice at all, well enough known to the general public.⁷⁹

Knowledge and understanding of physiology was at times lacking, and in particular there was amongst the medical profession no consensus around the physiological function of semen and whether lack of vaginal absorption of semen when practising barrier contraception or continence or *coitus interruptus* was deleterious to the woman's health during the early months and years of marriage. Despite there being no scientific consensus, the risks of future sterility from failure of uterine development and 'endocrine asynchronization' were raised in medical journals.⁸⁰ Only later, in 1946, in a *BMJ* leader,

⁷⁵ A.J. Cronin, *The Citadel* (London: Gollancz, 1937), Kindle Edition p. 202. Location 2934.

⁷⁶ 'Birth Control in Modern Life', *British Medical Journal*, 2.3910 (1935), p. 1182.

⁷⁷ E.G. Fenton, 'Birth Control in Modern Life', *British Medical Journal*, 1.3913 (1936), p. 33.

⁷⁸ E.G. Fenton, 'Birth Control', *British Medical Journal*, 1.3921(1936), p. 448.

⁷⁹ A.J. Brock, 'Birth Control', *British Medical Journal*, 1.3921 (1936), p. 448.

⁸⁰ V.B. Green-Armytage, 'Sterility and Contraception', *British Medical Journal*, 2.4320 (1943), p. 524.

was the view that there was no evidence that human semen contains either androgenic, oestrogenic, or gonadotrophic hormones voiced.⁸¹ There was no confirmation that chemical pessaries were producing anything other than local harmless changes in the appearance of the cervix, which some considered were physiological and present in virgins.⁸² Dr George Alabaster, in 1938, nonetheless continually raised his concerns that contraceptives were harmful:

It can hardly be doubted that the practice of contraception, with all its mechanical, chemical, and infective possibilities, is capable of causing chronic changes in the cervix [which can lead to chronic infection and infertility]. Contraception involves insertion of the finger, and contamination from handkerchiefs must sometimes occur.⁸³

There was a recognition that there was a 'safe period' when intercourse was unlikely to result in a pregnancy but again there was no consensus on the timing. Indeed some considered that ovulation occurred thrice monthly from puberty till eighteen years of age then twice monthly till climacteric,⁸⁴ despite Corner's work in 1927 in primates clarifying that ovulation was likely in humans to be mid-cycle. Other medical men felt that contraceptives caused a diminution in libido and orgasm in both parties which was deleterious to health and harmony within marriage.⁸⁵

Adequate contraception was not freely available in the 1930s and criminal abortions continued nonetheless. In one study from London, the ratio of two married women to every single woman was found and half the cases were considered to be the work of professional abortionists. Slippery elm bark, an herbal preparation, was thought to be responsible for fifty per cent of all cases but it was recognised that if sales of this preparation were outlawed the abortionists would have recourse to mechanical devices, instruments, crochet hooks and needles.⁸⁶ The debate was thus whether the spread of birth control propaganda would eliminate abortion. In 1935 the BMA's Committee on Abortion, chaired by Professor James Young, with its terms of reference to consider and report upon the medical aspects of abortion concluded that the legalisation of abortion for social and economic reasons would be helpful, but that this was not an issue for the medical profession alone. The vagueness of the law was criticised and there was a firm

⁸¹ Editorial, 'Contraception and Infertility', *British Medical Journal*, 1.4446 (1946), pp. 438-439.

⁸² J. Malleson, 'Declining Population', *British Medical Journal*, 2.4259 (1942), p. 230.

⁸³ G.H. Alabaster, 'Contraceptives and Fertility', *British Medical Journal*, 1.4024 (1938), p. 419.

⁸⁴ Book Review, 'The Monthly Cycle and Married Life (Der Zyklus der Frau. Reform des Ehelebens. by Dr Jules Samuels. The Hague, 1938)', *British Medical Journal*, 1.4083 (1939), pp. 724-725.

⁸⁵ V.B. Green-Armytage, 'Contraceptives and Fertility' *British Medical Journal*, 1.4024 (1938), p. 419.

⁸⁶ 'Medico-Legal Aspects of Abortion', *The Lancet*, 230.5963 (1937), p. 1376.

recommendation that abortion should be legalised on the grounds of the physical and mental health of the patient in cases where there was 'reasonable certainty that serious diseases will be transmitted to the child' and in cases of pregnancy following rape.

Professor Young further considered, in 1937, that abortion was so rampant that he felt public opinion was in favour of letting the woman do as she wished and he concluded that the uncompromising position of the law left 'the medical profession in the air' with some experienced obstetricians deterred from operating by the lack of legal protection.⁸⁷ Dr H.S. Passmore of St Mary Abbots hospital in Kensington, in a review of cases of abortion, questioned the women about birth control methods and found in forty per cent of cases no form of contraception had been used and concluded that if there were to be no abortion there must be better knowledge of contraception.⁸⁸

Lord Dawson of Penn, the King's physician, in publically supporting a population policy of planned families, considered that smaller families had a higher proportion of fitter children and yet his support for the National Birth Control Association (NBCA) did not mean that the NBCA did not have a precarious financial position. It was, however, saved in 1937 by receipts from a gala-ballet performance.⁸⁹ This philanthropy is akin to the great and the good in the 1980s supporting AIDS benefit concerts.

Practising birth control, however, until the 1930s or 1940s was still seen by many as a morally dubious exercise.⁹⁰ Yet around the 1940s, however, a similar stigmatising attitude to those who had large families began to be manifested as women 'refused to replicate the experience of earlier generations with large families'.⁹¹ Himes, however, in 1936 had suggested the theory that the spread of contraception had been by downward diffusion from the medical profession.⁹² As evidence has accumulated it will be seen that this assertion is open to debate, for example Marie Stopes correspondents were embittered by physicians who refused to advise on contraceptive methods.⁹³

7.8 The Medical Officer of Health

Key figures in the promotion and organisation of local authority medical services were Medical Officers of Health. Under the Public Health (Scotland) Act 1867 local authorities

⁸⁷ 'Medico-Legal Aspects of Abortion', p. 1376.

⁸⁸ 'Medico-Legal Aspects of Abortion', p. 1377.

⁸⁹ 'The Movement for Birth Control', *The Lancet*, 229.5916 (1937), pp. 157-158.

⁹⁰ H.M. Hanschell, 'Birth Control', *British Medical Journal*, 2 3165 (1921), p. 339.

⁹¹ L.A. Hall, *Sex, Gender and Social Change in Britain since 1880* 2nd edn (Basingstoke: Palgrave Macmillan, 2013), p. 123.

⁹² N.E. Himes. *History of Contraception*, p. 295.

⁹³ L.A. Hall, 'The Archives of Birth Control in Britain', *Journal of the Society of Archivists*, 16.2 (1995), p. 215.

(burgh councils and parochial boards) were permitted to appoint Medical Officers. Following the Police and Improvement Act of 1862, Dr Henry Littlejohn was appointed by Edinburgh Town Council as the first Medical Officer of Health. The Local Government (Scotland) Act 1889 made it compulsory for county councils to appoint county medical officers of health in order to monitor and oversee the provision of certain measures to improve the health of the county. Shortly afterwards the same requirement was extended to burghs by the Burgh Police (Scotland) Act 1892. The duties of medical officers were widened after the First World War and also by the 1929 Local Government (Scotland) Act.⁹⁴ The combination of reforming Medical Officers of Health and supportive Public Health Committees helped develop the municipal services that served a large section of the Scottish population until the establishment of the NHS.⁹⁵

The 1935 Report on Maternal Morbidity and Mortality in Scotland recommended wider provision of contraceptive advice and the NBCA encouraged local authorities to establish birth control clinics in their area.⁹⁶ The influence of the local MOH was manifest when in Falkirk the MOH enthused about the possibility of setting up a birth control clinic in response to a request from the Falkirk and District Cooperative Women's Guild.^{97,98} Others were cautiously supportive but were hampered by the stance of the council,⁹⁹ whilst others were entirely opposed to artificial contraception^{100,101} in some cases due to the Catholic population.^{102,103} In both Midlothian and West Lothian the MOH was unsympathetic.¹⁰⁴ In Perth the MOH felt no need for a birth control service but considered that he might support a voluntary initiative, whereas in Ayrshire 'a woman assistant MOH' was authorised to give birth control advice at antenatal clinics.¹⁰⁵ Baillie Adamson, a chemist in Kirkcaldy, was keen to support the initiative and, as he considered Kirkcaldy had a number of wealthy influential people, he sought their support, only to be rebuffed by

⁹⁴ <http://www.scan.org.uk/knowledgebase/topics/medicalofficer_topic.htm>[accessed 10 January 2013]

⁹⁵ M. McCrae, *The National Health Service in Scotland. Origins and Ideals, 1900-1950* (East Linton: Tuckwell, 2003), p. 134.

⁹⁶ C. Douglas, P.L. McKinlay, Department of Health for Scotland, and Scientific Advisory Committee, *Report on Maternal Morbidity and Mortality in Scotland* (Edinburgh: HMSO, 1935).

⁹⁷ WL SA/FPA/A1173B 17 May 1936.

⁹⁸ 'Birth Control Clinic', *Falkirk Herald*, 22 July 1936.

⁹⁹ WL SA/FPA/A1173 29 September 1936.

¹⁰⁰ WL SA/FPA/A1173 22 April 1937

¹⁰¹ WL SA/FPA/A1173A Edinburgh MOH opposed to birth control, 1932.

¹⁰² WL SA/FPA/A1173D Hamilton 1936. Catholic population [therefore] most unlikely that municipal BC [birth control] would be approved.

¹⁰³ WL SA/FPA/A1173E In Motherwell the RC vote makes any action on the part of the council unlikely, May 1936.

¹⁰⁴ WL SA/FPA/A11/74

¹⁰⁵ WL SA/FPA/A11/74

Lady Nairn, wife of the linoleum heir, who stated categorically, 'I am not interested in your schemes'.¹⁰⁶

7.9 Doctors' advisory role

The annual report for 1931-2 of the Society for the Provision of Birth Control Clinics¹⁰⁷ highlighted the frequency with which *coitus interruptus* was practised by working class couples, and also about its unreliability. It was recognised as the 'cheapest' and easiest method by the National Birth Control Association and the Birth Control Investigation Committee but they doubted whether the medical profession were aware of the extent of the practise. The National Birth Control Association did however agree that 'its uselessness and harmful effects were generally recognised.'¹⁰⁸

That birth control was practised was thus, not in doubt. Dr Halliday, from Glasgow, based on clinical observations between 1931 and 1939, from his role as a medical referee to insured people who were 'on the sick list', considered *coitus interruptus* the most usual form of birth control, there being little knowledge of the 'safe period'. From his study he notes that, in men, the commonest reason given for practising birth control was that 'the wife was not strong enough', or he 'did not wish the wife to suffer or run risks', whereas amongst the wives, the commonest excuses for practising contraception were 'my husband does not want any more children' or 'the doctor says I am not strong enough'. Seldom amongst the artisan and labouring classes was finance or family economics cited as a reason to practice birth control.¹⁰⁹ Yet ignorance on matters 'connected with sexual life was widespread and profound', the majority of husbands and wives being unable to discuss problems of this sort between themselves, reinforcing 'the need for "sex education" for young people.'^{110,111}

Dr Griffiths, consultant to the Marriage Guidance Council, in 1947, felt that the available contraceptives were considered reliable if used as intended and after adequate instruction 'by a doctor', although the Marriage Guidance Council considered the condom and *coitus interruptus* as undesirable, and that 'modern contraception is fully reliable and easy to learn, provided it is properly taught'.¹¹²

¹⁰⁶ WL SA/FPA/A1173D June 1937

¹⁰⁷ 'Birth Control Methods and Results', *The Lancet*, 221.5710 (1933), p. 259

¹⁰⁸ 'Medical Conference on Contraception', p.130.

¹⁰⁹ J.L. Halliday, 'Psychosomatic Medicine and the Declining Birth Rate', *The Lancet*, 245.6350 (1945), p. 601.

¹¹⁰ 'The Choice of a Mate', *The Lancet*, 247.6388 (1946), p. 169.

¹¹¹ E.F. Griffiths, 'Marriage and Parenthood', *British Medical Journal*, 2.4357 (1944), pp. 58-59.

¹¹² E.F. Griffiths, 'Medical Aspects of Marriage Guidance', *The Lancet*, 249.6440 (1947), p. 170.

From the mid 1940s, some of the profession began to see a role for some engagement with the issue of marriage preparation, and in this they were harking back to Plato and Thomas More's solution of mutual inspection¹¹³ and Nicolas Venette's thoughts that couples should, before matrimony, confirm 'that their equipment was in good order'.^{114,115}

The view of the Marriage Guidance Council was that:

adequate marriage preparation-which should include the medical examination of both partners, an assessment of their psychological approach to marriage, the state of the hymen, suitable contraceptive advice when desirable, and, above all, education in technique ought to be taken more seriously by the profession, for there can be little doubt that the seeds of much future unhappiness are often sown in the early months of marriage through ignorance and misunderstanding.¹¹⁶

Whereas Dr Lilius Blackett Jeffries, writing in the *BMJ*, considered:

That all girls should have a good talk with a doctor before marrying is an opinion frequently and warmly expressed by modern-minded girls who come to one for the purpose, or by women who deeply regret having married in ignorance.¹¹⁷

That contraceptive advice was a legitimate sphere of expertise merely highlighted in the minds of some the recalcitrance and ignorance of others of the profession. Dr Griffith commented that 'as almost every young couple consider these matters and are always trying to get adequate information, it is our duty as doctors to give them the best advice we can'.¹¹⁸

It was however recognised that doctors, if giving poor or unsympathetic advice, were merely in a state of ignorance since problems of sex and marriage 'were scarcely touched upon in medical schools'.^{119,120} But this could not excuse 'the habit of advising women about contraception without examining them or of fitting them ineffectually when they do

¹¹³ R. Porter and L. Hall, *The Facts of Life. The Creation of Sexual Knowledge in Britain, 1650-1950*. (New Haven, Conn: Yale University Press, 1995), p. 70.

¹¹⁴ N. Venette, *Tableau de l'amour humain considéré dans l'état du mariage* (Amsterdam: 1691). Considered to have been the bestseller for instruction and education advice about sex love and marriage from the seventeenth century.

¹¹⁵ Porter and Hall, *The Facts of Life*, p. 77.

¹¹⁶ E.F. Griffith, 'Marriage and Parenthood' *British Medical Journal*, 1.4345 (1944), p. 540.

¹¹⁷ L.M. Blackett Jeffries, 'Marriage and Parenthood', *British Medical Journal*, 1.4351 (1944), pp. 730- 731.

¹¹⁸ E.F. Griffith, 'Marriage and Parenthood', *British Medical Journal*, 2.4357 (1944), pp. 58-59.

¹¹⁹ E F. Griffith, 'Marriage and Parenthood', *British Medical Journal*, 2.4357 (1944), pp. 58-59.

¹²⁰ *The Lancet*, 253.6557(1949), p. 744

examine them'.¹²¹ A situation that certainly pertained into the 1970s as evidenced by interviewees.¹²²

A GP recalled, early in his career, in the 1960s, being asked for advice on the safe period by a woman at a post natal examination. He conceded that he got the explanation 'so wrong' that the woman in question, on following his advice, quickly became pregnant again, with twins. He reflected, 'she never forgave me'.¹²³

It was further considered that doctors who had acquired any knowledge of sex by the time they graduated did so not by any organized instruction on the subject, but by private enterprise, and when patients sought advice on these subjects, the doctor was in a dilemma, because not only was his knowledge inadequate, but, worse still, he may have inhibitions about the subject.

Sandler in 1949 quoted the following example as illustrative of inadequate or wrong advice given to a woman who was referred for leucorrhoea:

I removed a foul object, which proved to be an unrolled washable condom. She explained that she had been advised at another hospital not to have more children. The R.S.O. [resident surgical officer] said her own doctor would advise, who in turn suggested that her husband go to the chemist and he would advise. The chemist merely handed over the sheath, and, not knowing what to do with it, this pathetic couple decided that the vagina was the correct place in which to put it.¹²⁴

There were calls for a Family Welfare Service to be set up to provide premarital examinations,¹²⁵ eugenic advice, marriage guidance advice, and advice on birth control as part of the new National Health Service but this was at variance with the views of the Denning Committee on Matrimonial Causes (1947) who held the view that 'a marriage welfare service should sponsored by the State but should not be a State institution'.¹²⁶ Indeed no GP or family planning doctor interviewed for this project recalled ever having been asked by patients about to be married to undertake a premarital examination.

¹²¹ E.F. Griffith, 'Marriage and Parenthood', *British Medical Journal*, 2.4357 (1944), pp. 58-59.

¹²² Interview FF 21 September 2009.

¹²³ Interview AA 19 March 2009.

¹²⁴ B. Sandler, 'Marriage Guidance by Doctors', *British Medical Journal*, 1.4616 (1949), p. 1141.

¹²⁵ From 1925 premarital examinations were compulsory in Turkey and in Germany from 1938 physicians certificates of physical and mental fitness for procreation were necessary. C. Lane-Roberts, 'A Plea for the Woman in Gynaecology and Obstetrics', *The Lancet*, 233.6027 (1939), p. 493.

¹²⁶ 'A Family Welfare Service', *The Lancet*, 251.6496 (1948), p. 334.

The Family Planning Association cooperated in the running of clinics in conjunction with local authorities, urging them to use their permissive powers to provide contraceptive advice to women who needed it on medical grounds. Of the one hundred and forty five health authorities in England and Wales, less than sixty provided clinics or special sessions at which advice on contraception was given.¹²⁷ About seventy-five paid grants or fees to local Family Planning Association clinics, and several let or borrowed premises for use as clinics by the Family Planning Association.¹²⁸

The National Health Service Act made provision for the care of pregnant and parturient women but did not lay down any plan of action in respect of family planning, though it might be argued that this should have come under the heading of general medical services.¹²⁹ Family planning was to be considered under three main headings: (1) the need for facilities for contraception, (2) marriage guidance and (3) the treatment of involuntary sterility [infertility]. As regards marriage guidance and the treatment of infertility, there was considered to be general support from all sections of the community, irrespective of religious beliefs. As far as contraception was concerned, the opinions were still sharply divided, some, including Roman Catholics, regarding the use of appliances and withdrawal as morally unjustifiable in any circumstances.¹³⁰ They objected to public monies being spent on any clinics where contraceptive teaching was given, or on contraceptive appliances. Indeed specific advice given to Roman Catholic nurses was that Catholics may, and should continue to assist in lawful activities of centres (following memorandum 153/MCW), but that they should dissociate themselves from birth control propaganda. Indeed it was considered 'unlawful',¹³¹ for them 'to personally explain methods of contraception to patients for any reason whatever'.¹³² The use of the 'safe period' was, however, accepted by the Roman Catholic Church.

Towards the end of 1949 the Family Planning Committee of the Medical Women's Federation, a body founded in 1879 and considered to be 'working for women doctors and

¹²⁷ In 1939 the Department of Health for Scotland doubted still 'whether there is as yet such unanimity of opinion in Scotland on the subject of birth control as would render it politically desirable for the Secretary of State to depart from the policy of his predecessors and issue a circular on the lines issued by the Minister of Health (England)', [advising local authorities to extend their remit].

¹²⁸ 'The Family Planning Association', *British Medical Journal*, 2.4617 (1949), p. 29.

¹²⁹ Only in 2004 under the nGMS contract did family planning services became part of General Medical Services and no longer as was the case from 1974 an 'item of service' attracting a separate fee.

¹³⁰ Catholics may and should continue to assist in lawful activities of centres (following memorandum 153/MCW, but should dissociate themselves from birth control propaganda 'unlawful for them to personally explain methods of contraception to patients for any reason whatever'.

¹³¹ Presumably this was Canon law or ecclesiastical law.

¹³² Scottish Catholic Archives DE 129/2/2 1931

their patients', instituted inquiries to ascertain the position of family planning in respect of its three aspects, contraception, marriage guidance, and the treatment of involuntary sterility. Of the replies received from Medical Officers of Health in Scotland, twenty-nine out of thirty-nine (74.35%) indicated that there were no facilities in their area for the provision of advice on family planning (compared to 47.66% in England and 61.53% in Wales). They found that the facilities for family planning which existed in 1949 were totally inadequate for the needs of the community. They recommended that advice on family planning should be available to women who required it on medical grounds, and also to women who asked for it for the purpose of family spacing, and that such advice should be given by local health authority clinics, voluntary family planning clinics staffed by doctors, gynaecologists in hospitals, and by general practitioners (apart from those who had religious or other objections) with special training and experience in this work, who were willing to allot the time to it, and to whom a fee for this service should be paid by the local health authority or, alternatively by the patient.^{133,134} Concerning the supply of contraceptive appliances, diaphragms and condoms, the opinion however was unanimous that these should not be prescribed on the NHS form E.C.10 (G.P.10 in Scotland) to avoid abuse. As it was felt that making appliances free might free lead to:

lack of attention to fitting, and thus to a high failure rate, particularly in large urban practices where experience in technique, time, and chaperonage may all be in short supply.

Furthermore, it was felt that:

necessitous cases have always received consideration at voluntary clinics, and the case that is urgent both on medical and on economic grounds can be supplied from the hospital out-patient department.¹³⁵

Hospital based consultant obstetricians were considered to be in a unique place to offer contraceptive advice to new mothers but yet again the advice, if any, which was given, was dependant on the whim of the obstetrician. Some, as in the case of the fifteen year old who was raped (Chapter Three [3.3]) were treated in a most unsympathetic manner, but in other areas, offering contraceptive advice postnatally was quite routine. A retired GP / Family planning doctor recalled her obstetric house job in Bellshill, Lanarkshire where patients routinely, at the post natal examination, were offered advice and or cap fitting.

¹³³ Editorial, 'Memorandum on Family Planning with Particular Reference to Contraception', *British Medical Journal*, 1.4758 (1952), p. 597.

¹³⁴ Perhaps another example of the demise of the NHS being free at the point of need.

¹³⁵ Editorial, 'Memorandum on Family Planning', p. 597.

Unfortunately, the level of interest was not very high. I suppose it was something a lot of people knew nothing about and were perhaps ... a bit apprehensive.¹³⁶

7.10 Royal Commission on Population

The Royal Commission on Population was appointed in 1944 to investigate the significance of demographic trends in Britain. The Report of the Royal Commission was presented to parliament in June 1949¹³⁷ and five volumes of the papers of the Royal Commission on Population were subsequently published. The Royal Commission recognised that the fall in family size was not due to a decline in reproductive capacity but pointed out that a range of economic, social and cultural factors had contributed to the spread of deliberate family limitation, and that reasons given to Lewis-Faning in his *Enquiry into Family Limitation and its Influence on Human Fertility During the Past Fifty Years* were economic, the desirability of family spacing and the preservation of health.¹³⁸ The statistical information was based on questionnaires and interviews with a population of women in hospital, Glasgow and Aberdeen being chosen as 'contrasting types of areas in Scotland'.¹³⁹ The validity of interviewee studies to identify methods used to limit families can be questioned, not least because a study in Oxford showed that between sixty and seventy-eight per cent of a study group of women did not characterise *coitus interruptus* as a form of birth control, and that those who abstained or who practised abstinence as a deliberate policy were excluded from the study.¹⁴⁰

The Royal Commission considered that 'public policy should assume and seek to encourage the spread of voluntary parenthood',¹⁴¹ and that 'the great majority of married couples nowadays practise some form of birth control',¹⁴² and that if devices were not readily available 'other means would be used'.¹⁴³

The Family Planning Association therefore deprecated the decision by the Pharmaceutical Society that pharmacists should not make explicit that they could supply contraceptives and thus follow the recommended public policy.^{144,145} Likewise Marie Stopes and the

¹³⁶ Interview DD 23 July 2009 .Retired GP/ Family Planning Doctor

¹³⁷ PP 259 Cmd.7695 June 1949 Report of the Royal Commission on Population, para 667.

¹³⁸ Papers of the Royal Commission on Population Volume I E. Lewis-Faning, 'Report on an Inquiry into Family Limitation and its Influence on Human Fertility during the Past Fifty Years', (London: HMSO, 1949).

¹³⁹ E. Lewis-Faning, 'Report on an Inquiry into Family Limitation', p. 4.

¹⁴⁰ C. Scott Russell, 'Human Fertility', *The Lancet*, 247.6392 (1946), p. 303.

¹⁴¹ PP 259 Cmd.7695, June 1949. Report of the Royal Commission on Population. Para 434, p. 161.

¹⁴² PP 259 Cmd.7695, June 1949. Report of the Royal Commission on Population. Para 83, p.33.

¹⁴³ PP 259 Cmd.7695, June 1949. Report of the Royal Commission on Population. Para 427, p.159.

¹⁴⁴ I.M. James, 'Sale of Contraceptives', *The Lancet*, 258.6675 (1951), p. 225.

¹⁴⁵ Boots the Chemist did not sell contraceptives or advertise contraceptives till after 1960. See chapter 8.

Family Planning Association berated *The Lancet* for publishing advertisements for a contraceptive jelly, Preceptin Vaginal Gel, to be used without a diaphragm contrary to the perceived wisdom from birth control clinics that a spermicidal and a barrier were together necessary for effective contraception.^{146,147} Yet Finkelstein et al demonstrated that Preceptin gel alone appeared to have a success rate equal to the condom, diaphragm and jelly, or the cervical cap.¹⁴⁸

Furthermore the Royal Commission recommended that advice on contraception, to married persons, should be part of the National Health Service and that the initial duty to give advice should rest with the family doctor.¹⁴⁹ The Commission's Report was never debated in Parliament although the Prime Minister, Clement Attlee acknowledged that 'the report was receiving the consideration of the Government'.¹⁵⁰ The Report considered that the decline in family size had been slower amongst Roman Catholics than Protestants 'but that the statistical information on the subject is scanty'.¹⁵¹ The Catholic Church condemned the Commission for championing 'artificial' birth control and, although well received by the press, most of the specific recommendations were ignored by successive governments.¹⁵²

7.11 Role of General Practice

Armstrong, in the *Political Anatomy of the Body*, writes that the growth of hospital medicine and specialisation, termed the 'panoptic vision', resulted in the undermining of general practice. As a consequence, according to Dr Lindsay, President of the BMA, the place of general practice by 1938 was sinking lower and lower in the estimation of both the public and amongst medical students, the future general practitioners.¹⁵³ An alternative vision, however, was arising whereby only general practice, outside hospital medicine, could be seen to follow 'the temporal elements of illness' and evaluate the social as well as the medical elements to illness.¹⁵⁴ Mackenzie in Aberdeen made meticulous studies of

¹⁴⁶ Marie C. Stopes and M. Beddow Bayly, 'Contraceptive Technique', *The Lancet*, 261.6766 (1953), p. 900.

¹⁴⁷ J. Barnes and R. Goulding, 'Contraceptive Technique', *The Lancet*, 262.6782 (1953), p. 401.

¹⁴⁸ R. Finkelstein, A. Guttmacher, and R. Goldberg, 'Effectiveness of Preceptin; Study of its use as Sole Contraceptive Agent in an Urban Clinic Population', *Obstet. Gynecol.*, 4.2 (1954), pp. 217-21.

¹⁴⁹ PP 259 Cmd. 7695 June 1949 Report of the Royal Commission on Population, para 667.

¹⁵⁰ Hansard HC Deb 23 June 1949 vol 466 c446

¹⁵¹ PP 259 Cmd. 7695 June 1949 Report of the Royal Commission on Population, para 667, p.29

¹⁵² Leathard, *The Fight for Family Planning. The Development of Family Planning Services in Britain 1921-74*, pp. 83-85

¹⁵³ C. Lindsay, 'The Profession and the Public', *British Medical Journal*, 2. 4046, (1938), pp. 163-164.

¹⁵⁴ D. Armstrong, *Political Anatomy of the Body Medical Knowledge in Britain in the twentieth Century* (Cambridge: Cambridge University Press, 1983), pp. 73-74.

ordinary diseases and their changes over time.¹⁵⁵ Morbidity surveys of both individual practices and communities began to be used to 'examine many facets of general practice and in so doing transform its cognitive base'.¹⁵⁶ 'Continuity over time, over diseases, over patients and over social networks,'¹⁵⁷ in effect continuity of care, began to be the watchwords. The GPs function pre-war having been, as in hospitals, 'to cure' ¹⁵⁸ whereas post-war general practice was able to concentrate on the normal and identify variations from normality. Increasingly, patients sought 'medical advice'¹⁵⁹ from the GP who was seen as a guide and counsellor.¹⁶⁰

There was a growing recognition that the family doctor was best placed to offer advice on birth control but it was recognised that in some areas family planning clinics would still be needed, not least because the family doctor may not have the time needed to devote to these issues:

With reference to the recent correspondence on the giving of contraceptive advice, do you not think that the average general practitioner has enough to do coping with a waiting-room overflowing with the sick and ailing without taking up his time fitting patients with contraceptives? The Health Service is sufficiently burdened with overheads without incurring the extra cost of birth-control clinics. The Family Planning Association is in being for those very reasons. The cost of advice and appliances is within reach of the poorest, and in cases of extreme hardship the fees are waived. The doctors and nurses in attendance at the clinics are specially trained in this work and have time to give individual attention to each patient.¹⁶¹

The medical profession in the United Kingdom however was berated for not having grasped the initiative and provided contraceptive advice on medical grounds. This failure was considered by a Dr Agnes Sadler, writing in the *BMJ* in 1942, as having been instrumental in the establishment of the Family Planning Association. She considered 'though excellent work has doubtless been done, [it] is a constant reminder of our neglect, which should be dealt with'.¹⁶² The question was thus posed, why was the medical profession indifferent to family planning? Dr Helena Wright suggested that changing 'the

¹⁵⁵ R.J.F.H. Pinsent, 'James Mackenzie and Research Tomorrow', *Journal of the Royal College of General Practitioners*, 6.1(1963), pp. 5-9.

¹⁵⁶ Armstrong, *Political Anatomy of the Body*, p. 78.

¹⁵⁷ Armstrong, *Political Anatomy of the Body*, p. 78.

¹⁵⁸ Armstrong, *Political Anatomy of the Body*, p. 79.

¹⁵⁹ J. Fry, 'A year of general practice; a study in morbidity', *British Medical Journal*, 2.4778 (1952), p. 249.

¹⁶⁰ L.W. Batten, 'Essence of General Practice', *The Lancet*, 271.6939 (1956), p.365.

¹⁶¹ B.F.S. Jones, 'Family Planning', *British Medical Journal*, 1.4766 (1952), p. 1027-1028.

¹⁶² A.R.S. Sadler, 'Family Planning', *British Medical Journal*, 1.4763 (1952), p. 868.

attitude of mind',¹⁶³ and rethinking teaching and medical curricula, would have been required, and that essentially doctors saw their job as dealing with the sick. She considered that 'birth control did not form part of this identity-kit'.¹⁶⁴ By way of contrast, the American Medical Association was considered to have sanctioned advice on birth control as a proper function of a doctor as early as June 1937.¹⁶⁵

Dr Libby Wilson commented, at interview, that general practitioners were 'remarkably uninterested in family planning until they were going to be paid'.¹⁶⁶ Yet some, recognising the limitations of their own knowledge, would refer patients to a local family planning clinic to be fitted with a cap, known locally in the West of Fife as the 'Cowdenbeath Bunnet'.¹⁶⁷

Dr Carruthers, marriage counsellor and medical officer of the Family Planning Association, however considered that the GP had a great responsibility in dealing with marital preparation and problems, as 'young couples often have difficulty in finding a sympathetic and understanding adviser ... [now that] the Church has lost much of its influence as a counsellor'.¹⁶⁸ It was considered that many people were ignorant about birth control and that 'they are often too embarrassed to visit their family doctor, even if he has the necessary knowledge and is prepared to give the time'.¹⁶⁹ The embarrassment in many cases being due to the detailed knowledge the GP had of the patient and the family, which was summed up by an interviewee who recalled that she couldn't possibly visit her GP for contraception as he knew the family and she had known him all her life.¹⁷⁰

7.12 Medical Education lacking.

Many doctors would have advised women not to have any more children but very few provided advice as to how this could be achieved. Yet this was not due to obfuscation but in a major part due to ignorance on behalf of the doctor, as was discussed by Linton in the journal *The National* in 1939:

¹⁶³ H. Wright, *The Sex Factor in Marriage. A Book for Those Who are or are About to be Married* (London: Williams and Northgate, 1937), p. 67.

¹⁶⁴ Dr.H. Wright, personal interview, 13 November 1973. Quoted in Leathard, *The Fight for Family Planning. The Development of Family Planning Services in Britain 1921-74*, p. 58.

¹⁶⁵ E.S. Watkins, *On the Pill. A Social History of Oral Contraceptives, 1950-1970* (Baltimore: The Johns Hopkins University Press, 1998), p. 13.

¹⁶⁶ Interview EW 2 November 2009.

¹⁶⁷ Interview AA 19 March 2009.

¹⁶⁸ G.B. Carruthers, 'Responsibility of the Practitioner in Martial Preparation and Problems', *British Medical Journal* 1.4981 (1956), pp. 1478-1479.

¹⁶⁹ B. Mullins, 'Family Planning Advertisement', *British Medical Journal*, 1.5166 (1960), pp. 129-130.

¹⁷⁰ Interview EE 2 August 2009.

Strange is it that a subject of such vital importance should be so universally shunned, and even deemed unfit for mention; strange that our medical men are either not sufficiently honest or too cowardly, or too 'modest' (perhaps owing to the peculiar tendency of their practice as medical students), to prescribe a remedy, with which they must be acquainted, since it is commonly applied on the continent, and of the urgent necessity of which they must be aware.¹⁷¹

Patients continued to complain nevertheless that bringing problems of a sexual nature to the one person who might be expected to offer informed advice, to the General Practitioner, were often met with an unsatisfactory if not hostile response. The lack of any systematic teaching of medical students was considered to render the newly qualified doctor of 1949 no better off as far as his/her education in this field than their counterparts in 1914 and the Goodenough report on medical schools of 1944 made no recommendation for dealing with this situation.^{172,173} The Society for Provision of Birth Control Clinics did however offer extracurricular training to medical students and practitioners from 1932, recognising that few students were given any adequate hospital training in contraceptive methods, despite the students being keen and anxious to learn.¹⁷⁴

Politicians recognised that no instruction in contraceptive methods was given to most medical students and that they were in the main left to pick up what information they could in order to meet the needs of their patients. The Secretary of State for Education and Science, however, regarded this as a matter for the General Medical Council and for the universities to decide on matters of curriculum. The Family Planning Committee of the Medical Women's Federation, however, in 1949 ascertained that lectures on family planning and contraception were only given to medical students in four out of twenty seven medical schools, including Edinburgh.¹⁷⁵ Indeed, on his appointment to the chair of Obstetrics and Gynaecology at Edinburgh University in 1946, Professor Robert Kellar appointed Dr Maeve Marwick to a Lectureship in his department so that in Edinburgh for the first time formal teaching on contraception became part of the medical curriculum.^{176,177} The extent however of the 'formal teaching' is open to debate as an

¹⁷¹ W.J. Linton, *The National*, 29 June 1939 Quoted in A. McLaren, 'Women's Work and Regulation of Family Size. The Question of Abortion in the Nineteenth Century', *History Workshop*, 4 (1977), p. 72.

¹⁷² Editorial, 'Sex Education for Medical Students', *The Lancet*, 253.6557 (1949), p. 744.

¹⁷³ W. Goodenough, 'The Training of Doctors', (London: Ministry of Health and the Department of Health for Scotland, 1944).

¹⁷⁴ G. Wellesley, 'The Society for the Provision of Birth Control Clinics', *The Lancet*, 220.5703 (1932), p. 1357.

¹⁷⁵ Medical Women's Federation. 'Analysis of Family Planning Questionnaire', FPA archives (1949/50). Quoted in Leathard, *The Fight for Family Planning*, p. 86.

¹⁷⁶ I am grateful for Dr John Loudon for providing me with a copy of his History of the Edinburgh Family Planning Trust (1991) and to Professor David Baird for recalling his undergraduate family planning lectures at Edinburgh University in 1957.

Edinburgh graduate of 1959 recalled only one lecture on family planning in his undergraduate course when the available methods of birth control including condoms and an artificial penis were displayed on a table at the front of the lecture theatre.¹⁷⁸ A 1962 graduate recalled her all-female group undertaking an 'obs and gynae course' being shown condoms, caps and diaphragms, that being the sum total of their instruction in family planning.¹⁷⁹

The situation in London teaching hospitals had hardly changed by 1964 in that no instruction on contraception was given to medical students.¹⁸⁰ Although Dr Libby Wilson recalls the female students at Kings in London, in 1948, attending the North Kensington Women's Welfare Clinic which was also a family planning clinic.¹⁸¹ Practical experience in fitting caps was available by voluntary attendance at some municipal birth control clinics but it was not regarded as an essential part of the medical curriculum and indeed three of the medical schools expressed the view that these were subjects more suitable for post graduate study.¹⁸²

By way of contrast, Professor Sir Malcolm MacNaughton considers that no formal teaching in family planning was undertaken at Glasgow until the early 1970s.¹⁸³ Aberdeen, although at the forefront of promoting a liberal policy of birth control, similarly did not offer any instruction to medical students on contraceptive advice. However, an emeritus Professor of Obstetrics there recalls, whilst a student in 1966, a lecturer throwing IUCDs into the lecture theatre.¹⁸⁴ There is no evidence that Queen's College, Dundee or St Andrews University offered a course or instruction in family planning at least until the late 1960s.¹⁸⁵ This contrasts with the experience of North American Medical Schools whereby

¹⁷⁷ A search of the Calendar of Edinburgh University for the period 1948-1958 reveals no listing for a Family Planning lecturer.

¹⁷⁸ Interview AA 19 March 2009

¹⁷⁹ Interview BB 9 April 2009

¹⁸⁰ E. Philipp, 'Family Planning in London Teaching Hospitals', *British Medical Journal*, 2.5417 (1964), p.1132.

¹⁸¹ Interview EW 2 November 2009

¹⁸² Editorial, 'Memorandum on Family Planning with Particular Reference to Contraception', *British Medical Journal*, 1.4758 (1952), p. 596.

¹⁸³ Personal correspondence with Sir Malcolm MacNaughton October 2011.

¹⁸⁴ Personal Communication A.T. 21 October 2011.

¹⁸⁵ Professor Margaret Fairlie's notebooks held in the archives of Dundee University do not indicate any topics other than obstetrics, ante and post natal observations on systems and symptoms. The Calendars of the University of St Andrews, University and Queens Colleges sampled between 1914-1966, as they outline the responsibilities of lecturing staff as well as the areas students would study under each topic show no reference to family planning teaching.

in 1964 it was established that in seventy three out of ninety-eight questioned 'teaching of fertility regulation was part of their regular curricula'.¹⁸⁶

Medical students, as late as 1949, were considered to have only the vaguest idea of how to deal with relationship problems and the problems of sex and marriage given that most were unmarried and that those who had acquired any knowledge of sex by their graduation, as previously mentioned, had gained it by 'private enterprise'.¹⁸⁷ By comparison, student teachers and those training for the clergy were given extensive instruction and thus doctors could have been considered the least prepared to deal with their patients' concerns.¹⁸⁸ Recognition that medical students were ill equipped to discuss relationships and issues of sex did not however preclude some of the profession from regarding the subject of contraception as 'perhaps the least important part of sex education of the student'.¹⁸⁹

Most medical students felt the need to reduce the number of extramarital pregnancies and recognised the inadequacy of their medical education in helping their patients. They called upon the authorities, at a British Medical Students Association Symposium in Cardiff in 1957, to recognise that many 'babies were born out of wedlock' and that contraceptive instruction for the unmarried might be desirable and that sex instruction to schoolchildren was indicated. Abstruse neurology was taught but common sex difficulties, which were difficult for unmarried doctors to advise on, were ignored.¹⁹⁰

Unfortunately many patients in the mid 1960s were still reluctant to seek 'expert' advice on contraception, despite an increasing recognition from the profession that doctors could be in a unique position to advise. However, few doctors initiated discussions with patients nor volunteered advice.¹⁹¹

Only since the 1970s has any form of instruction on contraceptive methods formed any part of the medical curriculum in all the Scottish universities, so it is not surprising that the young aspirant to general practice prior to this time should have avoided advising patients of techniques of birth control when their acknowledged expertise was nonexistent and their embarrassment was manifest. A retired GP commented at interview:

¹⁸⁶ C. Tietze, S. Kohl, S. Best and J. Eliot, 'Teaching of Fertility Regulation in Medical Schools. A Survey in the United States and Canada, 1964', *Can.Med.Assoc.J.*, 94.14 (1966), p. 717.

¹⁸⁷ Sandler, 'Marriage Guidance by Doctors', p. 1141.

¹⁸⁸ B. Sandler, 'The Student and Sex Education', *The Lancet*, 269.6973 (1957), pp. 832-833.

¹⁸⁹ B. Sandler, 'The Student and Sex Education', *The Lancet*, 269.6977 (1957), p.1042.

¹⁹⁰ 'Sex Instruction for Medical Students', *The Lancet*, 270.7005 (1957), p. 1112. British Medical Students' Association held a symposium on the Teaching of Sexual and Marital Relations to Medical Students in Cardiff 16 November 1957.

¹⁹¹ 'Family Planning and the Physician', *The Lancet*, 287.7449 (1966), pp. 1255-1256.

I hadn't been long in practice; this was about 1961, when I married. I needed condoms so I went to Boots in the town. Inevitably the condoms were placed near the toothpaste and I always managed to get served by the youngest female assistant. Such was my embarrassment that I merely asked for a tube of toothpaste and in the end I had a bathroom cabinet full of toothpaste and no condoms.¹⁹²

7.13 The Medical Profession excluded

The medical profession were further excluded from a role in 'birth control' at a meeting of the Family Planning Association in 1956, whose topic was 'Parenthood: by Choice or by Chance'. The participants, lay, religious and secular, held that the determination of national policy on birth control was the province of biologists, economists, statesmen and churchmen, and that the doctors' job was simply to devise and disseminate contraceptives.¹⁹³

There were calls to encourage 'social agencies' to attempt to prevent unwanted pregnancy and to prevent sexual behaviour in young people, although seeing pregnancy as a disincentive was not a commonly held ideal per se. Greenland, a psychiatric social worker, had noted that, in Scotland in 1953, sixty-five per cent of women aged between 16-19 were pregnant at the time of marriage, indicating that premarital chastity was the exception rather than the rule,¹⁹⁴ reinforcing the view that teaching of contraception would best be started in schools.¹⁹⁵ He dismissed religion and geography as significant influential factors in illegitimacy and commented that it was usually the younger unmarried mother who sought help from the 'moral-welfare agencies'.¹⁹⁶ He conceded, however, that not all illegitimate children were living in unstable homes. Many were with cohabiting, albeit unmarried parents. Illegitimacy was considered commonest in social class IV, and Greenland concluded that this was due to efficient contraception being used among the upper social classes and also that abortion was practised more commonly in this group.¹⁹⁷ Further, he felt that unmarried mothers or putative fathers were not a homogenous group of people with common social and psychological factors. In addition he conceded that 'many pieces of the jig-saw puzzle' were missing, but that his data suggested that unmarried

¹⁹² Interview AA 19 March 2009

¹⁹³ 'Family Planning Association', *The Lancet*, 267.6922 (1956), pp. 567-568.

¹⁹⁴ C. Greenland, 'Unmarried Parenthood. Ecological Aspects', *The Lancet*, 269.6960 (1957), p. 148. The comparable figure for England and Wales was 69%.

¹⁹⁵ A.W. Gardner, 'Unmarried Parenthood', *The Lancet*, 269.6963 (1957), p.325.

¹⁹⁶ Greenland, 'Unmarried Parenthood', p. 150.

¹⁹⁷ Greenland, 'Unmarried Parenthood', p. 151..

mothers as a whole had a higher reproductive capacity,¹⁹⁸ a view echoed in Baird's study in 1965 *A Fifth Freedom?*

Unanimity amongst the medical profession however did not break out, and making contraceptives available and providing instruction in their use was considered more likely to encourage experimentation and 'premarital coition'.¹⁹⁹

Parliament was taken to task for taking only seven days to legislate to prevent the sale of contraceptives from vending machines, yet it had not implemented the recommendations of the Royal Commission on Population in seven years.²⁰⁰ And in doing so had adopted the ostrich like approach of failing to recognise that despite moralising, sexual congress would take place, with no active steps taken to teach and facilitate the supply of contraceptive materials.

7.14 The ambivalence of the medical profession

The British Medical Association (BMA) in suspending the sale of its pamphlet *Getting Married* sailed into troubled waters in 1959, not least, as was discussed in Chapter Four, because of the charge that immorality was being promoted.²⁰¹ Yet although a minority, Roman Catholic doctors were considered to constitute a large proportion of the doctors of Britain, estimated as one sixth of those in general practice.²⁰² It was recognised nonetheless that if, by acts of commission or omission, a doctor inflicted his own religious belief on a patient then that would be considered unethical.²⁰³ This did not however inhibit a GP in Fife, a practising Catholic, when told by the local Health Visitor, also a practising Roman Catholic, of a fourteen year old mother's desire for contraception, from threatening to refer the FP clinic doctor to the GMC. The GP stopped the Pill and the 14 year old became pregnant again to the lodger.²⁰⁴

The Family Planning Association, at this time, considered its aim was to teach prospective parents to plan their families so that every child was wanted, and consequently objected to the refusal of the BMA to publish their advertisement on the spurious grounds that 'such an advertisement might give young people the green light to use contraceptive practices'. Furthermore, a spokesperson reminded readers of the *BMJ* that:

¹⁹⁸ C Greenland, 'Unmarried Parenthood', p. 151.

¹⁹⁹ E.C. Cordeaux, 'Unmarried Parenthood', *The Lancet*, 269.6964 (1957), p.377.

²⁰⁰ A.Comfort, 'Unmarried Parenthood', *The Lancet*, 269.6961 (1957), p. 213.

²⁰¹ Dr Eustace Chesser wrote an article for the publication *Getting Married* entitled 'Is Chastity Outmoded ? "Chastity Today"', *The Lancet*, 277.7183 (1961), pp. 936-937.

²⁰² A.D. Clift, 'Family Planning Advertisement', *British Medical Journal*, 1.5165 (1960), p. 59.

²⁰³ P.Darby, 'Family Planning Advertisement', *British Medical Journal*, 1.5165 (1960), p. 59.

²⁰⁴ Interview JJ 1 October 2009

Care is taken at our clinics to discourage promiscuity, and indeed, if it is suspected that our advice will be used to such ends, it will be withheld.²⁰⁵

The irony of this comment seems to have been lost on the FPA.

7.15 The Development of Methods of Birth Control

There was however a hunger, according to Wilson, for a method of contraception ‘which did not involve doing something every night and which your partner couldn’t take out, something which could be forgotten about’.²⁰⁶

Margaret Sanger established in America the Birth Control Clinical Research Bureau in 1923 and then lobbied for a laboratory based programme of contraceptive research.²⁰⁷ Sanger promoted research and recruited biologists specifically interested in research to improve birth control methods. F.A.E. Crew, director of the Department of Research in Animal Breeding at the University of Edinburgh, undertook such work in part because, for legal reasons, birth control research could not be initiated in the United States.²⁰⁸ American funding from the Committee on Maternal Health and the Bureau of Social Hygiene could however support laboratory research in Scotland and thus Crew, undertook a study on the effectiveness of spermicides. The director of the Bureau of Social Hygiene considered the British Isles was the best place to undertake such research and when the Scottish site was proposed stated, ‘The more advanced laws of England [sic] permit the carrying on of undertakings such as this and the publication of the results obtained without governmental interference’.²⁰⁹

Dr Ernst Gräfenberg in 1929 promoted the use of the silver spiral ring (Gräfenberg Ring) which was inserted in utero. He stated that the device, by causing endometrial hyperplasia precluded implantation of the fertilised ovum. Russian investigators disagreed considering that the silver spiral ring induced physicochemical changes which prevented fertilisation of the ovum that is having both an antinidatory and spermicidal effect.²¹⁰

Dr Hermann Knaus, an Austrian gynaecologist, and Dr Kyusaku Ogino, a Japanese gynaecologist in, 1936 concluded that ovulation was a mid-cycle event and that it occurred

²⁰⁵ J. Dubberley, 'Family Planning Advertisement', *British Medical Journal*, 1.5167 (1960), p. 197.

²⁰⁶ Interview EW 2 November 2009

²⁰⁷ M. Borell, 'Biologists and the Promotion of Birth Control Research, 1918-1938', *J.Hist Biol.*, 20.1 (1987), p.53.

²⁰⁸ Borell, 'Biologists', p. 4.

²⁰⁹ 'Spermaticides', Memorandum to the Executive Committee, 30 November 1928, BSH-RAC. Quoted in Borell, 'Biologists', p. 69

²¹⁰ 'The Technique of Birth Control', p. 623.

between day 13 and day 16 in a 28 day cycle.²¹¹ They also asserted that the unfertilised ovum had a 'brief' life and that thus the 'safe period' could be more accurately determined.

Drs Barton and Wiesner published in 1945 a paper outlining the use of plotting the basal body temperature (Waking Temperature) measurement in relation to ovulation and thus this technique was added to the armamentarium of those wishing to practice natural family planning.²¹²

By 1953 research into methods of contraception focussed on the immunological approach and the potential usefulness of the plant extract *Lithospermum ruderales*. Meanwhile trials of the sex hormone progesterone and the usefulness of anti-hyaluronidase phosphohesperidin, thought to be active orally, were underway.^{213,214}

7.15.1 The Intra Uterine Contraceptive Device

The mode of action of the newly reintroduced Intra Uterine Contraceptive Device (IUCD), however, remained the subject of much speculation.²¹⁵ Theories of impaired nidation and the alteration of tubal mobility being the most favoured, yet gynaecologists were beginning to lament the fact that contraception was being practised outwith the sphere of gynaecology.²¹⁶ The popularity of the IUCD fell in the mid 1970s in part due to adverse publicity about the Dalkon Shield® which was pilloried as a potential source of pelvic inflammatory disease (PID). Dr Libby Wilson, who worked in Glasgow, had intimate knowledge of the two cases of pelvic inflammatory disease recorded on the UK IUCD network²¹⁷ associated with the Dalkon Shield® considered that the 'public were ill served by market forces', as one case of PID was in a prostitute from Glasgow who had gonorrhoea and the other case was a Glasgow woman who had tried to induce an abortion with a knitting needle.²¹⁸

²¹¹ 'The "Safe Period"', *The Lancet*, 228.5893 (1936), pp. 322-323.

²¹² M. Barton and B.P. Wiesner, 'Waking Temperature in Relation to Female Fecundity', *The Lancet*, 246.6378 (1945), pp. 663-668.

²¹³ 'Population and World Resources', *The Lancet*, 262.6785 (1953), pp. 560-561.

²¹⁴ A.S. Parkes, 'Prevention of Fertilisation by a Hyaluronidase Inhibitor', *The Lancet*, 262.6799 (1953), pp. 1285-1287.

²¹⁵ The Gräfenberg ring having fallen out of popularity.

²¹⁶ E.G. Edwards and L.D. Jonas, 'Intrauterine Contraceptive Devices', *The Lancet*, 286.7421 (1963), p. 1078.

²¹⁷ R. Snowden, B. Pearson, 'Pelvic infection: a comparison of the Dalkon shield and three other intrauterine devices', *British Medical Journal*, 288. 6430 (1984), pp. 1570-1574. (UK IUCD Network. Coordinated by Prof. R. Snowden of the Institute of Population Studies, University of Exeter).

²¹⁸ E.S. Wilson, 'Underuse of the IUD', *Journal of Family Planning and Reproductive Health Care*, 34.4 (2008), p. 274.

7.15.2 Oral contraceptive pill

The study of reproduction emerged as a scientific discipline after 1910 but it was only progress in the field of hormone research which spurred studies of reproductive physiology, as the importance of chemical messengers in the mammalian reproductive cycle was recognised. Research continued however in the search for reliable and safe contraception and both physicians and biologists began to see this issue as within their domain of expertise. Once the physiology of the whole reproductive cycle was clearly understood then the search for an orally acting contraceptive could begin.²¹⁹ This, it was hoped would remove contraception from the act of consummation, and reduce the guilt felt by those who were adopting barrier contraceptive practices which interfered with intromission, that is remove the sex act from purely having a procreative function. The introduction of post coital contraception in 1972, known as the 'morning-after pill' was to firmly put contraception in the hands of women further distancing coition from procreation.²²⁰

That the medical profession were beginning at last to develop an interest in contraception, if not necessarily any enthusiasm for it ²²¹ can be demonstrated by the vast literature on the oral contraceptive pill trials and, the details of side effects, and that calls were made for the availability of these progestogenic compounds to be restricted to medical prescription.²²² Yet the medical profession were still considered to be lagging behind public needs and public opinion in not echoing the Protestant Church's blessing of birth control per se. Indeed, at its Annual General Meeting in 1961, the FPA called for the whole medical profession to be awakened to its responsibilities and every doctor and nurse to be equipped with basic training in family planning.²²³

The Minister of Health nonetheless made the profession responsible for the future of 'the contraceptive pill' and *The Lancet* called for its cautious use until a safety profile was

²¹⁹ Borell, 'Biologists', p. 85.

²²⁰ 'Post-coital contraception', *The Lancet*, 300.7772 (1972), p. 314.

²²¹ O. Jelly, 'Oral Contraceptives', *The Lancet*, 275.7125 (1960), pp. 649-650.

²²² G.B. Carruthers, 'Oral Contraceptives', *The Lancet*, 275.7125 (1960), p. 649.

²²³ 'Control of Conception', *The Lancet*, 277.7189 (1961), p. 1297.

assured and in this they considered that it would be sensible to restrict their use to menstrual irregularities.²²⁴

Physicians in the 1950s and 1960s, unlike their modern counterparts, learnt of the existence of new drugs through mailings from drug companies or visits from the drug company representatives. In some areas GPs, who at this time were for the most part single handed practitioners, organised Sunday morning postgraduate meetings as a means of interacting with local colleagues – often the only opportunity to meet other doctors and to discuss innovations and developments.²²⁵ General practitioners considered themselves a conservative breed and were slow to take up the innovation that was hormonal birth control. A retired GP interviewee stated:

I was very wary about giving women a hormone for years on end. I thought they might get pituitary tumours or something. I just didn't know so I decided I wasn't going to handle a hormone without knowing about it. I saw a course at Dean Terrace ²²⁶ advertised in the *BMJ* so I decided I better take the course and learn about this pill and read up about it.²²⁷

Whilst a retired family planning doctor thought that as 'General practitioners were pretty isolated people ... anything so drastically new was looked upon with a certain amount ... a degree of suspicion.'²²⁸

Dr Libby Wilson, however, considers that quite a few general practitioners in the late 1960s offered contraceptive advice because they could, and could charge for the service 'but they didn't know anything about it; they didn't want to know anything about it'.²²⁹ She commented:

General practitioners were very money conscious. The pill meant extra work. We didn't charge patients but I imagine others did.²³⁰

Informed women patients nonetheless began to request the pill and they came armed with information gleaned from radio, television and the popular press, or indeed with a copy of a *Which* report which advised 'You can go to your doctor, but not many GPs have been trained in contraceptive techniques'.²³¹

²²⁴ Editorial, 'Oral Contraception', *The Lancet*, 279.7240 (1962), pp. 1167-1168.

²²⁵ Interview AA 19 March 2009

²²⁶ Dean Terrace was site of Edinburgh's main family planning clinic.

²²⁷ Interview JJ 1 October 2009

²²⁸ Interview AA 19 March 2009

²²⁹ Interview EW 2 October 2009

²³⁰ Interview AA 19 March 2009

²³¹ Consumers' Association, 'Contraceptives', *Which* (1963).

I think it [requests for the pill] was patient driven, rather than the doctors. The patients got the information from the papers, the news and of course the television and magazines.²³²

A GP correspondent to the *BMJ* commented, in frustration :

I have just been asked for an ordinary prescription ... for 'birth pills' by a 25 year old mother of four, my first such request ... Unless it is now Government policy to include and pay for virtually unrestricted birth control within the provisions of the NHS ... it is clearly necessary for the Minister of Health to act quickly and remove the birth control-pills from the list of drugs prescribable by general practitioners.²³³

One *Lancet* correspondent stated categorically that 'we will no more prescribe [these pills] for purely social reasons than we would prescribe condoms. And then

Only if an effective contraceptive is medically imperative [and that] other accepted and tried methods are contraindicated [and] that the person concerned is in our opinion fit to be entrusted with the complicated task of remembering when to take them and to keep herself properly supplied [and] that the profession will have proved to our satisfaction that the pills are harmless.²³⁴

The prevailing legal opinion of the time was that an oral contraceptive could only be prescribed on a GP's prescription form (G.P.10), when, in the opinion of the doctor, there were sound *medical* reasons to do so, but of course there was no official guidance as to what constituted *sound* medical reasons. Some doctors would have taken the view that only if a pregnancy would have a detrimental effect on the woman would an NHS prescription be appropriate whereas others would consider that the anxiety and tension that could result from fear of an unwanted pregnancy would justify an NHS prescription.²³⁵ As so frequently happens when guidelines are unclear or nonexistent, general practitioners were damned if they did, and damned if they didn't.

The medical profession by the early 1960s was still to be persuaded that the provision of contraceptive advice was part of the doctor's normal duty.²³⁶ The *Family Planning in the Sixties Report* sought to persuade the medical profession that advice on family planning was part of a doctor's normal duty and in addition considered that the advice given to patients should be more permissive, allowing couples free choice and trial of contraceptive methods.²³⁷ Not all members of the FPA supported the idea, however, that they should

²³² Interview AA 19 March 2009

²³³ L. Johnston, 'Oral Contraceptives on the NHS', *British Medical Journal*, 2.5353 (1963), p. 387.

²³⁴ G.A. Stanton, 'Oral Contraceptives', *The Lancet*, 279.7240 (1962), p. 1183.

²³⁵ P. Dickinson, 'Oral Contraceptives on the NHS', *British Medical Journal*, 2.5358 (1963), p. 685.

²³⁶ 'The Future of Family Planning', *The Lancet*, 282.7314 (1963), pp. 926-927.

²³⁷ Family Planning Association and Francois Lafitte, *Family Planning in the Sixties. A Report of the Family Planning Association Working Party* (Birmingham: FPA, 1963).

extend contraceptive advice to 'unmarried women and girls', fearing a loss of support.²³⁸ Indeed women, especially those attending FPA clinics in Scotland, had to offer proof of marriage or provide sight of wedding invitations²³⁹ before they could be seen and in some areas of Fife there was said to be a 'shared wedding ring'.^{240,241}

I was doing a [surgical] house job out of Edinburgh and although I had no wedding date and no wedding invitations as proof, the head of family planning only reluctantly fitted me with a cap.²⁴²

The *Family Planning in the Sixties Report* further stated that from the standpoint of the FPA 'Scotland may be considered an underdeveloped area ...' perhaps due to 'the birth control movement's past'.²⁴³

In a direct response to the FPA's reluctance to see unmarried women and girls, Helen Brooks founded the Brook Advisory Centres as a charity dedicated to providing contraception and practical advice to young, unmarried women. The first clinic opened in July 1964 and over 500 young women visited in its first year.²⁴⁴ The Edinburgh clinic chairman was the charismatic, maverick Tory MP Nicholas Fairbairn.

The FPA considered that the combined (progestogen/oestrogen) oral contraceptive could be offered in their clinics under strict medical supervision by medical staff trained in the method, but outwith the clinics the responsibility for prescribing rested, as in all prescribing, with the individual doctors.²⁴⁵ Unfortunately at this time the NHS was considered, officially, only to be able to offer contraception to women for whom a further pregnancy would be detrimental to health, harking back to the 1930s.²⁴⁶

Interestingly some members of the nursing profession, a predominantly female profession, were no more enthusiastic about contraception than many of their medical colleagues:

... first we have birth control by the use of contraceptives which is morally wrong; then we hear of the use of the birth control pill as a practical way to combat the alarming surge of the world population - equally wrong.²⁴⁷

²³⁸ 'Family Planning Association', *The Lancet*, 283.7346 (1964), pp. 1321-1322.

²³⁹ Interview BB 9 April 2009

²⁴⁰ Interview DD 23 July 2009

²⁴¹ *Family Planning in the Sixties*, Chapter 4, pp. 22-23. In 14 out of 15 FPA clinics in Scotland women had to provide evidence that they were married or evidence of intention to marry.

²⁴² Interview ZZ 3 October 2011 Retired Family Planning Doctor.

²⁴³ *Family Planning in the Sixties*, Chapter 3, p. 13.

²⁴⁴ Brook Advisory Service <<http://www.brook.org.uk/about-brook>>[accessed 16 February 2014].

²⁴⁵ Lord Brain, A.S. Parkes and P.M.F. Bishop, 'Some Medical Aspects of Oral Contraceptives', *The Lancet*, 284.7373 (1964), pp. 1331-1332.

²⁴⁶ 'Planning Family Planning', *The Lancet*, 285.7397 (1965), pp. 1207-1208.

²⁴⁷ I.M. Sterlini, 'Contraception', *Nursing Times*, 26 February 1960, p. 258.

The pill can be considered to have ushered in a contraceptive revolution. No longer was the likely consequence of coitus an unwanted pregnancy and sexual intercourse was separated from reproduction. The novelty of the pill was that it enabled spontaneity. Young, unmarried women had more independence and there was thus an increase in sexual activity outside marriage. The 'pill' has oft been cited as the harbinger of the sexual revolution of the 1960s and such studies as have been done focused on the contraceptive practices of married women and the sexual practices of unmarried women.

Though it was first expected that this method would only be suitable for intelligent conscientious women, this is not so. It has been found that many feckless women who have been quite inconsistent over other contraceptive measures have found this method highly acceptable and have never missed a tablet.²⁴⁸

As a consequence women were fast becoming more active participants in their medical care and Watkins considers that this helped shift the balance of power in the traditional doctor-patient relationship.²⁴⁹ An interviewee commented:

I wanted the pill as I was sleeping with my fiancé. I could not go and see the family GP. So I got the train to Edinburgh [from Fife]. Of course it was inconvenient, but I wanted the pill.²⁵⁰

Concern however was expressed that GPs should neither over encourage or over dissuade patients about contraception based on their own natural bias but that a 'GP who failed to secure family planning help must take some responsibility when a pregnant mother becomes suicidal'.²⁵¹

The contraceptive pill allowed a woman to conceal from her partner the fact that contraceptive practices were being utilised. Marks further considered that this influenced attitudes relating to whether the responsibility for contraception should be shouldered by men or women. Interestingly Fisher found that in pre pill days many women expressed a preference for male methods of contraception because they did not want to take responsibility for contraception, supporting their notion that women should not take a proactive role in sex.²⁵²

7.16 Political, legal, medical interface.

²⁴⁸ 'Today's Drugs- Oral Contraceptives', *British Medical Journal*, 2.5356 (1963), p. 550.

²⁴⁹ Watkins, *On the Pill*, p. 3.

²⁵⁰ Interview EE 6 September 2009

²⁵¹ 'Family Planning', *The Lancet*, 284.7367 (1964), pp. 1008-1009.

²⁵² K. Fisher, 'Contrasting Cultures of Contraception. Birth Control Clinics and the Working-Classes in Britain Between the Wars', *Clio Medica-Amsterdam*, 66 (2002), p. 154.

The issue of whether pregnancy was a disease or not exercised the minds of many in the profession and amongst the political classes. The debate being that as pregnancy was not a disease then its prevention was not a proper object for a medical service. This assertion allowed many local authorities and hospitals to avoid providing family planning services, unless the pregnancy would be harmful to the health of the women. The Labour Minister of Health, Kenneth Robinson, and Mr Edwin Brooks, however, proposed a Bill in 1967, which would empower local authorities to provide contraceptive advice to people who wanted it regardless of whether the need was social or medical. The practice of some general practitioners requiring the written consent of husbands before prescribing the pill on the other hand has been considered in the previous chapter. Indeed the Secretary of State for Social Services in 1972 rejected the MP Neil Kinnock's request that would permit partners in a marriage to obtain contraceptive medicines and devices without the written consent of their spouses, stating that these were ethical matters between general practitioners and their patients, and that there was no statutory provision requiring consent.²⁵³

Kenneth Robinson, considered that a GP refusing to issue a prescription for the pill on conscientious grounds would not be in breach of his terms of service.²⁵⁴ He did not feel, however, that contraceptives supplied on social grounds should be provided without charge²⁵⁵ and considered that, as GPs would have a financial interest in dealing with non medical cases themselves rather than referring them to the (proposed) local authority financed clinics, this would be another limiting factor on the expansion of a local authority service as well as the limiting factor of medical manpower. The politicians also clearly saw the cost benefit of providing a family planning service as this would save on family allowances and the social costs of problem families, children in care and midwifery, health visiting and maternity hospitals costs as well as maternity fees to doctors.²⁵⁶ Willie Ross, Secretary of State for Scotland, nonetheless opined in 1966, that 'I do not think we are quite ready for this legislation in Scotland', and that there are 'controversial points such as the line to be taken on advice and treatment for the unmarried'.²⁵⁷ The suggestion that family planning clinics be based in hospital departments was however felt likely to medicalise a non

²⁵³ Hansard HC Deb 01 February 1972 vol 830 c226

²⁵⁴ Hansard HC Deb 04 July 1966 vol 731 cc4-5

²⁵⁵ Hansard HC Deb 20 June 1966 vol 730 cc26-7

²⁵⁶ NRS HH 61/1005 Family Planning 1965-1966, Letter from F.A. Adams to Hodges

²⁵⁷ NRS HH 61/1005 Family Planning 1965-1966, Letter from Willie Ross to Kenneth Robinson 28 June 1966.

medical problem.²⁵⁸ The political influences and debates are discussed more fully in Chapter Four.

In the mid 1960s, if in the opinion of the GP, the request for contraception was based on medical necessity then the doctor could provide the service free under the NHS, but if considered 'social', then a charge for the advice and the prescription could ensue as well as the patient paying for the supplies. Family Planning Clinics providing advice in some areas caused much animosity between GPs and family planning doctors with tirades against family planning clinics from local GPs who did not wish an external agency 'interfering' in their management of a patient. Whether this was due to a perceived loss of income for the GP is however unclear.²⁵⁹ Searching Local Medical Committee (LMC) and General Practice Sub Committee (GPSC) minutes for the period under study would perhaps have been helpful in clarifying this matter but the Director of Legal Services at the BMA considered that it would not be appropriate to 'make such minutes publically viewable'.²⁶⁰

Sir John Peel, erstwhile President of the BMA, in 1971, commenting on the inexorable rise in the number of abortions considered that gynaecologists as well as GPs were becoming incensed by the increasing demand that they should recommend and carry out abortions on the Health Service for purely social convenience and yet are prevented from prescribing the drugs and issuing appliances necessary for effective contraceptive practice as freely within the Health Service as any other drugs unless there exists a 'medical indication'. The Conservative Secretary of State for Health and Social Services, Sir Keith Joseph at this time having apparently described free contraception as a gratuitous waste of taxpayer's money.^{261,262}

7.17 Health Inequalities

The *BMJ* had called, in 1969, for a comprehensive family planning service to be set up encompassing fitting of contraceptive devices, prescribing the most appropriate pill, undertaking such physical examinations as were indicated, undertaking a cervical smear, advising on infertility and relationship difficulties within marriage and taking gynaecological and genitourinary samples for diagnostic purposes. In short the *BMJ* called

²⁵⁸ "'Medical" or "Social"?, *The Lancet*, 289.7481 (1967), p. 88.

²⁵⁹ Interview ZZ 3 October 2011

²⁶⁰ Personal correspondence with Honorary Secretary, Fife Local Medical Committee, 24 October 2011.

²⁶¹ 'Abortion or contraception?', *British Medical Journal*, 3.5769 (1971), pp. 261-262.

²⁶² J. Peel, 'The Health of Women', *British Medical Journal*, 3.5769 (1971), p. 269.

for such a service to be provided by properly trained medically qualified persons.²⁶³ Ownership of family planning was thus to be in the hands of doctors.

The lack of readily available advice on contraception to all nonetheless, in 1970, was increasingly becoming recognised as a major deficiency of the National Health Service and there were calls for a family planning service within hospitals to be instituted with gynaecologists taking the lead by undertaking regular ward rounds of in-patients.²⁶⁴ In addition doctors were being encouraged to promote family size limitation and to encourage local authorities to use their powers to set up family planning clinics.²⁶⁵

Recognition of health inequalities nevertheless predated the *Black Report*²⁶⁶ and also recognition that those most in need of constructive, practical, family planning advice, the poorest and often the most disadvantaged in society, prompted enthusiasts to institute domiciliary family planning services in initially Newcastle and Southampton in 1961. Later the model was adopted in Glasgow in 1970 by Dr Libby Wilson who was accused of facilitating 'sex on the rates'.^{267,268} Not surprisingly, at this time, the Catholic Marriage Advisory Council in Glasgow raised objections to this outreach approach and persisted in advocating the use of the temperature method to identify the infertile phase of the menstrual cycle.²⁶⁹ Dr Evans, who worked in a similar domiciliary service in Liverpool in 1972, commented that the impoverished clients, who were often illiterate and who shared a bed with two or three children,²⁷⁰ found it virtually impossible to use a thermometer and to chart their infertile period, but at least all they had to pay for was the bus fare to the clinic and the cost of the thermometer and the cost of the chart.²⁷¹

7.18 Safety of contraceptives.

The penny and half penny mailings, which were sent to members of the medical profession in the late 1930s and the advertisements in the medical press, extolled the merits of proprietary contraceptive preparations but *The Lancet* raised questions as to the reliability,

²⁶³ 'Family Planning Services', *British Medical Journal*, 4.5686 (1969), p. 760.

²⁶⁴ The term in-patients relates to those patients who stay overnight in hospital as opposed to out-patients who merely visit for appointments or day care procedures. S.J. Steele, 'Family Planning Services within Hospitals', *The Lancet*, 295.7645 (1970), pp. 514-515.

²⁶⁵ J. Briggs, 'Doctors and the Population Problem', *The Lancet*, 297.7703 (1971), p. 805.

²⁶⁶ P. Townsend, N. Davidson and M. Whitehead, *Inequalities in Health. The Black Report* rev. edn (London: Penguin Books, 1992).

²⁶⁷ E. Wilson, 'Domiciliary Family Planning Service in Glasgow', *British Medical Journal*, 4.5789 (1971), pp. 731-733.

²⁶⁸ E. Wilson, *Sex on the Rates. Memoirs of a Family Planning Doctor* (Glendaruel, Argyll: Argyll Pub, 2004), p. 136.

²⁶⁹ J.A. McGarry, 'Glasgow Family Planning Service', *British Medical Journal*, 1.5795 (1972), p. 315.

²⁷⁰ B. Evans, 'Domiciliary Family Planning Service', *British Medical Journal*, 1.5800 (1972), p. 629.

²⁷¹ McGarry, 'Glasgow Family Planning Service', p. 315.

practicability and safety of such preparations.²⁷² Indeed, in the opinion of some gynaecologists and obstetric text books the use of contraceptives early in marriage was considered inimical to pregnancy later as chronic endocervicitis and erosions could ensue from the insertion of 'mechanical and chemical devices'.²⁷³ Dr Alabaster, a noted gynaecologist, considered that 'the cervical canal [be] viewed as the Dardanelles of the genital tract',²⁷⁴ whereas Dr Green-Armytage also a consultant gynaecologist emphasised his concerns about the psychological sequelae of contraceptive use.²⁷⁵

Indeed subsequent fertility was considered to be impaired by chemical methods and there was the fear of congenital abnormalities in the children resulting from failed contraception, thus mechanical methods were considered more desirable.²⁷⁶ Marie Stopes, in entering the controversy, considered that the maxim 'never put in the vagina what you would not put in your mouth' held good for evaluating the safety of contraceptives.²⁷⁷

The National Child Birth Control Association in drawing on their detailed records, based in some cases on six monthly examinations of both the nulliparous and parous cervix, refuted the suggestions that chronic endocervicitis and erosions were consequent on the use of mechanical methods of contraception^{278,279} and reiterated their belief that the teaching of contraception should be a matter essentially for the medical profession.²⁸⁰

Notwithstanding the foregoing, there was concern expressed that as the manufacture and retail of all forms of contraception increased, shops could display contraceptives in their windows with 'flamboyant illustrations' and that street trading and sale in slot machines as well as circularising engaged couples took place.²⁸¹

That some doctors by 1969 took ownership of family planning seriously was evidenced by the disquiet expressed when the Committee on Safety of Drugs issued a warning notice regarding the oestrogen content of oral contraceptives, but disseminated the information to the general public, newspapers and television before advising the medical professionals. Indeed *The Times* medical correspondent suggested to patients that they discuss this matter

²⁷² 'The Reliability of Contraception', *The Lancet*, 230.5943 (1937), pp. 210-211.

²⁷³ James Young, *A Text-book of Gynaecology for Students and Practitioners* 4th edn (London: Black, 1936), p. 103.

²⁷⁴ G.H. Alabaster, 'Contraception and Fertility', *The Lancet*, 231.5973 (1938), p. 462.

²⁷⁵ Green-Armytage, 'Contraceptives and Fertility', p. 419.

²⁷⁶ Whitehouse, *Eden and Lockyer's Gynaecology for Students and Practitioners*, p. 215

²⁷⁷ M. Stopes, 'Contraception and Fertility', *The Lancet*, 231.5975 (1938), p.577.

²⁷⁸ M.A. Pyke, 'Contraception and Fertility', *The Lancet*, 231.5972 (1938), p. 405.

²⁷⁹ J. Malleson, 'Contraception and Fertility', *The Lancet*, 231.5974 (1938), p.517.

²⁸⁰ M.A. Pyke, 'Contraception and Fertility', p. 637.

²⁸¹ 'This Contraceptive Business', *The Lancet*, 231.5980 (1938), p. 852.

at leisure with their doctor,²⁸² whilst Dr Shirley Summerskill MP, chairman of the Parliamentary Labour Party health group, advocated that all ‘high dose’ pills should be banned immediately.²⁸³ Family Planning Clinics and general practitioners were inundated with phone calls from worried women regarding the publicised advice, yet it is noteworthy that the Chairman of the Committee on Safety of Drugs in explaining to the profession, but not apologising, indicated that the confidential information given to the drug companies prior to being disseminated to the medical profession had been leaked to a national daily newspaper.²⁸⁴ Twenty six years later, in 1995, the same furore arose when the press obtained information about the perceived risks of third generation oral contraceptive pills prior to doctors,²⁸⁵ and the medical profession were once again caught unawares by an ill informed public who, by now, had access to day time television and rolling news programmes. In outlining the risks of third generation pills though, little emphasis was given by the lay press to the fact that smoking was the greatest risk factor.

7.19 A call for the NHS to have overall responsibility for family planning – ignored.

A memorandum in the Report of the Select Committee on Science and Technology (which had no female members) in 1971 suggested that:

all boys and girls should have an accurate knowledge of contraception by the time they leave school and be able to obtain professional advice on contraception²⁸⁶

and that the National Health Service should have overall responsibility for family planning and that better training in contraceptive methods was advised for medical students and family doctors. The government’s response was, however, lukewarm despite increasing calls from the medical fraternity for the full liberalisation of all family planning services.^{287,288} There was also criticism of the attitude of some doctors who were accused of giving advice even though they had never received any training in birth control.²⁸⁹ Yet it was also recognized that the time needed to fit and explain the use of a contraceptive

²⁸² J. Roper, ‘Change to Safer Pill Warning’, *The Times*, 12 December 12 1969), p. 1.

²⁸³ J. Roper, ‘Controversy on Pill’, *The Times*, 13 December 1969, p. 1.

²⁸⁴ E.F. Scowen, ‘How it Happened’, *British Medical Journal*, 4.5686 (1969), p. 805.

²⁸⁵ Committee on Safety of Medicines. *Combined Oral Contraceptives and Thromboembolism*. (London: CSM,1995)

²⁸⁶ Select Committee on Science and Technology, *Population of the United Kingdom*, (London: HMSO,1971), Para 47 p. 298.

²⁸⁷ J.A.D Anderson et al., ‘Doctors and Overpopulation’, *The Lancet*, 299.7741 (1972), p. 89.

²⁸⁸ P.W.W. Gifford, ‘Doctors and Overpopulation’, *The Lancet*, 299.7743 (1972), p. 196.

²⁸⁹ Select Committee on Science and Technology, *Population of the United Kingdom*, (London: HMSO, 1971). Para 47 p. 298

appliance might be considerable but that, in some parts of the country, the family doctor was the only accessible person who might be able to offer any advice.²⁹⁰ Thus rural practices might have been expected to offer a full range of contraceptive advice, yet the doctor(s) may have had no interest, expertise, inclination or indeed might have had religious objections to the subject. The notion that a GP who did not provide contraceptive services would advise the patient that appropriate advice be obtained from a family planning clinic some distance away might have proved to be utterly impractical. These patients were thus clearly at a disadvantage.

The Bishop of Leicester, at the official religious service for the BMA in 1971, called for a greater moral lead by the profession to explain to teenagers that their indulgence in 'fornication' was unwise and risky, that 'it is wrong, selfish on the part of the boy and feckless on the part of the girl', and that doctors 'will be listened to in a way that no parson ever will'.

This is part of the responsibility which you have to carry as guardians in our community of health and happiness.²⁹¹

The Bishop, in the correspondence columns of the *BMJ*, was however felt to have exaggerated the profession's capacity to influence patient's conduct:

If I have never been able to persuade any healthy person to stop smoking by precept and example, could I expect to stop a determined fornicator by advising against it?²⁹²

The government continued to obfuscate and refused to take the lead on promoting family planning. Yet many doctors believed, in the absence of the Health Service accepting formal responsibility and dropping the distinction between medical and social needs, that providing family planning advice was not an area which required special skills and knowledge.²⁹³ And yet other members of the profession, by 1972, were calling for a career structure and specialised training in family planning with extended roles for nurses and appropriate ancillary back up,^{294,295} although unfortunately other doctors engaged in family planning work considered their role to be so undervalued that they would not acknowledge to colleagues their sphere of work. They were 'ashamed'.²⁹⁶ Interestingly, to this day,

²⁹⁰ Editorial, 'Memorandum on Family Planning with Particular Reference to Contraception', *British Medical Journal*, 1.4758 (1952), p. 596.

²⁹¹ Supplement, 'Official Religious Service', *British Medical Journal*, 3.2770 (1971), p. s109.

²⁹² W. Wood, 'Abortion or Contraception', *British Medical Journal*, 3.5772 (1971), p. 476.

²⁹³ J.K. Russell, 'Planning Family Planning', *The Lancet*, 299.7745 (1972), p. 310-311.

²⁹⁴ Russell, 'Planning Family Planning', pp. 310-311.

²⁹⁵ 'Reorganized Family Planning', *British Medical Journal*, 4.5894 (1973), pp. 690-691.

²⁹⁶ Interview OO 27 October 2011

sessional family planning work is still relatively poorly remunerated. Some in the profession, however, took the view that requests for contraception should be encouraged and that no charge be made to the patients to offer support for their socially responsible actions and that furthermore male doctors with completed families should, in order to encourage patients, have bilateral vasectomies.²⁹⁷

In calling for a large extension of family planning services, emphasising that such services should be freely available within the NHS, and that abortion laws should remain liberal and no regional variation be evident in the provision of abortion services, eminent members of the profession including Doctors Derrick Dunlop, John Guillebaud and Malcolm MacNaughton,²⁹⁸ writing in the *BMJ* in 1972 castigated the government for its lukewarm response to the Report of the Select Committee on Science and Technology.²⁹⁹ Lord Brock however voiced concern that these doctors were speaking as social reformers, not as doctors,³⁰⁰ and that this amounted to ‘the use of organised medicine as an instrument of political policy at the expense of individual freedom’, and that under National Socialism medicine was subordinated by political expediency.³⁰¹

There was however growing acknowledgement that the medical profession had to admit to being slow in recognising the needs of their patients for advice and treatment in relation to family planning, and that ‘family planning must be accepted as one of the essential public health measures of our day’.³⁰² Yet unmarried women complained of suffering ‘moral interrogation’ when requesting contraceptives, and the requirement for a woman presenting herself for advice at a Family Planning Clinic to have a referral letter from a GP, as was the case in Aberdeen, was deplored.³⁰³

Dr Anderson, a practitioner to students and nurses, from Aberdeen, in a Personal View Column in the *BMJ* in 1972, remarked that accepting a changed climate of social mores, where chaperones did not exist and where ‘mere propinquity will initiate sexual arousal’, the profession were encouraged to protect the patient and prescribe contraception, as a lesser evil,³⁰⁴ but also to resist pressures to prescribe without attempts at education,

²⁹⁷ L.J. Blay, 'Doctors and Overpopulation', *British Medical Journal*, 1.5794 (1972), p. 242.

²⁹⁸ J.A.D. Anderson et al, 'Doctors and Overpopulation', *British Medical Journal*, 1.5792 (1972), p. 108.

²⁹⁹ Select Committee on Science and Technology, *Population of the United Kingdom* (London: HMSO, 1971).

³⁰⁰ Brock, 'Doctors and Overpopulation', *British Medical Journal*, 1.5797 (1972), p. 440.

³⁰¹ T. Lodge, 'Doctors and Overpopulation', *British Medical Journal*, 1.5794 (1972), p. 243.

³⁰² 'Vagaries of Parenthood', *British Medical Journal*, 1.5801 (1972), pp. 643-644.

³⁰³ C. McCance and D.J. Hall, 'Sexual Behaviour and Contraceptive Practice of Unmarried Female Undergraduates at Aberdeen University', *British Medical Journal*, 2.5815 (1972), p. 698.

³⁰⁴ V. Anderson, 'Personal View', *British Medical Journal*, 3.5825 (1972), p. 524.

explanation and advice.³⁰⁵ It was advocated that decisions were to be based on medical factors and, although moral issues surface, it was suggested that it was an abuse of their professional position for doctors to impose personal views on the captive audience at the consultation.

The moral issues should be discussed and decided outside the surgery by the individual concerned.³⁰⁶

In making the case for free contraception within the NHS and acknowledging the fact that more patients were needing to consult their doctors for advice on intrauterine and oral contraception as well as sterilisation, the *BMJ* in 1973 highlighted the general change in attitude in the profession to the sexual aspects of medicine and general approval among doctors for the principle of NHS contraception.³⁰⁷ It was considered nonsensical to expect the doctor to moralise and make the distinction between medical and social needs for contraception, and that only when the provision of contraception was within the NHS was it likely be recognised along with immunisations against childhood fevers as part of the family doctor's work;

And only then will the doctor feel free to urge feckless, fecund, multigravidae to agree to some long term defence against repeated pregnancy.³⁰⁸

A working party of the Royal College of Obstetricians and Gynaecologists echoed the call for the inclusion of family planning services within the NHS.³⁰⁹ And yet not all GPs had enthused about the anticipated increased workload:

The family doctor will be expected to prescribe on demand and for social reasons, a potentially dangerous drug.³¹⁰

As a medical examination is not necessary before a condom is worn, and as I did not study medicine with the ideas of supplying these, I do not propose to issue prescriptions for these articles.³¹¹

I can visualize that there will be a sudden abandonment of general practice by some doctors who may feel that they are not prepared to act as an agency to give away condoms to all who want them whilst those who are sick wait in the queue.³¹²

³⁰⁵ E. O. Evans, 'Medical Advice on Contraception', *British Medical Journal*, 3.5829 (1972), p. 767.

³⁰⁶ J. A. Lunn, 'Medical Advice on Contraception', *British Medical Journal*, 3.5829 (1972), p. 767.

³⁰⁷ 'Case for Free Contraceptives', *British Medical Journal*, 1.5846 (1973), p. 130.

³⁰⁸ 'Case for Free Contraceptives', p. 130.

³⁰⁹ *Unplanned Pregnancy. Report of the Working Party of the Royal College of Obstetricians and Gynaecologists*. (London: RCOG, 1972).

³¹⁰ T.J. Burke, 'Contraceptives on the NHS', *British Medical Journal*, 2.5858 (1973), p. 117.

³¹¹ J. Cantor, 'Contraceptives on the NHS', *British Medical Journal*, 2.5858 (1973), p. 117.

³¹² T.D. Richards, 'Contraceptives on the NHS', *British Medical Journal*, 2.5860 (1973), pp. 244-245.

Notwithstanding the foregoing, it was however becoming increasingly apparent that unplanned and unwanted pregnancies were more common among the wives and daughters of manual workers and that, whilst family planning clinics had a predominantly middle class appeal, married working class women tended to consult their general practitioners, whilst their single daughters did not.³¹³ It was not however clear whether this was because of a more casual attitude to contraception or whether the single women were fearful that the GP might oppose the use of contraceptives by the unmarried.³¹⁴ An interviewee stated categorically, 'I couldn't possibly have gone to my GP. He looked after the whole family, from when I was a child'.³¹⁵

I was pregnant but I couldn't see the family GP. I didn't know about a family planning clinic so I wrote to a magazine. They helped, and arranged everything.³¹⁶

7.20 NHS reorganisation – he who pays the piper calls the tune.

The National Health Service Reorganisation Bill, originally introduced in the House of Lords in December 1972,³¹⁷ was thought in 1973 to have proposed introducing charges for contraceptive supplies on NHS prescriptions to placate those who considered a totally free service would cause a 'dissolute rush into the pit of permissiveness'.³¹⁸ *The Lancet* however considered that a free comprehensive family planning service on the model from Aberdeen would justify the modest cost. Yet the free planning services of the 1974 Bill were criticised at the annual representative meeting of the BMA which voted for a motion suspending free family planning services, as proper arrangements for remuneration had not been agreed.³¹⁹

The de-medicalisation of family planning services continued when the FPA suggested that suitably trained nurses could be allowed to prescribe the pill independently, in a manner analogous to midwives prescribing analgesics in labour rather than under the clinical supervision of a clinic doctor.^{320,321,322} On a worldwide basis there was increasing recognition that the medical profession need not play a paramount role in contraceptive

³¹³ M. Bone, *Family Planning Services in England and Wales* (London: HMSO, 1973), p. 5.

³¹⁴ 'Sex and Social Class', *British Medical Journal*, 3.5872 (1973), p. 121.

³¹⁵ Interview EE 2 August 2009

³¹⁶ Interview FF 21 September 2009

³¹⁷ Hansard HL Deb 19 December 1972 vol337 cc987-1072

³¹⁸ 'No time for compromise on contraception', *The Lancet*, 301.7804 (1973), p. 650.

³¹⁹ B. Ashworth, 'Family-Planning Services', *The Lancet*, 304.7873 (1974), p. 176.

³²⁰ 'The Pill off Prescription?', *The Lancet*, 304.7886 (1974), pp. 933-934.

³²¹ M. Smith et al, 'Distribution and Supervision of Oral Contraceptives', *British Medical Journal*, 4.5937 (1974), p. 161.

³²² M. Smith and P. Kane, *The Pill off Prescription* (London: Birth Control Trust, 1975), p. 15.

practice.³²³ It seems that the medical profession having come late to the party were likely to be the first to leave. Dr Huntingford argued that oral contraceptives should be on sale to the public without a prescription and considered that the notion of nurse prescribers, rather than promoting the increased availability of contraception, would merely be another barrier to complete freedom of access.³²⁴

The Doctors and Overpopulation Group, at a symposium in 1974, discussed how it was increasingly recognised that as knowledge of birth control was disseminated throughout the community the doctor's role was likely to change, (if it had ever truly been) from a supplier of devices and a prescriber of pills to a specialist counselling role. Many unintended pregnancies were considered to have been due, not so much to ignorance of methods of contraception, but women's reluctance to ask for advice.³²⁵

7.21 Contraception Free on NHS

Completely free contraceptive services were, prior to NHS reform in 1974, offered in many large cities including Glasgow and Aberdeen and these local authorities had recognised that any charge would deter those most in need. Barbara Castle, the incoming Labour Health Minister, therefore had merely extended to the whole country what had been available in the most far sighted local authorities. The FPA, in supporting the decision to impose no age limit on contraceptive supplies, acknowledged that ninety-five per cent of young people attending family planning clinics were already sexually active and refuted the notion that the availability of contraception to 'minors' would encourage promiscuity.³²⁶ This decision however was erroneously portrayed as having the full support of all clinic doctors who considered that the much vaunted democracy of the FPA policy making was a farce.³²⁷

7.22 Item of Service payments to Doctors

Barbara Castle and the Department of Health introduced, in 1975, a system of item of service payments to General Practitioners as a reward for providing family planning services, and hospital consultants who provided sterilisation procedures were to be similarly financially rewarded. Unfortunately, despite extensive correspondence in the *BMJ* regarding fees to hospital consultants for undertaking female sterilisation and vasectomy operations, Health Boards in Scotland did not act on the appropriate NHS

³²³ 'The Pill off Prescription?', *The Lancet*, pp. 933-934.

³²⁴ P.J. Huntingford, 'Introduction', in *The Pill off Prescription* (London: Birth Control Trust, 1975), pp. 2-3.

³²⁵ 'Sex for Medical Students', *British Medical Journal*, 2.5921 (1974), p. 686.

³²⁶ M. Smith, 'Minors and Contraception', *British Medical Journal*, 3.5922 (1974), p. 46.

³²⁷ E. Elliott, 'Contraceptive Services', *British Medical Journal*, 3.5925 (1974), p. 260.

circular, so surgeons in Scotland undertaking vasectomies were financially disadvantaged.³²⁸ Although Grampian Health Board consultant gynaecologists calculated that they undertook, in 1974, 1500 sterilisation procedures, mostly on social grounds these doctors did not consider extra work to be involved. Furthermore, that the proposed scheme which would remunerate gynaecologists for undertaking work which was already part of their duties was 'a catastrophic waste of money which the Health Service can ill afford,' and that at least the Aberdeen gynaecologists were 'absolutely opposed to any item-of-service payment for family planning', especially at a time when the aim of the reorganisation of the Health Service had been to provide integrated care.³²⁹

Concern however was expressed that the objectivity of counselling might diminish if some services offered were more lucrative than others, that is to provide oral contraception would be rewarded less than the fitting of an IUCD. In addition the teaching of medical students and nurses that fertility control was an integral part of general medical care would be compromised by the consideration that treatment recommendations might be made on non-clinical grounds.³³⁰ It was not unusual for doctors working in Family Planning clinics to be berated by general practitioners who considered that FP clinics by providing such services were diminishing the GPs potential income stream.^{331,332}

Some considered nonetheless that a free contraceptive service could not be effective unless the cooperation of the profession was achieved, and that this would only be achieved by suitable remuneration package, 'a touch of gold' according to Watson in a letter to the *BMJ*, although a cynic might have suggested 'greasing a palm' to be a more apposite turn of phrase:

My regret is that it was not introduced years ago, when thousands of unwanted children and their ensuing problems or terminations might have been prevented. What a tragedy if discontent at the Government's means prevent the end being achieved.³³³

In the event contraceptive provision to patients was free and item of service payments were made to GPs. The expectation of the government being that, in providing contraceptive advice to their patients, doctors would have regard to authoritative medical opinion and be appropriately trained. The Family Planning Association ran courses, rewarded on

³²⁸ A.C. Graham, 'NHS Family Planning Services', *British Medical Journal*, 4.5999 (1975), p.762.

³²⁹ M.H. Hall and A.Templeton, 'Family-Planning Services', *The Lancet*, 306.7939 (1975), p. 819.

³³⁰ Hall and Templeton, 'Family-Planning Services', p. 819.

³³¹ Interview ZZ 3 October 2011

³³² Interview OO 27 October 2011

³³³ P.Watson, 'Family-Planning Services', *The Lancet*, 306.7939 (1975), p. 820.

successful completion, by the Family Planning Certificate which proved that the requisite number of IUCDs and caps had been fitted.³³⁴

This situation pertained until 2004 when family planning services were integrated into the GPs General Medical Services Contract and item of service payments were no longer made. The direct financial incentive to undertake contraceptive work diminished and practices looked more at the cost benefit analysis of the time taken to undertake this work. Coupled to this, guidelines were introduced which indicted that there was a minimum number of IUCDs which should be fitted to maintain one's proficiency. The inevitable upshot being that fewer practices offered a complete range of contraceptive services, and those which continued as prior to 2004 were less likely to become involved in prescribing and fitting the newer long acting reversible forms of contraception such as the intra uterine system (Mirena ® – IUS) or progestogen implant.

7.23 Conclusion

The medical profession in discussing this issue of birth control in 1921 was reminded, however, that the birth rate amongst the profession was, if not the lowest, amongst the lowest in the community, and 'assuming that sterility, unhappy marriages, moral flabbiness or an inordinate degree of lustfulness were not the cause then deliberate limitation of family size was being practised; unless of course the profession was unusually continent'.³³⁵ The results of a postal questionnaire to a sample of GPs and consultant obstetricians in 1969 showed that seventy three per cent of respondents personally practised contraception, and that the usage of oral contraceptives, sterilisation and the IUCD was higher than in the general population, whereas reliance on *coitus interruptus* and condoms was found to be less than in the general population.³³⁶ Diaphragm and rhythm method usage equated with the general population. These findings at least suggest that the medical professionals were personally making use of the technological advances in birth control but that their choices were not transmitted to their patients. The question remained why?

As contraception improved in efficacy, became female orientated and dependent on active medical intervention, so the medical profession took over a measure of control, from the decision as to whether a contraceptive pill was the correct method for a patient, to the

³³⁴ Personal correspondence AP, retired GP.

³³⁵ Hanschell, 'Birth Control', p. 339.

³³⁶ R. Levin, A.I. Jowett and A.G. Raffan, 'Conception Control in Doctors' Families', *Practitioner*, 204. 223 (1970), p. 696.

adjudication of the moral dilemma as to whether contraception was an appropriate course of action to be employed by the unmarried. From adjudicating on abortion and initiating a referral to a gynaecologist who is most likely to have views in accord with the GP referrer,³³⁷ decisions were being made which involved doctors in complex, often non medical decisions, in which they only had their own moral compass as a guide, but what they certainly did not have was training for this role.³³⁸ Aitken-Swan, who worked in the Institute of Medical Sociology at Aberdeen University, and who undertook research on attitudes and professional practices in relation to contraception, abortion and sterilisation in the North East of Scotland in the early 1970s, considers that there was an assumption of 'normality' against which the woman's wishes were judged, and that if a woman did not want to have any more, or indeed any children, she had to convince a doctor of the 'rightness' of her request.

Reassuringly though, doctors who failed to respond to a late night request for a home visit to replenish supplies of the contraceptive pill in the patient's hour of need were not to be criticised, and the Minister of Health considered that such a refusal could not constitute a breach of a practitioner's terms of service.³³⁹

The aim of this chapter has thus been to outline the change in attitudes and practice of the medical profession to the subject of birth control in the period under study. From a period where the profession eschewed any involvement, though perhaps personally took advantage of the knowledge to limit their own family size, through a time when there was no consensus amongst the profession as to its proper role, to a situation whereby the profession considered themselves the rightful guardians of the knowledge based on the increasing 'scientific' involvement paralleling the understanding of the reproductive cycle and hormonal influences leading ultimately to the development of the oral contraceptive pill. This chapter spans a time when practising birth control was regarded as a morally dubious exercise, but advice was available to the wealthy but denied to the poor, through a period in the 1940s when there was a stigmatising attitude to large families to a time when universal provision was made to rich and poor, married and unmarried. Initially there was no instruction at medical schools on the subject of birth control, whereby private enterprise was the educator, but by the 1970s piecemeal instruction took place in some centres of higher education; however there remained no universal provision for such instruction at least at undergraduate level.

³³⁷ Interview BB 9 April 2009

³³⁸ J. Aitken-Swan, *Fertility Control and the Medical Profession* (London:Croom Helm, 1977), p. 221.

³³⁹ Hansard HC Deb 06 March 1964 vol 690 c268W

In the early period covered by this study the learned medical journals deprecated the practice of some doctors becoming involved in offering birth control advice but eventually these journals offered wholehearted support for the promotion of birth control.

Technological advances and innovations meant that early contraceptive devices and preparations that were available required commitment and preferably a ready supply of running water, to a time when sex could be separated from the procreative to a merely hedonistic function and that women gained new found freedoms with the developments and advances of the IUCD, implant, injectable contraceptives and oral contraceptives.

Birth control advice was initially unavailable from NHS GPs, then there was a spell when they could charge NHS patients for advice and prescriptions then item of service payments were paid to GPs for providing this service and eventually birth control advice became being freely available at NHS expense in 1975.

Doctors were never at the forefront of setting up or running birth control clinics but lay enthusiasts were, who saw a social need. The medical profession were taken to task for following behind lay opinion. The public increasingly wished information but a vacuum existed as to who could meet their thirst for knowledge. The profession as a body still did not see this as its role. Opponents, both lay and medical, at this time questioned the safety of birth control methods and yet there was recognition that there was no reliable, foolproof method suitable for all. The profession's defence to the accusation that it had failed to become involved in birth control was: that there had been difficulty in formulating clear policies, there was a taboo on discussing sex and the attitude of the Churches. In addition the variance of views amongst sociologists and economists' had 'all naturally militated against organised medicine being in a position to make a pronouncement on some of the most important national and propagandist aspects of the [birth control] movement'.³⁴⁰ Some though considered that it was up to the State to formulate a policy which would be generally acceptable, rather than 'expect the doctor to engage in the polemics of the movement'. The lack of adequate birth control advice was felt to contribute in part to rising tide of abortions and the profession called for clear legal and political guidance on this issue.

Other professions and agencies were instrumental in facilitating the dissemination of birth control advice and this will be the subject of a further chapter.

³⁴⁰ Young, 'The Medical Profession and Birth Control', p. 213

The next chapter, however, will consider by way of case studies of Scottish cities how birth control advice was promoted.

Chapter Eight: Case Study: Edinburgh, Dundee, Aberdeen and Glasgow.

Introduction

In Scotland, going back to the time of Calvin, there was suspicion amongst the Christian churches of any contraceptive technique, yet Protestant laity, both men and women, were from the nineteenth century active in the birth control movement. The Roman Catholic Church however has taught and continues to teach that practising contraception is sinful and the church has sought to exert its influence on public policy. The development of birth control in the west of Scotland and to a lesser extent Dundee was affected by the influence of the Roman Catholic Church whereas Edinburgh and Aberdeen were relatively unaffected by religious practice.

The role of medical professionals in promoting safe and effective birth control has, over the years, been the cause of much debate not least because they feared the disapproval of colleagues and patients lest they be promoting immoral behaviour, but the lack of undergraduate medical education, ignorance and downright hostility of the profession to being burdened with a role have ensured that controversy has raged.

Both Marie Stopes, born and educated in Edinburgh and brought up in the traditions of the Free Church of Scotland ¹, pioneer of family planning, and Margaret Sanger, her American counterpart, hoped to enlist the help of the medical profession in promoting their ideals of birth control but in this aim they were singularly unsuccessful. The medical profession were not at the forefront of the birth control movement.

This chapter will use a case study approach to explore the development of birth control services in the cities of Aberdeen and Edinburgh and Tayside region.

8.1 Glasgow

Debenham has written extensively of the ‘grassroots feminism’ that supported the campaigns for the provision of birth control clinics, both in the industrial heartlands of England, and in Glasgow, where middle class women promoted the ideals with participation from working class women and Women’s Cooperative Guilds and where

¹ J. Rose, *Marie Stopes and the Sexual Revolution* (Stroud: Tempus, 2007), p. 20.

there was support from the Independent Labour Party (ILP).² Yet some ILP members, according to Hughes, considered the use of birth control as irreligious.³

The first birth control clinic in Scotland, the Glasgow Women's Welfare and Advisory Clinic, was set up in Govan in 1926 by Mary Barbour, a Govan housewife, who had been instrumental in the rent strike of 1915 against unscrupulous landlords who chose to inflict rent increases on working people at a time when Glasgow was booming, with limited available accommodation, due to an expanding armaments industry. The birth control clinic obtained financial support from a few trade unions, the Labour Party, the ILP, and women's guilds. Barbour later became a town councillor for the ILP and was distinguished as Glasgow's first female Baillie.⁴

The same year that the birth control clinic opened, Marie Stopes' Society for Constructive Birth Control and Racial Progress offered Glasgow's libraries the journal *Birth Control News*. The library's acquisitions committee lacked unanimity in accepting the gift so the controversial subject was debated by the entire Glasgow Corporation and the gift was rejected. The councillors were perhaps fearful of the effect at the ballot box of aligning themselves to such a controversial subject as birth control.

Enthusiastic, essentially apolitical pioneers of the dissemination of birth control advice were at the forefront in Aberdeen and Edinburgh.

8.2.1 Dundee - Tayside

Scottish Local Authorities were advised in 1934 that they could 'only establish clinics to offer advice to married women suffering organic disease in which child bearing might endanger life or from sickness physical or mental 'as are detrimental to them as mothers',⁵ as part of a sphere of hospital services under Section 27 of the Local Government (Scotland) Act of 1929'⁶ and initially only Edinburgh, Aberdeen, Dundee, County of Bute and Stirling adopted such schemes.

²C. Debenham, 'Grassroots Feminism. A Study of the Campaign of the Society for the Provision of Birth Control Clinics, 1924-1938' (unpublished PhD thesis, University of Manchester, 2010).

³ A. Hughes, *Gender and Political Identities in Scotland, 1919-1939* (Edinburgh: Edinburgh University Press., 2010), p. 120.

⁴ Baillie – a municipal magistrate. M. Craig, *When the Clyde Ran Red* (Edinburgh: Mainstream Publishing, 2011), p. 204.

⁵ Ministry of Health, 'Circular 1408' (Ministry of Health, 1934).

⁶ NRS HH101/1024

The Dundee branch of the BMA in 1936, as has been mentioned, was condemned as a 'Menace to Mothers',⁷ and Roman Catholics were advised to boycott a mother's welfare advisory clinic sponsored by the BMA. The MOH for Dundee at this time was considered to be sympathetic to the issue of a birth control clinic but the council were regarded as 'an uncertain quantity'.⁸ Yet prior to the Family Planning Clinic opening in Dundee in May 1955, administered by the Family Planning Association a Mother's Welfare Advisory Clinic was running. By 1964 Dundee Corporation was providing two clinic areas to hold four sessions per month. It was reported that the use of corporation premises for the clinics initially being conditional on a policy of no advertising.⁹ 'Premaritals' were offered appointments up to three months before their wedding by 1965 on payment of the two guineas fee.^{10,11}

Despite these initiatives the city of Dundee, in 1968, still had the highest illegitimacy rate in Scotland with ten per cent of children born 'out of wedlock'; mostly in the twenty to forty age group but, according to the Annual Report of the North of Scotland Branch of the FPA, 'worryingly there were a fair proportion of teenagers'.¹² However in an attempt to reach those in the peripheral housing estates who were either unwilling or unable to attend the clinics, a domiciliary service was started in 1968 with the aid of a £250.00 grant from Dundee Corporation.¹³

Between April 1959 and April 1963 the doctors' sessional fee was £2.00, the nurse's payment was fifteen shillings per session, and the clerical volunteers were unpaid. Patients paid a consultation fee between three and thirty shillings, but in many cases fees were waived.¹⁴

Branch 47 of the FPA, the North of Scotland Branch, whose jurisdiction ran from Perth in the south to the Orkney islands in the north attempted in 1968 to set up a clinic in Arbroath but once again the power of the MOH was evident and the idea was abandoned as the

⁷ 'Menace to Mothers', *Daily Record*, 5 October 1936.

⁸ WL SA/FPA/A11/73

⁹ WL SA/FPA/A4/G1

¹⁰ E.D. Kennedy, 'The Very Model of a Modern Family Planning Department' (unpublished MSc. dissertation, University of Warwick, 2002), p. 21.

¹¹ I am very grateful to Dr E. Kennedy for giving permission to quote her work. She has advised that the original sources she used for her research were discarded a number of years ago.

¹² Family Planning Association. North of Scotland Branch, Annual Report, 1968. Quoted in Kennedy, 'Modern Family', p. 22.

¹³ Family Planning Association. Branch No. 47, North of Scotland Branch. Minutes of Meeting 9 January 1969. Quoted in Kennedy, 'Modern Family', p.22.

¹⁴ Session book 1955-1963. Dundee Family Planning Clinics. Quoted in Kennedy, 'Modern Family', pp.23-24.

newly appointed MOH did not approve of the idea of family planning.¹⁵ In the same year, a clinic was opened in Aberfeldy but it closed after only eleven months, as only nine patients had attended. It was recorded that ‘young people in the small towns are perhaps more inhibited’.¹⁶ We do not have the illegitimacy figures for these towns to assess whether there was an unmet need but it is recorded that no clinics were undertaken in Angus at this time due to apparent ‘hostility to family planning’.¹⁷

8.2.2 Perth- Tayside

In 1936 the MOH for Perth felt there was no need for a municipal birth control service but considered that he might support a voluntary initiative.¹⁸ The first family Planning Clinic opened in 1949 with one clinic per week on a Friday morning until 1964 when one evening session was added per week made possible by the ‘courtesy and generous help of the Town Council’.¹⁹ Perth Royal Infirmary in 1968 ‘kindly made available ‘rooms for an IUD clinic’, and of course the necessary paperwork included the consent form to be duly signed by the husband. A clinic ‘for the unmarried’ started in Perth in 1973.²⁰

8.3 Aberdeen

In Aberdeen in November 1926, the Constructive Birth Control Clinic (CBCC) founded at her own expense by Mrs Fenella Paton, the daughter of John Crombie a Liberal M.P., was for all practical purposes the only source of family planning advice. Fenella Paton, who was brought up in London, had mixed with ‘liberated men and women who were subjecting so many old ideas and shibboleths to the white heat of rational and undogmatic analysis’.²¹ She was a member of the Society for the Promotion of Birth Control Clinics, an organisation which was formed in 1924 to help working-class women access birth control. The scope of the clinic was to give expert instruction on the control of conception:

So that healthy women who are bearing healthy children shall have sufficient space between pregnancies to allow themselves properly to breast feed the babies and to give contraceptive information to such women to whom another pregnancy would be personally dangerous, or whose infants are of a very inferior grade or quality or mentally defective, and to give knowledge on the right conduct of marital life so as to procure pregnancy if possible in healthy

¹⁵ Family Planning Association. Branch No. 47, North of Scotland Branch. Minutes of AGM 7 May 1969. Quoted in Kennedy, ‘Modern Family’, p. 22.

¹⁶ Family Planning Association. Branch No. 47, North of Scotland Branch. Minutes of Meeting 17 October January 1968. Quoted in Kennedy, ‘Modern Family’, p. 23.

¹⁷ Kennedy, ‘Modern Family’, p. 23.

¹⁸ WL SA/FPA/A1174

¹⁹ Kennedy, ‘Modern Family’, p. 22.

²⁰ Kennedy, ‘Modern Family’, p.24

²¹ F. Horsburgh, ‘The Back Street Beginnings of Birth Control’, *The Press and Journal*, 4 December 1972.

married women who have so far failed to become pregnant by their own husbands and desire pregnancy.²²

The Aberdeen Clinic in 4 Gerrard Street, Gallowgate, in an unremarkable terraced house was founded to give free help on all aspects of Birth Control and marriage problems by trained experts, 'the motherly and understanding nurse Mrs Rae and Dr Flossie Malcolm a general practitioner from Kintore'.²³ The clinic opened two days per week, for married women who did not require a referral from a doctor.

The clinic was however affiliated to the Society for the Provision of Birth Control Clinics, and the medical practitioners of this organisation were providing treatment 'in the interests of social welfare and for the relief of poverty', that is, taking account of poor housing and poverty as justification for providing advice on birth control.²⁴ As considered in Chapter Seven, the majority of the committee of the Aberdeen centre however considered that medical grounds and a recommendation from a medical practitioner were prerequisites for the provision of birth control advice and accordingly the Aberdeen centre was 'erased from the roll of centres affiliated to the Society for the Provision of Birth Control Clinics'.²⁵

Most women remained unaware of the clinic, reflecting the general secrecy and ambiguity surrounding contraception at that time.²⁶ Dr James Hay denounced the initiative as an affront to Aberdeen's civic morality and Professor R.G. McKerron, who held the Chair of Midwifery at the University of Aberdeen, condemned birth control as immoral.²⁷ From 1934, when Marie Stopes visited Aberdeen, the clinic opened daily.²⁸

Dugald Baird was appointed to the Regius Chair of Midwifery in Aberdeen in 1937, his undergraduate experiences in Glasgow having fostered an interest in epidemiology and social inequality following his attendance at home confinements in the Glasgow slums. His wife, Dr May Baird, became a town councillor in Aberdeen for the Labour Party and later Chair of the North Eastern Regional Hospital Board.²⁹ Together they supported Fenella

²² WL PP/MCS/C 36 7 November 1934 Letter to Dr Rae from CBCC.

²³ F. Horsburgh, 'The Back Street Beginnings of Birth Control', *The Press and Journal*, 4 December 1972.

²⁴ Founded by Marie Stopes.

²⁵ 'Birth Control Clinics', *The Lancet*, 210.5444 (1927), p. 1400.

²⁶ B. Thompson, C. Fraser, A. Hewitt and D. Skipper, *Having a First Baby. Experiences in 1951 and 1985 Compared. Two Social, Obstetric and Dietary Studies of Married Primigravidae in Aberdeen* (Aberdeen: Aberdeen University Press, 1989), p. 34.

²⁷ C. Debenham, 'Aberdeen's Birth Control Pioneer', *Leopard. The Magazine for North-East Scotland*, 2007 <<http://www.leopardmag.co.uk/feats/169/fenella-paton-aberdeens-birth-control-pioneer>> [accessed 1 October 1 2011].

²⁸ R. Davidson and G. Davis, *The Sexual State. Sexuality and Scottish Governance, 1950-80* (Edinburgh: Edinburgh University Press, 2012), p. 127.

²⁹ The Dugald Baird Centre for Research on Women's Health, *Evidence and Action* ed. S. James, (Aberdeen: University of Aberdeen, 2005), p. 6.

Paton's work and Dr May Baird (by then Lady Baird) was chairman of the public health committee of Aberdeen Town Council when it was agreed that the Corporation of the City of Aberdeen would take on the running of the CBCC (later the Gynaecological Advisory Clinic) from 5 July 1948 which was set up in the basement of the antenatal clinic. Up to this point it had been run by the voluntary body, the CBCC, albeit with regular financial donations from the Town Council, and in 1949 the clinic itself was moved to premises in Castle Street, already used by the Council for mother and child welfare clinics. The clinic thus became Scotland's first local authority family planning service.

The CBCC had sought to ensure that when the running of the clinic was taken over by the Corporation of the City of Aberdeen, that Nurse Rae ^{30,31} would continue as sister in charge of the Clinic and that the methods adopted by the CBCC would continue not just into the future but in the long term.³² The Corporation in reply however agreed, only to continue to run the Clinic for one year on its present terms and only on the distinct understanding that no advice as to contraceptive methods was given which was not approved by the Medical Officer of Health.³³

In the early 1950s contraception was still considered an embarrassing subject even for doctors, in part, as noted above, because undergraduate instruction was practically nonexistent. The diaphragm was recommended as the safest method of contraception although, for many women, particularly in the lower classes the idea was abhorrent.³⁴

Initially there was no widespread publicity about the clinic and many women were reported to be misinformed, some even considered a pre requisite for attendance was having at least two children.³⁵ The service however expanded from 1964 to peripheral clinics and in 1970 provision was made for a domiciliary service.

Dugald Baird had offered, in his 1965 study, *A Fifth Freedom*, his opinion, that upper social class women usually discuss the problem of contraception freely with their husbands whereas women in semi-skilled and unskilled occupational groups seldom have much discussion with their husbands, and that in this social group the husband may be

³⁰ Aberdeen Town Council Minutes, 28 April 1948, 1947-9, vol 1, p. 544.

(The Mothers' Clinic at 4 Gerrard Street . which has been functioning with increasing success, is in charge of a doctor, and a nurse who possesses the Central Midwives Board Certificate).

³¹ Aberdeen Town Council Minutes (1949-50) 6 June 1949, vol 1, p. 132.

³² WL PP/MCS/C 36. 18 February 1949. Letter from J.C. Rennie, Town Clerk to CBCC.

³³ WL PP/MCS/C 36

³⁴ B. Thompson and R. Illsley 'Family Growth in Aberdeen', *Journal of Biosocial Science*, 1 (1969), p. 28.

³⁵ Thompson, Fraser, Hewitt, and Skipper, *Having a First Baby*. p. 34.

irresponsible or uncooperative.³⁶ He further offers the view, also without evidence, that women in London and the Home Counties are more sophisticated than in the industrial north.³⁷ Baird further argues from the evidence he presents, at least in relation to his studies in Aberdeen, that prenuptial conception, early marriage, low social class and poor contraceptive technique were characteristics of those with large families, and that thirty three per cent of all women in social classes IV and V³⁸ seemed incapable (or unwilling?) of regulating the size of their families. He was clear that family planning clinics failed to reach this group³⁹ despite levying no charge to patients at all from 1966.⁴⁰

Baird's comments perhaps presaged *The Black Report*⁴¹ on inequalities in health. Yet he was a staunch advocate that women should not be forced to endure the tyranny of unwanted pregnancies and championed making contraceptive advice freely available under the NHS.⁴²

Dr Barbara Thompson's Aberdeen study, from the MRC Medical Sociology Unit, has shown that the diaphragm was unpopular^{43,44} as a method of contraception with patients attending the Aberdeen clinic, and that the number of women attending was small but that, from 1964, with the introduction of the oral contraceptive pill, the number of married women attending the clinic doubled.⁴⁵ The Intra-uterine contraceptive device (IUCD), available from 1966 was never a popular method in Aberdeen, at least not as a first choice.

Baird, observed 'the contrast between childbearing in the upper classes and the slum dwellers'⁴⁶ and considered that the social class distribution of attendees was representative of married women in Aberdeen.⁴⁷ By 1974, one third of maternity patients, who had used

³⁶ D. Baird, 'A Fifth Freedom?', *British Medical Journal*, 2.5471 (1965), p.1143.

³⁷ Baird, 'A Fifth Freedom?', p.1142

³⁸ For a fuller account of the Registrar General's social classification of occupations see S.R.S. Szreter, 'The Genesis of the Registrar-General's Social Classification of Occupations', *The British Journal of Sociology*, 35.4 (1984), pp. 522-546.

³⁹ Baird, 'A Fifth Freedom?' p.1144.

⁴⁰ B. Thompson and J. Aitken-Swan, 'Pregnancy Outcome and Fertility Control in Aberdeen', *British Journal of Preventative and Social Medicine* 27.3 (1973), p. 138.

⁴¹ P. Townsend, N. Davidson, and M. Whitehead, *Inequalities in Health; The Black Report* Revised edn (London: Penguin Books, 1992).

⁴² Baird, 'A Fifth Freedom?', p.1148

⁴³ Thompson, 'Problems of Abortion in Britain', p. 150.

⁴⁴ 'Many lower-social-class-women fitted with a diaphragm abandoned its use after a short time citing "it was painful", "husband did not like it", "too difficult to insert", "no privacy or bathroom facilities"' in Baird, 'A Fifth Freedom?', p.1143

⁴⁵ Thompson, 'Problems of Abortion in Britain', p. 151.

⁴⁶ D. Baird, 'Social Research and Obstetric Practice', *Question*, 1969 January, pp. 3-4. Quoted in The Dugald Baird Centre for Research on Women's Health, *Evidence and Action*, p. 6.

⁴⁷ Baird, 'A Fifth Freedom?', p. 1143.

the pill, had obtained supplies from the FPC and two thirds from their GPs. There were still, however, a few GPs who preferred not to provide contraceptive services at all.⁴⁸

The policy of the Aberdeen family planning clinic was always to see patients irrespective of marital status but, until the late 1960s, few unmarried women attended and those who had, professed that they were about to be married.⁴⁹ A proposal at the 1964 annual general meeting of the Family Planning Association in London to allow unmarried women to be seen was rejected not least as the FPA feared loss of support.^{50,51} A premarital service was offered from 1968 and the number of attendees further increased when the need for a referral was abolished in 1971.^{52,53} Many attendees were university students as the student health service did not prescribe contraceptives. A study by McCance and Hall of sexual behaviour and contraceptive practices amongst undergraduate students at the University of Aberdeen in 1971 showed that, amongst unmarried girls, much of the sexual activity went on with ineffective and intermittent contraceptive precautions. The authors concluded that 'the time [was] ripe for giving unashamed publicity to the contraceptive services available'.⁵⁴

From 1970 it was noted that increasing numbers of married women attending the FPC wished to postpone a first pregnancy whereas those desirous of limiting family size increasingly requested sterilisation. The number of women sterilised in 1974 was three and a half times the numbers from 1961, with a more rapid increase after the introduction of laparoscopic sterilisation in 1969.⁵⁵ Few women were reported to regret having been sterilised but some regretted not being sterilised earlier, a problem compounded by the long waiting list to be sterilised.⁵⁶

In recognising that education relating to matters sexual might be of benefit in reducing the number of unplanned pregnancies, Aberdeen became the first area in Britain to televise a series on sex education for use in schools. The series *Living and Growing* which won an international award was prepared by an Aberdeen obstetrician, Dr K.J. Dennis, and was the

⁴⁸ Thompson, 'Problems of Abortion in Britain', p. 151.

⁴⁹ Thompson and Aitken-Swan, 'Pregnancy Outcome', p. 142.

⁵⁰ Family Planning Association, 2011. <http://www.fpa.org.uk/media/uploads/professionals/factsheets-non-printing/a-history-of-family_planning-services-october-2011.pdf> [accessed 19 July 2012].

⁵¹ 'Family Planning Association', *The Lancet*, 283.7346 (1964), pp. 1321-1322.

⁵² Thompson and Aitken-Swan, 'Pregnancy Out come', p. 142.

⁵³ C. McCance and D.J. Hall, 'Sexual Behaviour and Contraceptive Practice of Unmarried Female Undergraduates at Aberdeen University', *British Medical Journal*, 2.5815 (1972), p. 698.

⁵⁴ McCance and Hall, 'Sexual behaviour', p. 700.

⁵⁵ Thompson, 'Problems of Abortion in Britain – Aberdeen. A Case Study', p. 151

⁵⁶ B. Thompson and D. Baird, 'Follow-up of 186 Sterilised Women', *The Lancet*, 1.7550 (1968), p. 1023.

result of a recommendation of the Grampian Television Schools Advisory Committee. Interestingly it made no reference at all to contraception.⁵⁷

It was considered that as Aberdeen was a fairly homogeneous and well integrated community with the vast majority of the residents having been born and bred in the North East and were Presbyterian that this facilitated the development of a comprehensive birth control service'.⁵⁸ However, in making known its plans for a 'substantial expansion' in NHS family planning services in 1973, little cognisance was taken by the Government of the calls for a free family planning service. *The Lancet* suggested that the Government was behind the times and that the social and medical benefits of a comprehensive family-planning service as illustrated in Aberdeen, amply justified the modest cost.⁵⁹

8.4 Edinburgh

Edinburgh Mother's Welfare Clinic (EMWC) was founded in 1933, at 21 Torphichen Street, in premises lent by the Committee of Management of the Edinburgh Hospital for Women (Bruntsfield Hospital) and the Elsie Inglis Memorial Hospital, the MOH for Edinburgh the previous year having made clear his opposition to municipal birth control clinics.⁶⁰ The aim being :

In the interests of medical and social welfare, to give instruction in the most satisfactory methods of contraception to married women in poor circumstances.⁶¹

Each patient was examined by the Clinic Medical Officer. The first appointed was Dr Helen Crewe, with a fully trained nurse in attendance. The consultation fee of 1/- (5p), together with a nominal fee for appliances, was waived in necessitous cases.⁶² As the numbers attending increased, so larger premises were required and, in 1936, the clinic moved to shop premises in 90 East Crosscauseway. Thereafter, two sessions were undertaken each week. A third was instituted in Niddrie, a large new housing estate on the outskirts of Edinburgh. As the demand increased, so clinics were set up in Border towns and in Cowdenbeath in Fife.

The Public Health Committee of Edinburgh Town Council in 1943 considered a motion that birth control clinics be provided in the city, but the Medical Officer of Health

⁵⁷ D.G. Gill, G.D.B., Reid, and D.M. Smith, 'Sex Education, Press and Parental Perceptions' *Health Education Journal* 30.2 (1971), pp. 2-10.

⁵⁸ Thompson and Aitken-Swan 'Pregnancy outcome', p. 143.

⁵⁹ 'No Time for Compromise on Contraception', *The Lancet*, 301.7804 (1973), p. 650.

⁶⁰ WL SA/FPA/A11/3A

⁶¹ Edinburgh Family Planning Trust (Edinburgh, 1991)

⁶² 'Birth Control Clinic', *The Scotsman*, 20 December 1934, p. 7.

explained that where desired, advice on birth control was given to women in appropriate cases at the maternity clinics and that, if further advice was required, the women were referred to the voluntary birth control clinics in the city. Accordingly no action was taken to set up municipal family planning clinics.⁶³

Dr Maeve Marwick who had long considered that ‘it was common justice that a woman should have the right to decide the question of motherhood for herself’⁶⁴ became the second medical officer at EMWC and she was appointed to a Lectureship in Professor Kellar’s department at Edinburgh University, after his appointment to the Chair of Obstetrics and Gynaecology in 1946. Dr Marwick was succeeded by Dr Nancy Loudon who was appointed in 1963 Senior Medical Officer and given a Lectureship in the Department of Obstetrics and Gynaecology. Two lectures on family planning were given each term to final year medical students, Edinburgh being the first university in Scotland to offer such an initiative.⁶⁵

The Edinburgh Mothers’ Welfare Clinic considered that, by its constitution, it could not accept applications for ‘pre-marital advice’.⁶⁶ Eventually a separate premarital session, in which women had to produce a letter of introduction from a minister, family doctor, parent or other responsible person, or their marriage banns, was commenced in 1954 with doctors, nurses and lay workers in attendance.⁶⁷ Later, sight of a wedding invitation⁶⁸ or ‘flashing of an engagement ring’, as was considered acceptable evidence in Fife, would suffice.⁶⁹ The girls were asked to attend at least six weeks before their marriage and engaged couples were encouraged to come and be seen together.⁷⁰

By 1956, the need for larger premises became urgent and, with the help of a bequest, the premises at 18 Dean Terrace were acquired in September 1957. The case load of the clinics continued to expand and more so with the availability in 1962 of the oral contraceptive pill and separate clinic sessions were designated for ‘oral’ patients four mornings per week.

Patients were seen on average four times per year. In some cases the initial assessment and annual examination of blood pressure, cervical smear and breast and pelvic examination

⁶³ Edinburgh City Archives, Minutes of Public Health Committee. SL26/2/28 20 April 1943

⁶⁴ ‘Social Problems. Women’s Conference’, *The Glasgow Herald*, 14 October 1929, p. 7.

⁶⁵ Edinburgh Mothers’ Welfare Clinic *Thirtieth Annual Report* (1963), p. 5.

⁶⁶ WL SA/FPA/A4/5.2 (1956) The Special Clinic, Edinburgh Mothers’ Welfare Clinic.

⁶⁷ Edinburgh Family Planning Trust (Edinburgh, 1991).

⁶⁸ Edinburgh Family Planning Trust (Edinburgh, 1991).

⁶⁹ Interview DD 23 July 2009

⁷⁰ Edinburgh Mothers’ Welfare Clinic. *Thirtieth Annual Report* (1963), p. 5.

was undertaken at the clinic with the intervening appointments being carried out by the patient's own family doctor.⁷¹

The EMWC benefitted from a grant of £200 from Edinburgh Corporation towards the running of the clinic and £750 from the Melville trust towards research carried out in the clinic. At this time the EMWC was merely affiliated to the Family Planning Association and in 1964 a move towards closer integration with the FPA was made. The EMWC became the Edinburgh Family Planning Centre in 1965 and together with branch clinics in the Lothians, Fife and the Borders became Branch 50 of the Family Planning Association in November 1965. Legal impediments regarding the transfer of the assets of a Scottish Trust (EMWC) to an English charity (Family Planning Association) meant that full integration with the FPA was not possible until 1988.

Whilst the EMWC forged closer ties with the FPA in London, at least one town in the West of Scotland, Motherwell, seceded from the FPA organisation as the newly formed Motherwell and Wishaw District Women's Advisory Association, as there was concern at the scale of charges recommended by the FPA, which Motherwell and Wishaw officials felt were 'unreasonable'.⁷²

In January 1968, a clinic was introduced to give contraceptive advice to single women in Edinburgh, though it was not initially advertised as apparently there was scepticism within the centre about the necessity for such provision. In a study of the first year of its operation, thirty five per cent of the nulliparous patients were university students, whereas two per cent were schoolgirls. Only one third of patients attending had been referred from a medical source and it was noted that GPs were less likely to refer single women, indicating the GP's disapproval of their patient's action.⁷³

Section 15 of the Health Services and Public Health Act, 1968 empowered any local authority to provide family planning advice for those requiring it for medical reasons and as a consequence the subsidy paid from the various Local Authorities through the Medical officers of Health was increased.⁷⁴ By 1969 separate sessions for the unmarried were abandoned and single women were seen during ordinary clinic sessions⁷⁵ yet in June 1971

⁷¹ Edinburgh Mothers' Welfare Clinic. Thirtieth Annual Report (1963), p. 4.

⁷² 'Burgh Family Planning Group First of Kind in Scotland', *The Motherwell Times and General Advertiser*, 14 January 1966, p. 1 and p. 5.

⁷³ M. Wadsworth, N. Loudon, M. Rankin and I. Herbert, 'Attendees at a Contraceptive Clinic for Single Women', *J.Biosoc.Sci.*, 3.2 (1971), p. 142.

⁷⁴ Health Services and Public Health Act, 1968 section 15 (London: HMSO).
<<http://www.legislation.gov.uk/ukpga/1968/46>>[accessed 18 February 2012]

⁷⁵ Interview JL 20 October 2011. Retired Consultant Gynaecologist

a Minute of Agreement between the EMWC and the Family Planning Association stated in Clause 9 that ‘the Association undertake through the medium of their said Branch 50 to give in the interest of medical and social welfare, instruction in the most satisfactory methods of contraception to married women in poor circumstances’. Outlying clinics held in municipal premises could not, however cater for unmarried women.⁷⁶

The reorganisation of the National Health Service in Scotland in 1974 meant that health boards were required to provide a free family planning service for all and accordingly in 1975 Lothian Health Board took over the service from the FPA.

8.4.1 Edinburgh University controversy

In 1966 Malcolm Muggeridge was appointed Rector of Edinburgh University and this was by happenchance the first year of undergraduate studies for one Gordon Brown, future Prime Minister. The position of Rector in Scottish Universities is to give a symbolic semblance of student representation in the government of the university. In 1968, the campus newspaper *Student* expected the Rector, to convey student demands that free contraceptive pills be available to female students, to the university court. Muggeridge refused. A crisis arose over the differing attitudes of the student body over drugs and the availability of contraceptives on the University campus. The Student’s Representative Council passed a resolution calling on the university to supply free contraceptives on demand to female students, thus challenging Muggeridge to support their demands.⁷⁷ Muggeridge’s response was to deliver a sermon from the pulpit of St Giles Cathedral in which he resigned as Rector because he could not agree with a resolution by the Students Representative Council that the contraceptive pill should be available to all students on request.

The response of the Principal, Professor Michael Swann, was to thank Muggeridge for his work with the university:

I believe this is the only course open to you and the one that I too would, I hope, have taken had I been in your position.⁷⁸

8.5 Conclusion

Dundee was one of the first cities in Scotland to establish a clinic to offer to married women in whom a further pregnancy might impair their health, advice on contraception.

⁷⁶ J. Loudon, *Brief History of the Family Planning Service in Edinburgh* (Edinburgh, 1980), p. 3

⁷⁷ D. Williams, ‘Malcolm Muggeridge and Gordon Brown - The Edinburgh Connection’, *The Gargoyle*, 15 (2007), pp. 10-12.

⁷⁸ ‘Muggeridge ‘Took Only Course’ on Birth Pill’, *Catholic Herald*, 19 January 1968.

The Roman Catholic Church, however, was critical of this development and it was not until 1955 that a Family Planning Association clinic was instituted. Within the Tayside area there was little success in inaugurating family planning clinics in either Perth or Arbroath, in the main due to the opposition of the MOH.

Aberdeen has long held a reputation as an area where Baird's 'fifth freedom - freedom from the tyranny of excessive fertility' could be attained through a liberal policy of therapeutic abortion, preceding the 1967 Act, and the provision of family planning clinics, long accepted as an integral part of the maternity services and made possible by the integration over the years of local authority, hospital, and general practitioner services. Aberdeen was the only centre in Scotland where close coordination between the obstetric and gynaecological services, and centralisation of records, facilitated epidemiological and social research in obstetrics, gynaecology and birth control.⁷⁹

In contrast, Edinburgh's family planning services developed without the benefits of a long history of integration of maternity medical services with local authority and GP services and indeed some GPs disapproved of the family planning clinics.⁸⁰ Initially there was no municipal support for family planning clinics and some of the clinic doctors were ashamed of their lowly status in the medical hierarchy.⁸¹ Scepticism of the need for clinics catering for unmarried women continued and affiliation with the Family Planning Association pointed to offering advice to 'married women'. Despite not promoting a research base like Aberdeen, Edinburgh University was the first to promote the academic study of family planning by appointing lecturers and offering undergraduate lecture courses on family planning. The development of birth control services by contrast in Glasgow and the West of Scotland grew less out of the work of philanthropic ventures as in Aberdeen but was seated more in the work of radical socialists.⁸²

The next chapter will consider how the use of popular media in the form of novels, magazines, pamphlets and films have facilitated the dissemination of birth control advice as well as the role of other professionals.

⁷⁹ Thompson and Aitken-Swan, 'Pregnancy Outcome', p. 137.

⁸⁰ Interview OO 27 October 2011

⁸¹ Interview OO 27 October 2011

⁸² For a fuller account of the position in the west of Scotland see A. Hughes, *Gender and Political Identities in Scotland, 1919-1939* (Edinburgh: Edinburgh University Press, 2010).

Chapter Nine: The Dissemination of Advice

Introduction

Politicians prevaricated, religious zealots objected, whilst the medical profession for much of this time sat on its hands, yet contraceptive advice was disseminated and the general public looked at times forlornly to the medical profession to advise. Pamphlets, essays, novels, ‘poems’¹ and newspapers all contributed to publicising the issue of birth control, ably abetted by high profile court cases, opinionated juridical pronouncements, newspaper advertisements, and the celebrity status of birth control proponents like Marie Stopes.

Yet the topic of birth control in the early twentieth century was spurned as a subject unfit even for private conversation, let alone the pages of popular magazines and ‘only journals which enjoyed some financial security dared include such an inflammatory subject’.² This chapter will consider vehicles used to facilitate the dissemination of birth control advice and the role of other medical professionals.

Thomas Malthus, in publishing his theory of population (*An Essay on the Principle of Population*) in 1798 considered that the checks on unfettered population growth were war, famine and disease. He considered that populations unchecked would increase geometrically whereas food production could only increase arithmetically. Thus, according to Malthusian doctrine, only a rise in death rate would prevent population outstripping food production. He however, did not favour birth control but, as has been discussed, considered that delayed marriage would achieve the same end of reduced population growth. He considered that families should limit their size to that which they could support from their earnings and that ultimately poverty was a consequence of lack of moral restraint. The poor thus had only themselves to blame for their situation.

If one accepts that the poor recognised their plight and sought means to control their family size, wherein would they get the advice to help to achieve this goal? As we have seen ‘devices’ cost money, the medical profession considered this was not their responsibility and they felt untrained and scientific knowledge for much of the period under discussion was limited.

¹ An adapted nursery rhyme might have aided birth control advice dissemination. Jack asked Jill/ To take the Pill/Once daily in cold water/Jill Forgot/And Jack begot/A bouncing baby daughter/ Quoted in M. Box, *The Trial of Marie Stopes* (Femina Books 1967), p. 13.

² R.L. Barnes, ‘Birth Control in Popular Twentieth-Century Periodicals’, *The Family Coordinator*, 19.2 (1970), p. 159.

9.1 Jane Hume Clapperton

The dissemination of birth control knowledge following the Bradlaugh Besant trial has been mentioned previously, yet the distribution of tracts and consequences of legal actions were not the only vehicles for birth control advocates to promote their beliefs. Jane Hume Clapperton, born in the Parish of St Cuthbert's, the daughter of an Edinburgh merchant, considered that her political and philanthropic views were the product of the limited educational opportunities and family obligations, typical of middle class femininity in mid-nineteenth century Edinburgh.³ Clapperton embraced socialism and feminism and espoused progressive views concerning women's sexuality and contraception, documented in her treatise published in 1885 entitled *Scientific Meliorism*^{4,5,6} Kalsem, in her contributions to the history of feminist jurisprudence, has focussed on the role of women writers in effecting legal reform in relation to reproductive rights and birth control. She considers, that in the 1880s, birth control 'remained a subject matter against which moral and proper women needed to be protected',⁷ yet the *Westminster Review* felt that 'however repulsive her subject [birth control] may be, [Clapperton's] treatment of it is never open to the charge of indelicacy, while at the same time it is absolutely frank and unreserved'.⁸ She sought to separate marriage and parenthood by insisting a couples 'own individual delight and tranquillity of mind' rather than reproduction should be the object of marriage.⁹ Clapperton thus made a conscious decision to use her utopian novel *Margaret Dunmore: Or, A Socialist Home* to narrativise the ideas promulgated in *Scientific Meliorism*. The abstract ideas are translated into the 'communal home' *La Maison* of the novel, peopled by a variety of characters and run on socialist principles rejecting traditional class based and gender roles.¹⁰ Kalsem feels that Clapperton clearly understood that reproductive control was central to lasting societal

³ W. Parkins, 'Domesticating Socialism and the Senses in Jane Hume Clapperton's *Margaret Dunmore. Or, A Socialist Home*', *Victoriographies*, 1.2 (2011), p. 265.

⁴ J.H. Clapperton, *Scientific Meliorism and the Evolution of Happiness* (London: Kegan Paul, Trench and co.1885).

⁵ Parkins, 'Domesticating Socialism and the Senses', pp. 264-265.

⁶ Meliorism, the belief that improvement of society depends on human effort.

⁷ K.B. Kalsem, 'Law, Literature, and Libel. Victorian Censorship of "Dirty Filthy" Books on Birth Control', *William & Mary Journal of Women and the Law*, 10.3 (2004), p. 552.

⁸ Politics, Sociology, Voyages and Travels, 69 *Westminster Review*, 251 (April 1886). Quoted in Kalsem, 'Law, Literature, and Libel', p. 552

⁹ J. H. Clapperton, *Scientific Meliorism and the Evolution of Happiness* (London: Kegan Paul, Trench, 1885), p.313.

¹⁰ Kalsem, 'Law, Literature, and Libel', p.554

change,¹¹ in allusions in the novel that excessive childbirth ruins women's health and happiness.¹² Clapperton wrote, in *Margaret Dunmore: Or, A Socialist Home*:

For unhealthy persons to become parents is a crime against Humanity ... The responsibilities, the joys of parenthood, must be guarded against, deliberately relinquished till health is fully restored.¹³

Jane Hume Clapperton was one of the first novelists to use her writings as a vehicle to disseminate her views on birth control and in the early twentieth century Marie Stopes followed Clapperton's lead, in addition using the medium of cinema to promote her views, thus ensuring a wider audience.

9.2 The Class Divide

Family size declined in Scotland from 1909. Therefore the knowledge to limit family size had to be acquired. If it is the case that middle class women in Edwardian and Victorian times were kept ignorant, virginal, pure and innocent to improve their worth in the marriage market then it would seem that working class women were not similarly prized.

Large families were still the norm at the turn of the twentieth century and by the 1930s approximately twenty per cent of all families had more than three children.¹⁴ Thus knowledge was acquired of basic bodily functions, reproduction and birth control, by education from parents in childhood, adolescent work experience or after marriage from spouses, friends or by medical professionals.¹⁵

Oral history testimony obtained by Fisher,¹⁶ Gittins¹⁷ and for this study has shown that very little knowledge was obtained from childhood experience. Indeed interviewees were at pains to point out the fact that their parents told them nothing at all about sex and reproduction, save that after the menarche the advice was to 'not to get in touch with boys'.¹⁸

¹¹ K.Kalsem, *In Contempt: Nineteenth-Century Women, Law and Literature* (Ohio:Ohio State University Press, 2012), p. 85.

¹² Kalsem, 'Law, Literature, and Libel' footnote 150, p. 557 considers that Clapperton advocated the use of artificial birth control, but not only for the working classes. She saw voluntary motherhood as the key to women's emancipation.

¹³ J.H. Clapperton, *Margaret Dunmore: Or, A Socialist Home* (London: Swan Sonnenschein & Co. 1888), pp. 126-127.

¹⁴ D. Gittins, 'Married Life and Birth Control Between the Wars', *Oral History*, 3.2 (1975), p. 53.

¹⁵ Gittins, 'Married Life', p. 54.

¹⁶ Daphne msf/jm/bl#38 Oral History, Blackburn Panel 2. Quoted in S. Szreter and K. Fisher, *Sex Before the Sexual Revolution. Intimate Life in England 1918-1963* (Cambridge: Cambridge University Press, 2010), p. 75.

¹⁷ Gittins, 'Married Life', p. 54.

¹⁸ Interview QQ 20 May 2010

I was told not to go near men when I had a period and that puzzled me because at that age I had nothing to do with men. Yes, my mother was hinting that you could get pregnant at the time of a period.¹⁹

Sometimes older siblings provided information, as one interviewee commented:

I was 13 and my sister was 17 or 18 and she explained everything to me. And I thought it was terrible. I was never going to get married.²⁰

An elderly interviewee born in 1924,²¹ whose mother was born in 1895, recalls even when in her early twenties, being excluded from 'discussions' between her mother and aunts as the topic was not appropriate for 'young ears'. She was given no advice from either her mother or elder married sisters prior to her own marriage but felt her husband's education would have come from his older 'pals'. She recognised that sex was a 'taboo subject' and would only have been mentioned, if at all, in 'whispers' in quiet rooms. She recalled hearing that a young, distant cousin had become pregnant at the age of fifteen and that this was considered a family scandal, a disgrace, as there was no expectation, at least from, parents, that a girl would have sex before marriage. Yet this fact had not prompted her mother to offer her any explicit advice.

Similarly schools provided little information. However, in 1944 the City of Edinburgh Youth Council, an affiliate of the Edinburgh Corporation Education Committee considered that sex education of youth was of importance. The boys were to be educated by reverend gentlemen and the girls by spinsters.²²

Such sex education that existed at school in the period 1959-1967 was biological in basis, often in segregated classes, with no mention of contraception at all, and often not discussed till the pupils were sixteen and about to leave school.

The classes were split up into boys and girls and a health visitor came in. It was just biology, contraception was not mentioned.²³

The work place would seem to be the area where most knowledge could be acquired but the interviewees varied in how much knowledge they actually acquired. Gittins has found a correlation between the type and location of employment prior to marriage and knowledge of reproductive functions, with those women who worked outside the home entering marriage with a clearer idea of what was involved in contrast to those whose employment

¹⁹ Interview GG 30 September 2009

²⁰ Interview QQ 20 May 2010

²¹ Interview YY 22 April 2010

²² Scottish Catholic Archives, DE 129/9/2 2 November 1944

²³ Interview EE 2 August 2009

was centred on the home. Domestic servants, entered marriage with little knowledge at all.²⁴ The notion that middle class women who were limiting their family size were thus diffusing their knowledge to their servants becomes unlikely.

The camaraderie and work relationships established in a factory have been considered to have facilitated the dissemination of birth control knowledge in the late nineteenth and early twentieth century but this has not been borne out by interviews of women born post war. 'Sex was taboo; the older generation [of factory workers] did not want to know.'²⁵

I worked as a bus conductress and I listened to the general talk from my workmates. I didn't know very much but I listened. I kept quiet and listened and I picked up quite a lot.²⁶

The patriarchal ideology which emphasises the male control of reproduction could be seen to be in the fore in that women acquired information and knowledge from their better informed husbands. Their husbands either abstained, according to Szreter, or practised *coitus interruptus*, according to Seccombe. One interviewee commented, 'Oh we knew about 'jumping off',²⁷

My husband used to say a man should practice self control. He meant by that being careful – withdrawal. I wouldn't have trusted him though, we couldn't afford another child.²⁸

Another remembered that condoms were purchased from the gent's hairdresser, 'Durex or as we called them F.L. - French Letters were bought 3/9^d (19.5p) for three. I don't know how I remember the price!'²⁹ Another interviewee added 'We just did not trust men'.³⁰

Many women did not wish to be seen to be participating in decision making regarding contraception as this would have meant that they were colluding in sex which would be unseemly. Yet women were sometimes proactive and one stated:

I had eight sisters and we would meet once a week. We sent away for French letters [through the post]. My husband was quite happy there were always some in the drawer.³¹

²⁴ Gittins, 'Married Life', p. 55

²⁵ Interview UU 17 March 2011

²⁶ Interview YY 22 April 2010

²⁷ Interview GG 30 September 2009

²⁸ Interview PP 20 May 2010

²⁹ Interview GG 30 September 2009

³⁰ Interview HH 1 October 2009

³¹ Interview QQ 20 May 2010

Another remembered when out shopping obtaining 'supplies', 'I bought Rendells® in Boots with no embarrassment'.³² Rendells being a popular spermicidal pessary available from the early 1900s.

Failed contraception or no contraception did result in unplanned pregnancies. For some, seeking an illegal abortion might have been a consideration but for others alternative methods were tried, with limited success.

My sister aged seventeen did have to get married. I came home one day and saw my sister jumping from the top of the stairs. She was trying to get rid of the baby.³³

Most of the female interviewees had a friend or acquaintance who 'had to get married' and this was just accepted, but it did seem to spur others on to seek contraceptive advice to ensure that they did not 'get caught'.

Few interviewees, until the late 1960s, considered that seeking advice from a medical professional would be a valid course of action, borne out by the views of a retired GP, as discussed in Chapter Seven, who entered practice in 1961 and considered that he was ill equipped to advise patients on birth control methods, when he was so embarrassed to seek condoms from 'Boots' for his own use (having just married).³⁴ 'I think a lot of the doctors did not know very much about protection then.'³⁵

Most interviewees expressed embarrassment at the thought of asking for contraception and this was the impediment to consulting their GP. In some cases the GP was considered a 'family friend', or if it was a small village the GP knew everyone. The notion that the GP might not be able or competent or knowledgeable or trained to offer contraceptive advice was never considered.

Nonetheless the availability of the contraceptive pill was viewed as liberating for unmarried women, even if obtaining them meant travelling some distance to a Brook Advisory Centre. One interviewee admitted to have 'been born out of wedlock', and did not wish that stigma for herself:

As an apprentice hairdresser working with thirty girls. I got information from older work colleagues. Some attended 'clinics'. I knew I did not want to get pregnant as I was born out of wedlock.³⁶

³² Interview GG 30 September 2009

³³ Interview QQ 20 May 2010

³⁴ Interview AA 19 March 2009

³⁵ Interview UU 17 March 2011

³⁶ Interview EE 2 August 2009

9.3 The influence of girl's and women's magazines

Women would have been exposed to, and possibly influenced by, the mass media whether by magazines or newspaper articles, yet the overriding theme of such publications was the aspiration of domestic bliss and 'knitting patterns'. The advertisements in the back pages however might offer mail order advice for those 'just married' or about to be married.³⁷

That bastion of working class mores the *Sunday Post*, published by the Dundee based family firm D.C. Thomson, were, in the period 1948-1968, very proud of upholding 'wholesome family values', characterised by McRobbie as old fashioned parochial values³⁸ and failed to publish any queries in their medical correspondence columns of a sexual nature. Indeed only in 2004 did this august publication venture into the realm of discussing sexual dysfunction.³⁹

Woman magazine, published by International Publishing Corporation (IPC), introduced a medical column in 1953 by 'Nurse Williams' with no mention of sexuality or sexual problems.⁴⁰ This was followed up in 1954 by the introduction of a question and answer style column. The first issue dealing with 'knowledge and facts about menstruation'.⁴¹ Medical features became more regular from 1959,⁴² authored by a Dr Meredith. Interestingly the September 1959 article on post natal care considered that at six to eight weeks the mother should have a post natal examination to 'safeguard health and appearance', but there was no mention of resumption of sex or contraception.

Oinas has commented that young women prefer the information provided by public health professionals, because of its impersonal form, rather than personal encounters with relatives and peers, but that the content of the health education information does not meet the women's needs and that this discrepancy can be explained by the gap between the narrow medical disclosure on women's bodies given by the professionals and the everyday experiences of young women.⁴³ The focus on reproduction in medical knowledge about women, and its problematic effects on women patients, have been debated by feminist

³⁷ *Woman's Realm* (1959) IPC. Held at National Library of Scotland.

³⁸ A. McRobbie, *Feminism and Youth Culture* 2nd edn (New York: Routledge, 2000), p. 68.

³⁹ Personal correspondence with the Editor of *Sunday Post*, 18 May 2004.

⁴⁰ J. Williams, 'Talking about Health', *Woman*, 3 October 1953, p. 3.

⁴¹ J. Williams, 'Talking about Health', *Woman*, 29 May 1954, p. 43.

⁴² Personal correspondence with D. Michael Editorial secretary to *Woman* 3 June 2004.

⁴³ E. Oinas 'Young Women's Perspectives on Public Health Knowledge and Adolescent Bodies' *Scand J Public Health*, 27 (1999), p. 267.

scholars.⁴⁴ Yet information concerning reproduction is considered especially irrelevant from the young women's perspective as Oinas feels that in early adolescence they cannot yet relate to the discourse of potential motherhood, and that biological discourse can lead the girls to disconnect from the described biological object - the female body.

Teenage magazines were influential and Tinkler has written that presentations of femininity and feminine beauty in magazines were quite apart from discussions of the functions of the developing female body.⁴⁵ While appearance was a legitimate topic of discussion, the physiological development and maturity of the girl's body was not, at least in the period 1920 to 1950. Girls were viewed at this time as asexual beings and magazines presented a particular form of socially constructed body as the norm. Tinkler feels magazines demonstrated the changing and age specific division between public and private knowledge, a matter which had significant implications for girls' control over their own bodies.⁴⁶

Hemming, in an examination of letters to *Girl* between 1953 and 1955, noted that over sixteen per cent of problems were about physical characteristics and he noted the concerns about physical aspects of sexuality which resulted in many letters about menstruation, sexuality and 'the facts of life'.⁴⁷

The D.C. Thompson publication *Jackie*, a weekly girl's magazine, aimed at girls between ten and fourteen years of age, was published between 1964 and 1994 under a strict code of censorship on content. The values maintained by the publisher and the magazine were thus wholly conservative and endorsed uncritically the traditional female role.⁴⁸

The magazine however published a weekly 'Dear Dr' column and, in an analysis of letters received by *Jackie* between 1973 and 1984, burgeoning sexuality was an issue for the readers who displayed a lack of basic biological knowledge; they were unsure of both the physical and emotional changes that they were experiencing.⁴⁹ They sought information, were unable or unwilling to seek direct advice and wished to retain anonymity. Of the

⁴⁴ J. Lorber, *Gender and the Social Construction of Illness* (Thousand Oaks, Calif: Sage Publications, 1997), p. 2.

⁴⁵ P. Tinkler, *Constructing Girlhood. Popular Magazines for Girls Growing Up in England 1920-1950* (London: Taylor & Francis, 1995), p. 152.

⁴⁶ Tinkler, *Constructing Girlhood*, p. 161.

⁴⁷ J. Hemming *Problems of Adolescent Girls* (London, Heinemann, 1969), pp. 70-1; pp. 128-131.

⁴⁸ A. McRobbie, *Feminism and Youth Culture. From 'Jackie' to 'Just Seventeen'* (London: Macmillan, 1991), p. 110.

⁴⁹ K.E.C. Macaulay, 'Health Concerns, Health Education and Lay Medical Knowledge. The Evidence of Popular Newspaper and Magazine Advice Columns. The Twentieth Century' (unpublished MPhil dissertation, University of Glasgow, 2004).

letters 0.3 per cent related to abortion, 0.4 per cent related to issues of contraception, three per cent related to gynaecological issues, thirteen per cent to menstruation, 1.1 per cent to sex education and 0.5 per cent to pubertal problems (Fig 9.1).

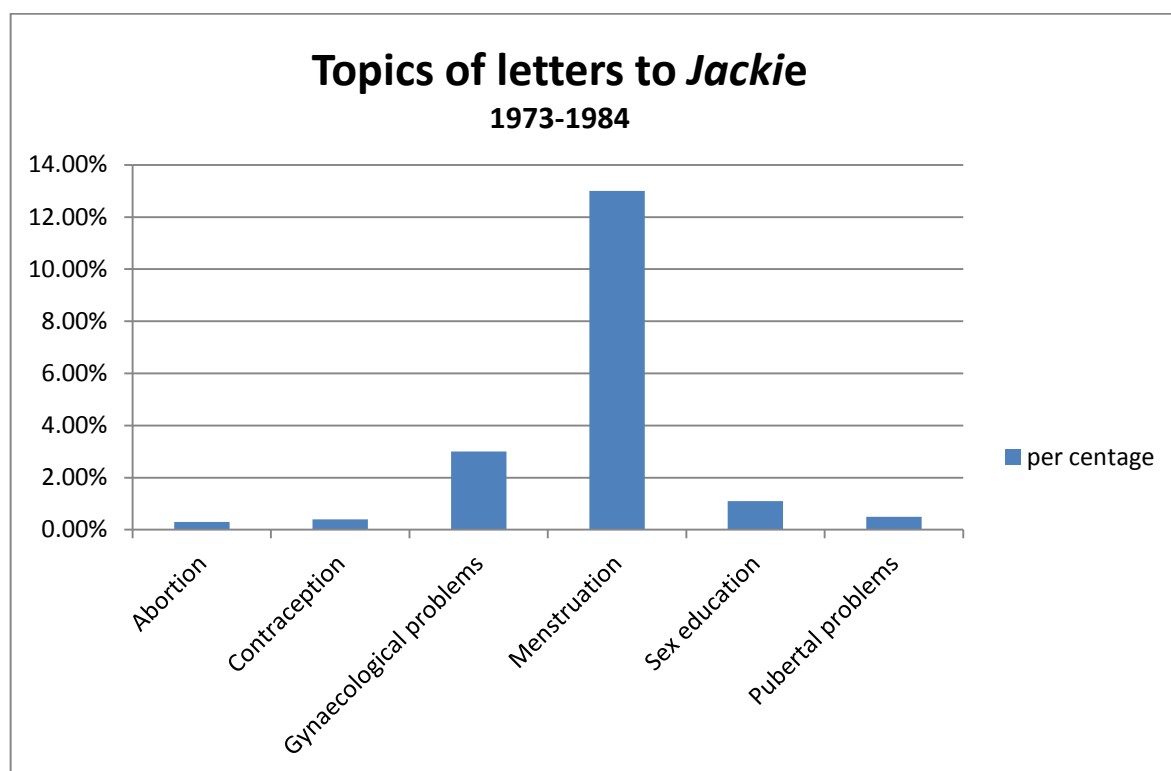


Fig 9.1 Analysis of letters to *Jackie* by topic.

Writing a letter to a ‘friendly doc’, who was never judgmental, fitted the bill, not least because readers had no other avenue for advice. One reader wrote ‘I have a vaginal wart but I can’t go to the doctor or tell my mum’.⁵⁰

Many female interviewees admitted to being avid readers of women’s magazines but their recall as to how influential these magazines were in educating them or influencing their attitudes was hazy. One regarded the question and answer columns as pure entertainment,⁵¹ another considered that the articles were empowering, emphasising a woman’s right to choose,⁵² and yet another wrote to a magazine for advice about her unplanned pregnancy.⁵³

In particular women have been identified as a group particularly vulnerable to the expansionist endeavours of the medical profession.⁵⁴ By reviewing medical advisory columns in women’s and youth magazines, Oinas has considered how the medical

⁵⁰ Letters to ‘Dear Doctor’ *Jackie* 1973-1984 collection held privately.

⁵¹ Interview HH 1 October 2009

⁵² Interview GG 30 September 2009

⁵³ Interview FF 21 September 2009

⁵⁴ B. Ehrenreich and D. English, *For Her Own Good. 150 Years of the Experts' Advice to Women*. (London: Pluto, 1979), p. 101.

establishment have responded to women's questions about their maturing bodies.⁵⁵ She has concluded, quoting Klein, that the answers provided by doctors' show that 'doctors indeed use columns as a way of socialising young women to become obedient users of medical services'.⁵⁶

Teenage magazines can be considered 'as a source of advice and a site of information exchange,'⁵⁷ 'they are forms of discourse, commercial sites which have been said to have a tremendous investment in the representation of women'.⁵⁸ Girls were encouraged, both through the letters and features, to aspire to attractive femininity but not radical feminism. Indeed, in the mid 1970s, feminists considered girls magazines as exemplifying oppression.⁵⁹ However, the discourse between *Jackie* and the readers has been characterised as more like that of a high school sorority.⁶⁰ Mention of *Jackie* to women of a certain age, whether they hold professorial chairs in history departments or are unskilled workers, tends to mean that their eyes glaze over as they look into the distance, reminiscing. Whether they remember, on the day the magazine was published there being an unusual oasis of calm on the school bus as many teenage girls avidly pored over the *Jackie*, or whether they fondly recall the pull-out poster of the pop star Donny Osmond which was to adorn their bedroom wall, there is little doubt that this magazine was a favourite for thousands of teenage girls in the 1970s and 1980s.

Women's magazines have, however, acted as a public service as in the case of one interviewee who became pregnant in the early 1970s (Chapter Seven). She felt she could not consult her family GP and so wrote to a woman's magazine for advice, which arranged for her to have a termination of pregnancy.

9.4 Medicalisation of sexuality

The term medicalisation has become a key concept in the sociology of health and illness over the past thirty years. It has been said that sociologists have tried to capture the transfer of knowledge and decision making concerning health from lay people to the medical

⁵⁵ E. Oinas, 'Medicalisation by Whom? Accounts of Menstruation Conveyed by Young Women and Medical Experts in Medical Advisory Columns', *Sociology of Health & Illness* 20.1 (1998), p.59.

⁵⁶ R. Klein, 'Women as Body Parts in the Era of Reproductive and Genetic Engineering', *Health Care for Women International*, 12.4 (1991), p. 399.

⁵⁷ C. Driscoll, 'Who Needs a Boyfriend? The Homoerotic Virgin in Adolescent Womens' Magazines', in *Speaking Positions. Gender and Ethnicity in Australian Cultural Studies*, eds. D. English and P. van Toorn, (Melbourne: Department of Humanities, Victoria University of Technology, 1995) p. 188.

⁵⁸ A. McRobbie, '"More!" New Sexualities in Girls' and Women's Magazines', in *Back to Reality?*, ed. A. McRobbie, (Manchester: Manchester University Press, 1997), p. 193.

⁵⁹ McRobbie, 'More!', p. 191.

⁶⁰ McRobbie, *Feminism and Youth Culture. From 'Jackie' to 'Just Seventeen'*, p. 83.

profession characterising medicine as an institution of social control.⁶¹ Zola considers that the involvement of medicine in the management of society is not a new phenomenon and Henry Sigerist has claimed that medicine was not only a social science but also an occupation whose very practice was inextricably woven into society.⁶² In echoing Rudolf Virchow's statement 'Medicine is a social science, and politics nothing but medicine at a larger scale' Sigerist was convinced that social inequality was a root cause of ill-health, and that medicine therefore had to be a social science.⁶³ Because of their intimate knowledge of the problems of society, doctors, according to Virchow, also were better statesmen. Some of his core ideas still resonate in public health, particularly to the notion that whole populations can be sick, and that political action may be needed to cure them. In the case of dissemination of birth control, political will was required to facilitate widespread dissemination of advice.

9.5 The Demands of Men

In the 1960s a lot of men were said to be against their wives taking the pill because they thought it might affect their performance and 'many men did not like IUCDs because sometimes they could feel the threads and they got very angry'.⁶⁴

When undertaking a home confinement as a student with a midwife, one retired GP was proud of her seamstress work in suturing an episiotomy tear on a multiparous women but was aghast to learn that four days post confinement the women was admitted to hospital for resuturing because her husband had complained that the stitches hurt him [during intercourse], so he had removed them.⁶⁵

A recent correspondent to the *Guardian* commented that her request in 1963, that her GP prescribe her the pill to avoid the dysmenorrhoea which plagued her and which would adversely affect her performance in her forthcoming A levels was met with the response that the pill would only be prescribed in such situations for the convenience of the bridegroom if the bride's menstruation coincided with the wedding date.⁶⁶

9.6 The role of the Pharmacist

⁶¹ I.K. Zola, 'Medicine as an Institution of Social Control', *Sociological Review*, 20.4 (1972), p. 487. Socialism', *Milbank Quarterly* 67, Suppl. 1 (1989), p.142.

⁶³ J.P. Mackenbach, 'Politics is Nothing but Medicine at a Larger Scale. Reflections on Public Health's Biggest Idea', *J. Epidemiol.Community Health*, 63.3 (2009), p. 181.

⁶⁴ Interview JJ 1 October 2009

⁶⁵ Interview EW 2 November 2009 Retired Family Planning Doctor

⁶⁶ G. Canham, 'Letters', *The Guardian*, 30 January 2015, p. 40.

The low level of use of condoms by the working classes in the late nineteenth century was thought to have been due to cost, Peel having noted that in the 1890s the cost per sheath was between two pence (1p) and ten pence (5p).⁶⁷ Anderson feels that many local pharmacies saw the sale of contraceptives as a revenue stream and many continued to distribute, into the twentieth century, leaflets about contraceptives.⁶⁸

George Orwell, writing in *Keep the Aspidistra Flying* deplored the cost of birth control as he viewed it as another way that the working classes were controlled.

Even in the bridal bed, the finger of the money-god intruding ... This birth-control business! It's just another way they've found out of bullying us.⁶⁹

Pharmacists as a group appeared as ignorant as many of the public and medical students on these matters and never received any instruction to help them deal with queries about sexual matters. Yet some pharmacists in holiday resorts favoured by honeymooning couples were often called upon to provide basic sex education.⁷⁰

The situation had changed little by the mid 1930s as sheaths (French letters) remained expensive at ten pence each (5p). This, at a time when wages in the agricultural and engineering sectors were approximately one shilling per hour, or £1 11s 8d for in excess of 50 hours per week. They were seldom on display and it appears that only the qualified pharmacist could dispense them, the customer often suffering the disapproval of the pharmacist.⁷¹ It was said the sheaths were kept, no less securely than the dangerous drugs, locked in the safe, next to the cash box.⁷²

Indeed the Methodist principles of the founder of Boots were said to have been the reason that sheaths were not available at a Boots branch until the 1960s, lest promiscuity be encouraged. The son of the founder, the autocratic John Boot (Lord Trent) considered that it would be improper to require well bred lady shop assistants to sell condoms to male customers.^{73,74} Trent queried of his directors, 'Would you like to see your daughters selling

⁶⁷ Rubber letters – 'the best, surest and most frequently used of any known appliance' - in five qualities ranging from 2s. to 10s. per dozen. J. Peel, 'The Manufacture and Retailing of Contraceptives in England', *Population Studies*, 17.2 (1963), p. 116.

⁶⁸ S. Anderson, '"The Most Important Place in the History of British Birth Control" - Community Pharmacy and Sexual Health in 20th Century Britain', *The Pharmaceutical Journal*, 266 (2001), p. 24.

⁶⁹ G. Orwell, *Keep the Aspidistra Flying* Penguin Classics, new edn (London: Penguin, 2000), p. 157

⁷⁰ R. Crisp, Interview recorded 4 August 1995. Pharmacy in Practice tape collection. PIP/19 1995; 1A:119-136. Cited in Anderson, 'Community Pharmacy and Sexual Health', p. 24.

⁷¹ C.W. Robinson *Twentieth Century Druggist. Memoirs* (Beverley: Galen Press, 1983), p. 30.

⁷² Robinson, *Twentieth Century Druggist*, p. 30.

⁷³ Trent ensured that Boots prestige in Scotland was maintained by keeping expensive offices in Charlotte square in Edinburgh.

⁷⁴ S. Chapman, (unpublished) *Boots, The Evolution of a Modern Business*.

these things?’⁷⁵ As other independent pharmacists followed suit so barber shops took up this retail trade.

The Council of the Pharmaceutical Society disapproved of the unsolicited distribution of leaflets advising on methods of contraception, and, in 1941, the Statement upon Matters of Professional Conduct advised its members that advertisements concerning contraceptives should not be enclosed in a package with other goods without a request from the purchaser.⁷⁶

Advertisements concerning contraceptives should not be distributed to any person who has not asked to receive such advertisements. Contraceptive preparations and appliances, or their illustrations, should not be exhibited.⁷⁷

The Pharmaceutical Society’s disapproval of the sale of condoms continued into the post war period and the 1953 Statement upon Matters of Professional Conduct included the following advice:

There should be no exhibition of contraceptives in a pharmacy, or any reference (direct or indirect) by way of advertisement, notice, show-card or otherwise that they are sold there, other than a notice approved by the Council bearing the words ‘Family Planning Requisites’.

The statement remained unchanged in the 1964⁷⁸ version but, post 1968, the statement was altered to take account of the changed attitude to contraception and that the Council considered that the circumstances of the sale of contraceptives should be left to the discretion of the individual.

Trent’s successor as Chairman at Boots was John Savage who maintained the traditions and, even by 1961, Boots branches would still not sell rubber male sheaths. The only exception being ‘where they are ordered by a medical man himself, or where a genuine

⁷⁵ Personal Communication with Professor Stanley Chapman, Emeritus Professor, Nottingham University who conducted interviews with retired Boots employees. Boots policy on selling contraceptives was raised in an interview with R.C.M. Dickson, the Territorial General Manager for Scotland in 1930s and 1940s. The matter was not raised again until after Lord Trent’s retirement as chairman in 1953. Dickson had been emboldened to ask Trent of the company policy as the matron of the Royal Infirmary in Edinburgh had queried whether if Boots sold contraceptives might this not serve the interests of public health rather than their availability be restricted to back street barbers and rubber stores. For further information see S. Chapman, ‘The Sexual Revolution’, *The Southwell Folio*, (2013), pp. 32-33.

⁷⁶ Statement Upon Matters of Professional Conduct 1941. In J. R. Dale and G. E. Appelbe, *Pharmacy Law and Ethics* 3rd edn (London: Pharmaceutical Press, 1983). Quoted in Anderson, ‘British Birth Control’, p. 24.

⁷⁷ Council of the Pharmaceutical Society of Great Britain. Statement upon Matters of Professional Conduct (June 1944).

⁷⁸ Statement Upon Matters of Professional Conduct 1953. In H.W. Fowler and A.W. Lupton, *Aids to Forensic Pharmacy* 5th edn (London: Bailliere, Tindall and Cox, 1960). Quoted in Anderson, ‘British Birth Control’, p. 25.

medical prescription is handed in'.⁷⁹ After 1961 staff of Boots were reminded that it was still Boots policy not to actively promote the sales of contraceptives but that the discreet plastic display was merely a reminder to the public that Boots did supply contraceptives, 'available on demand'.⁸⁰ The foregoing could explain why, when the local worthies visited a village pharmacy in Fife, the pharmacist 'by slight of hand removed the condoms secreted in his waistcoat pocket' and presented them to the customer.⁸¹

Some women, a minority, were either more brazen or just matter of fact as when out for their Saturday shopping, as discussed earlier, they would visit the chemist's shop and ask for Rendells[®] because 'they would need to be ready for their husbands'.

There was no question, could they see a lady assistant. They just bought Rendells as any other purchase and stored them in their string bag. They never asked for advice.⁸²

Some harassed figures looked for 'female pills' widely advertised for menstrual troubles no doubt in the hope that in excessive doses they might induce an abortion.⁸³

The introduction of the contraceptive pill changed the pharmacist's role in promoting sexual health and 'represented a shift towards the regulation of an area of life not previously controlled'.⁸⁴ Prior to the introduction of the pill it was, by and large, men who visited the pharmacist for condoms but then in possession of a prescription, albeit a private one, women became the clients and there was no cause for embarrassment.

9.7 The Role of Nurses

In 2015 the provision of contraceptive advice and appliances has essentially devolved to specialist nurses who have undergone training, with in some centres physician consultants acting in an advisory role. The Faculty of Family Planning and Reproductive Health Care produce a comprehensive array of literature, and in many centres nurse prescribers supply and fit IUCDs, intra uterine systems (IUS) and contraceptive hormonal implants, and prescribe oral contraceptive pills, either prescribing autonomously or as part of patient group directives. But these are recent developments. The tasks undertaken by nurses' now, previously having been firmly within the medical domain represent, 'new elements of advanced nursing practice'.

⁷⁹ Boots price list (1961) Corporate Records & Archives, Boots, Thane Road, Nottingham.

⁸⁰ Staff training Information leaflet, issued to Boots staff post 1961 (undated). Boots Deskwork- Surgical 26, Contraceptives. Corporate Records & Archives, Boots, Thane Road, Nottingham

⁸¹ Interview AA 19 March 2009 Retired GP

⁸² Interview SS 3 June 2010. Retired Pharmacist.

⁸³ Robinson, *Twentieth Century Druggist*, p. 30.

⁸⁴ Anderson, 'British Birth Control', p. 25.

In the period covered by this work, nurses generally acted as no more than hand maidens to doctors, measuring height, weight and blood pressure. A retired family planning doctor from Fife recalled from 1968:

Oh the nurse would have been taking the history and as I say doing blood pressure and I don't think they checked urines ... so that's all that would be done by the nurse.⁸⁵

Marie Stopes however favoured nurses fitting caps and giving advice while the National Birth Control Council (NBCC) insisted on this being the role of doctors. The case of Nurse Daniels,⁸⁶ a health visitor who was dismissed from her post in 1922 for providing birth control advice; 'the tragedy of poor women she visited proved too much for her, and she determined to help them', provoked a Ministry of Health ruling that it was not the function of maternity and welfare centres to provide such advice.

The *Nursing Times*, in the 1960s, reflected the ambivalence of the nursing profession to the questions of contraception and abortion, with Claire Rayner⁸⁷ concluding reluctantly that legalising abortion was necessary, whereas other nurses took the view that 'contraception is positive interference in the marriage act'.⁸⁸ It was however recognised that most of the lack of contraception occurred within marriages and that the health visitor was in a unique position, seeing more families over a protracted period than any other health worker, and that they might be best placed to help mothers get reliable contraceptive advice. But student health visitors, at least up to 1968, heard very little of family planning and indeed many course organisers did not consider family planning of fundamental importance,⁸⁹ although, by 1970, in Barnard's opinion, contraception was 'no longer being avoided [by health visitors] until a "crisis" situation arose'.⁹⁰ Indeed Woodward found, in a postal questionnaire in 1970, that seventy-eight per cent of health visitors recommended that their patients attend a family planning clinic, and that seventy-nine per cent would wish to receive formal instruction in family planning.⁹¹

Increasingly there was encouragement for nurses in a variety of clinical situations, from gynaecological wards to psychiatric wards and in situations whereby a child had been

⁸⁵ Interview DD 23 July 2009

⁸⁶ Anon, *Birth Control News*, 1.9 (1923), p.1. Quoted in Leathard, *The Fight for Family Planning*, p. 28

⁸⁷ C. Rayner, 'Have YOU been Asked?', *Nursing Times*, (1960), p. 198.

⁸⁸ B.A. McDevitt, 'Unmarried Mothers', *Nursing Times*, (1960), p. 394.

⁸⁹ D. Barnard, 'Health Visitors and the Family Planning Act', *Nursing Mirror*, 127.24 (1968), p. 35.

⁹⁰ D. Barnard, 'Family Planning Seminars for Health Visitors', *Health Visitor*, 43.3 (1970), p. 81.

⁹¹ P. Woodward, 'Health Visitors' Attitudes Towards Family Planning', *Health Visitor*, 43.11 (1970), p. 361.

hospitalised due to poor home circumstances, for the nurse to raise the issue of family planning, even when not asked.⁹²

Wilson, however, on arrival in Glasgow in 1967 was 'staggered' that nurses did not even take blood pressure recordings,⁹³ her medical colleagues having advised that this was, of course, a medical responsibility and delegating this task to nurses would have involved an erosion of the doctor's expertise.⁹⁴ She further considered that doctors in Scotland, in her experience, were more reluctant than colleagues in England to share or delegate tasks to clinic nurses,⁹⁵ but of course nurses had to have the support of their line managers in taking on non traditional nursing roles.

The role of midwives in offering family planning advice varied throughout this study period. The Central Midwives Board for Scotland Rule Books, and annual reports for this period, do not specify that pupil midwives had to learn anything specific about contraception. The seminal textbook for midwives, *Myles Textbook for Midwives* 4th edition⁹⁶ defines contraception in the glossary, whereas by the 6th edition in 1968⁹⁷ four pages are devoted to the subject of 'an introduction to family planning' which describes a family of four as an appropriate number 'at intervals of about two years'. Methods available and the role of the midwife are described. By 1975 and the 8th edition⁹⁸ the section on the role of the midwife in family planning has been upgraded to 'the promotion of family planning is an essential component of health education and an integral part of preventive medicine'. The midwife is now viewed as the logical person to participate as a member of the family planning team and the motivation necessary for the midwife working in the field 'so that she can persuade and convince', is discussed.

By the early 1970s both *The Lancet* and *BMJ* were calling for a career structure and specialised training in family planning for doctors with extended roles for nurses and appropriate ancillary back up.^{99,100}

9.8 Conclusion

⁹² A.H. Kane, 'Contraception. A Positive Duty?', *Nurs.Mirror.Midwives.J.*, 133.25 (1971), p. 37.

⁹³ Interview EW 2 November 2009

⁹⁴ E. Wilson, *Sex on the Rates. Memoirs of a Family Planning Doctor* (Glendaruel, Argyll: Argyll Pub, 2004), p. 131

⁹⁵ Interview EW 2 November 2009

⁹⁶ M.F. Myles, *A Textbook for Midwives* 4th edn (Edinburgh: E. & S. Livingstone, 1961).

⁹⁷ M.F. Myles, *A Textbook for Midwives* 6th edn (Edinburgh: E. & S. Livingstone, 1968).

⁹⁸ M.F. Myles, *A Textbook for Midwives, with Modern Concepts of Obstetric and Neonatal Care* 8th edn (Edinburgh: Churchill Livingstone, 1975).

⁹⁹ J.K. Russell, 'Planning Family Planning', *The Lancet*, 299.7745 (1972), p. 311.

¹⁰⁰ 'Reorganized Family Planning', *British Medical Journal*, 4.5894 (1973), p. 690.

Despite the medical profession having little interest in promoting birth control in much of the period under study, as has been shown, novels from the nineteenth century provided a route for enthusiasts to promote their views. Yet formal sex education in schools in Scotland never featured as anything other than basic biological concepts and contraception was never mentioned until the 1970s. Thus the general public lacked information and sources of advice and the doctors remained poorly educated in this area.

Magazines have been highlighted as a potential source of advice and correspondence columns in both girls' and women's magazines have over the period of study developed from discussing pre-pubertal physical anxieties to explicit interrogations of sexual etiquette. But lest they be considered prurient their educative role should be acknowledged.

The discussion of the changing role of pharmacists has highlighted, in the case of Boots, society's ambivalence to discussing matters sexual, but it would appear that the founding autocratic chairmen of Boots were a powerful source in inhibiting the dissemination of birth control advice. Some nurses from the early 1920s, were however, no doubt as they were seeing abject poverty and the consequences of multiparity, promoting birth control advice. Marie Stopes encouraged her nursing staff in the 1920s to fit contraceptive caps but only in the mid 1970s was there any call for the role of nurses working within family planning clinics to be formally extended beyond undertaking the tasks of measuring height and weight.

Increasingly over the period covered by this work have the public clamoured for advice and information on birth control. The medical profession were initially unwilling to embrace this task, whether by fear of promoting licentious behaviour, promoting immorality or concern for their professional standing. Then younger doctors were willing, but unable, due to lack of education in this field and by politicians creating obstacles. The oral contraceptive pill, however, offered the medical profession a legitimate role. The oral contraceptive pill was a drug and required a valid prescription. The responsibility for the appropriateness of that prescription and any checks and balances rested squarely with the prescriber.

Conclusion

Scotland has the unenviable reputation of having the highest rate of teenage pregnancies in Western Europe. The City of Dundee has the highest rate of teenage pregnancies of any city in Scotland. However Fife region has more teenage pregnancies than any other area. It is widely accepted that contraceptive advice is nowadays freely available but the question posed at the start of this thesis was. ‘Was it always thus?’ To which the answer is a resounding no.

As outlined in the introduction, the primary aim of this thesis was: a) to enquire about how people obtained birth control advice in the period 1900-1975 and b) what factors influenced them to make the choices they did. The birth rate across Europe fell from 1870 but this change did not affect Scotland until 1909. Many authors have commented on the fact that initially historians showed little interest in this phenomenon and it was regarded as within the province of demographers. Angus McLaren wrote of *Birth Control in Nineteenth Century England* and he noted that contraception had a dual potential, as an instrument of greater freedom or an instrument which allowed greater social control.¹²⁵⁸ Soloway however wrote of *Birth Control and the Population Question in England, 1877-1930*.¹²⁵⁹

My period was chosen as it spanned the time from the start of the twentieth century, when there began to be an understanding of the role of chemical messengers in particular reproductive hormones and the hormonal control of the menstrual cycle, through the early twentieth century development of birth control clinics, initially private, then municipal until the introduction of oral contraception in the 1960s and the debates about the availability of contraception for purely medical or social needs to the time when contraception was freely available at NHS expense. The secondary aim of this work has been to establish whether, in relation to the dissemination of birth control advice, there has been a uniquely Scottish dimension.

Scotland has a long history of pioneering medical men and women. However the development of birth control services in Scotland was due in the East to enthusiastic, essentially apolitical, pioneers whereas in the North-East of Scotland developments arose

¹²⁵⁸ A. McLaren, *Birth Control in Nineteenth Century England* (London: Croom Helm, 1978), p. 13.

¹²⁵⁹ R.A. Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill: University of North Carolina Press, 1982).

out of philanthropic ventures. By way of contrast, in the West, in Glasgow, the grass roots movement had its basis in a radical, working class movement. Fisher, in *Birth Control, Sex and Marriage in Britain 1918-1960* has echoed Levine's call for 'a micro-level mode of analysis' and has commented on the paucity of existing evidence and understanding of marital contraceptive practices.¹²⁶⁰ Fisher has written extensively following interviews with individuals in south Wales, Oxford, Hertfordshire and Blackburn. The narrative of this thesis has thus attempted to consider these questions from a religious, legal, political and medical dimension and by using the interviews of patients living in Scotland who talked freely of their experiences. It was however considered appropriate to explore the roles and attitudes of retired professionals who were involved in the advising, prescribing, dispensing of contraceptives as well as seeking the views of members of the clergy whose advice might have been sought and who felt able or unable advise.

The first part of Chapter Two subtitled Physiology, considered the role of Patrick Geddes in Dundee and J. Arthur Thomson of Aberdeen, whose publication *Evolution of Sex* sought to outline the main processes for the continuation of organic life. The physiological understanding of 'internal secretions', a term coined by Edward Schäfer who became Professor of Physiology at Edinburgh University, was further enhanced when these 'chemical messengers' later came to be referred to as hormones and this knowledge led to an understanding of the menstrual cycle. This knowledge presaged John Beard's work at Edinburgh University which identified that the corpus luteum could prevent ovulation during pregnancy. It was further proposed that it might be possible to inhibit ovulation by chemical means, in effect to search for a chemical contraceptive to prevent ovulation.

The second part of Chapter Two, subtitled Sexuality, considered the knowledge of sex over three centuries. In the eighteenth century medical authorities were concerned only with sex in relation to venereal disease, whereas the nineteenth century was characterised as a period when women had been considered not to enjoy sex. In Victorian times non procreative sex was viewed as immoral. Dr John Moodie of Edinburgh published a treatise at this time which outlined the state of corruption of Scottish ladies and his elaborate girdle was designed to prevent masturbation among girls, and the term 'masturbation insanity' was first coined by Dr David Skae, Physician Superintendent of the Royal Edinburgh Hospital. An alienist, Dr Yellowlees of Glasgow, proposed surgical interventions to discourage masturbation in men.

¹²⁶⁰ K.Fisher, *Birth Control, Sex and Marriage in Britain 1918-1960* (Oxford: Oxford University Press, 2006), pp. 3-4.

Marie Stopes, Edinburgh born and educated, a product of the Free Church of Scotland, pioneered the development of birth control clinics and her massively influential book *Married Love*, published in 1918, later became a successful, but controversial, film. In her books, which were widely read, she explained the technical details of how to obtain pleasure during the sex act.

The place of surveys of sexual attitudes and practices are considered from 1892 with Clelia Mosher's survey. This for the first time revealed that women did have sexual desires and wished to engage in, and took pleasure from sex. The surveys reviewed included Kinsey's study in America through to the Mass Observation survey of 1949 in Britain, styled 'Little Kinsey'.

In Chapter Three the facts of the pan European fertility decline, post 1870, were considered as were the debates which centred on whether the decline in fertility was as a result of stopping or spacing. The fertility fall in Scotland, after 1909, was later than other parts of Europe, and within Scotland there were regional variations exemplified by an illegitimacy subculture in the north east and south west of Scotland. Marital fertility rates in Scotland showed considerable divergence from England, based on comparators from the Princeton Marital Fertility data.¹²⁶¹ This has been attributed to geographical and cultural isolation, but strict adherence to religious values in the more remote areas might have been a contributory factor. The 1881 data showed that twenty-eight per cent of the population lived in areas where some kind of fertility control was being employed, whereas by 1911 over ninety six per cent of the population lived in areas where some fertility control was practised. Newsholme and Stevenson's paper for the Royal Statistical Society exemplified the fact that women in Aberdeen, Dundee and Glasgow were having more children than their 'sisters' in Edinburgh. The conclusion being that prevention of child bearing, by the rich, was being practised and that the poor were continuing to reproduce with 'reckless abandon'. The fact that the decline in family size was slower in Roman Catholics, but nonetheless apparent, than Protestants was noted.

The republication of Charles Knowlton's *Fruits of Philosophy*, which saw Bradlaugh and Besant charged, in 1877, with publishing obscene material, ensured that the topic of birth

¹²⁶¹ A.J. Coale and S.C. Watkins, eds, *The Decline of Fertility in Europe. The Revised Proceedings of a Conference on the Princeton European Fertility Project* (Princeton, New Jersey: Princeton University Press, 1986).

control was in the public domain and it has been noted that contraceptive development, manufacture and retailing increased in the twenty years following the trial.¹²⁶²

Sexual intercourse was regarded as necessary for procreation but there is little to suggest, in medical literature, at least at the start of the twentieth century, that women were expected by men to have enjoyed sex. However Marie Stopes' publication of *Married Love* may have fuelled desires in women for sexual gratification but previous, published research based on interviews concluded that some women regarded sex as distasteful and that many women were ignorant of sexual practices, and that their preference was for a passive role. These were views echoed by many of the interviewees for this study.

The fact that fertility control was practised is an inescapable conclusion but as to which methods or techniques were used, we cannot be sure. The pessary and the condom were considered to require patient exactitude and *coitus interruptus* was considered a commonly used technique although frowned upon by the medical profession as it was said to cause nervous complaints. Szreter's compelling arguments for the place of abstinence have been highlighted. Lewis-Fanning's 1949 study demonstrated that, in cohorts of women married between 1910 and 1940, increasing numbers admitted to practising some form of contraception and in each period more used appliance methods.

Physicians in the latter part of the nineteenth century reported that abortion was widespread in working-class districts and abortifacients were advertised in daily newspapers, albeit under the by-line of nostrums for the purpose of removing 'irregularities or 'obstructions'.¹²⁶³ Whether abortion may have contributed to fertility decline in Scotland remains open to debate as we have little information on the extent of abortion prior to the 1967 Abortion Act. Nonetheless Scots Law decreed that abortion was a common law offence and that if doctors agreed on the need for such intervention the procedure would not have been illegal.

Religion, the title of Chapter Four, has been cast as the impediment to the early commencement of the fertility decline and here the influence and values of the major religious denominations in Scotland, which have elaborated codes of morality to guide and in some cases cajole their adherents, are reviewed. The major Protestant church in Scotland, the Church of Scotland, has been cast as the state in microcosm as the parish church performed virtually all civil functions, a precursor to the development of local

¹²⁶² C. Knowlton, *The Fruits of Philosophy* (London: 1834).

¹²⁶³ < <http://bellanta.wordpress.com/2008/08/18/the-brothers-crimes-and-abortifacient-scams/> > [accessed 12 April 2012].

authorities. The Church of Scotland can be considered democratic as it is not governed by bishops but by a hierarchy of church courts. Each of the major Presbyterian churches are governed by a supreme court or General Assembly, considered the final arbiter in matters of religion, doctrine and discipline. The influence of the Church of Scotland achieved its zenith in the mid 1950s. In contrast the Roman Catholic Church's adherents increased in number in Scotland and peaked in the mid 1970s. The Roman Catholic Church in Scotland is not democratic, its adherents owe allegiance to Rome and to apostolic succession and to traditions back to the times of Augustine and Thomas Aquinas. Both the Roman Catholic Church and the Protestant churches were, however, initially bound in their disapproval of any form of contraception.

As early as 1915 the United Free Church Assembly was concerned, however, about a decrease in the number of baptisms, attributed to a decline in birth rate amongst the artisan classes from which the Protestant churches drew their members. The conclusion being that this indicated voluntary limitation. Nonetheless the Free Church of Scotland remained opposed to the promotion of the practice of birth control until 1960, despite the Anglican Church's Lambeth conference in 1930 having become favourable to the principle of contraception. Indeed by 1960 the Free Church of Scotland espoused the view that family limitation was a Christian duty but, from an inspection of archival material of the Free Church, this can be seen as much an anti-catholic stance. The Free Church however, continued to voice concern that the ready availability of contraceptive advice would encourage promiscuity, and consequently deplored the 1974 government pronouncement that contraceptive advice would be free to all.

The Roman Catholic Church in Edinburgh in the 1930s, echoing the disapproval of Pius XI, condemned artificial contraception and criticised the opening of family planning clinics. Pius XII by 1951 had however approved, following the recognition by scientists of a 'safe period', the rhythm method. The advancement of scientific knowledge and the development of the oral contraceptive pill did however not meet with the approval of Paul VI, despite the Pontifical Commission's recommendation of approval. This caused seminarians of the time heartache and confusion as they had expected pontifical approval of the oral contraceptive pill. Nonetheless, as in many areas, public opinion was ahead of official teaching and, post *Humanae Vitae*, many adherents to the Catholic faith did not present the use of the contraceptive pill as a topic worthy of a confessional.

Notwithstanding the foregoing, the Roman Catholic Church remained influential in its condemnation of the spread of birth control advice and sought to dissuade the *BMJ* and in

Edinburgh the *Household Physician* from publishing advertisements advocating birth control, but also pressure was brought to bear on the poor, some of whom were scared of the local parish priest.

In Chapter Five, entitled Politics it was noted that the 1911 National Insurance Act excluded from care most women and children, and that consequently there was a need for welfare services for mothers and children. As a response to this need, the Carnegie Trust proposed and founded model welfare centre centres due to the concerns that both infant mortality and maternal mortality were high.

Discussion of birth control was in the 1920s controversial amongst the leaders of the Labour party and the Minister of Health John Wheatley, a Glasgow MP and practising Roman Catholic, refused to support the proposal that local authority welfare clinics should provide information on birth control methods. Ernest Thurtle's 1924 Birth Control Enabling Bill was roundly defeated in the House of Commons by an alliance of staunch Presbyterians and Glasgow MPs fearful of antagonising their Roman Catholic constituents. But working class women did not take the stance of male Independent Labour party MPs without dissent, ultimately culminating in Mary Barbour opening Scotland's first birth control clinic in Govan in 1926.

The 1920s and 1930s saw the Department of Health for Scotland under pressure from secular organisations to lift any impediment to married women obtaining birth control advice at municipal welfare centres, to no avail, and indeed the circulars issued by the Department of Health in England from 1930, clarifying when such advice might be appropriate, had no resonance in Scotland. The excuse being that the Minister in Scotland, 'doubted whether public opinion was strongly enough in favour', and that the Secretary of State for Scotland did not want municipal clinics to become a source of propaganda in favour of birth control.

The 1949 publication of the Report of the Royal Commission on Population which recommended that contraceptive advice should be available from the family doctor was never debated in parliament and most of the recommendations were ignored by successive governments. The introduction of the contraceptive pill in 1960 allowed parliamentarians to debate the issues surrounding a reliable, medically approved method of contraception, rather than whether birth control advice should be available on the NHS or not. Yet only in 1966 did Willie Ross the Secretary of State for Scotland encourage local authority clinics to offer free birth control services to women whose health would be harmed by a

pregnancy. Edinburgh Town Council considered that this pronouncement would expand family planning activity, whereas there was a more muted response from Glasgow, acknowledged to be more concerned about the views of their constituents, in many cases, Roman Catholics. Of interest is the case of Motherwell, which was represented in 1924 by Rev. James Barr, a fierce opponent of birth control, but which was chosen by the Carnegie Trust as the site in Scotland of the first Mother's welfare centre. The successor to the Mothers Welfare Clinic in Motherwell was a family planning clinic run under the auspices of the FPA, from London. The local authority however, in 1966, were unhappy about the FPA increasing their fees to patients so consequently the clinic seceded from the FPA and came under local authority control.

The Brooks Private Members Bill, National Health Service (Family Planning), 1967 which sought to enable any woman, married or not, who wished contraceptive advice on any grounds to be able to obtain such advice under the NHS, specifically excluded Scotland at the request of Willie Ross, the Secretary of State for Scotland. He contended that the Health Services and Public Health Act of 1968, section 15, would bring Scotland in line with England and make birth control advice generally available. Conjecture remains as to why Ross prevaricated and delayed implementing this legislation until 1970. The fact remained, however, that the patients still had to pay a fee for appliances and pills.

It was left to the incoming Labour Government of 1974 to enact the proposed NHS reorganisation, ensuring that birth control advice would be available free, at NHS expense to all who wished to avail themselves of such advice. In the event however the implementation was delayed until 1975, due to the difficulty in reaching agreement with the medical professionals as to the fee payments due for such work.

The Law has become embroiled in this period of study in controversies which affected the availability of birth control advice and was thus the subject of Chapter Six. Case studies were used to expand on and consider important legal judgements which although originating in England by virtue of their disposal at the Appeal Court or House of Lords have resonance in Scotland.

Chapter Seven explored the role of the medical profession and noted that, although medical professionals in the period up to the early 1920s, were never at the forefront of promoting birth control they seemed to be practising in their personal lives that which they did not preach to patients. Whether this was due to lack of confidence or lack of knowledge has

been debated but what is clear is that no systematic teaching on birth control was evident in medical schools, in Scotland, with the exception of Edinburgh, until the 1970s.

Marie Stopes and Margaret Singer were unsuccessful in their aim of recruiting doctors to support their cause, but Stopes' publication *Contraception* of 1923 was said to have challenged the authority of the profession more than her seminal publication *Married Love*.

In the early 1920s, much of the debate about contraception was conducted through the letters columns of the *BMJ* and *The Lancet*, generally focusing on the attributes of a particular type of appliance, or indeed whether contraception was a legitimate branch of medicine. The eugenic argument of whether birth control could ensure the elimination of the 'unfit' was, however, never far from the letters columns, and the question as to whether a woman was fit for pregnancy began to be debated. Medical Officers in some welfare clinics were quite clear that providing birth control advice *was* medical treatment but many MOsH took the opposite view, no doubt in part due to their concerns of the need to appease their political masters who had an eye on the ballot box.

Increasingly, by the late 1920s, there was recognition that birth control clinics were providing services for the relief of poverty, but that, whereas the wealthy could seek out expert opinion, poor women were at the mercy and the ignorance of the medical profession.

The increasing medicalisation of birth control was enhanced by improved understanding of female physiology and scientific developments such as the Gräfenberg Ring, a device fitted into the uterus, and so seen as requiring medical expertise. Yet no consensus existed on the physiological function of semen, or whether barrier forms of contraception or *coitus interruptus* might be harmful to a woman's health, or indeed whether chemical pessaries were causing cervical changes. But these issues did indicate increasing interest of the medical profession.

As is often the case, public opinion was ahead of both the politicians and the medical profession with, by the early 1930s, there being calls to lift the embargo against birth control advice at municipal clinics. Some eminent members of the profession, however, called for doctors to be concerned with all matters which involve the health of an individual. The increasing numbers of abortions were seen as a failure of adequate birth control. Yet the lack of undergraduate instruction left new graduates approving of birth control but unable to educate or instruct their patients.

Prior to the 1930s practising birth control was characterised as a morally dubious exercise yet by the early 1940s large families began to be stigmatised. Such information as was published suggested that *coitus interruptus*, although not approved by the Marriage Guidance Council, was the most usual form of family limitation, and that modern contraceptive methods were reliable, if properly taught. This only left open the question as to who could undertake the instruction. Interviewees who worked in family planning clinics stated that many GPs who endeavoured to provide birth control advice were not trained or competent to do so.

The introduction of the oral contraceptive pill meant that the medical profession had at last found a legitimate role; the oral contraceptive pill was a drug and it required to be prescribed and monitored. Enoch Powell in 1961 suggested the pill should be freely available but politicians prevaricated and obfuscated until the Brooks Bill was passed, at last facilitating wider prescription in England. Scotland due to political issues lagged behind.

By 1968, however, doctors in Scotland were prescribing the pill, but on private prescription, as the debate on the medical versus the social need for adequate contraception rumbled on for several more years. Agreement with the medical profession regarding fees for prescribing and monitoring the prescription of the oral contraceptive pill was eventually reached in 1975, and the contraceptive pill was freely available to those married or unmarried for medical or social needs.

A case study approach has here been used in Chapter Eight to compare the development of birth control advice in four large urban conurbations of Scotland, a West coast city three large East coast cities, and a smaller city and hinterland. The power of the local MOH has been highlighted, facilitating promotion of, or hindering the development of birth control services.

In Glasgow, a grass roots, working class movement developed with support from trade unions, the Labour Party, the ILP and Women's Guilds resulting in the founding of the first birth control clinic in Scotland in 1926.

Aberdeen benefitted from the enthusiasm of philanthropists who promoted birth control advice but were ably supported by an enlightened MOH, progressive local authority, and an enthusiastic Professor of Gynaecology. Edinburgh, however, had neither a supportive MOH, nor philanthropic support but had essentially apolitical enthusiasts and lay

volunteers, responsible for the founding of a successful birth control service which then spread to the Borders and Fife.

In the cities of Dundee and Perth and in the regions of Tayside and Angus in general, the successful development of birth control services depended on the stance of the individual MOsH, and in these areas there was less religious-political interference than was to the fore in Glasgow and many towns of the west of Scotland, where the MOH was mindful of the political aspirations, of his paymasters who had a keen eye on the ballot box. Nevertheless a grassroots, working-class movement developed in Glasgow resulting in the founding of the first birth control clinic in Scotland in 1926.

In Chapter Nine the place and influence of lay publications, pamphlets, essays, tracts, novels, plays, newspapers and film were recognised for their role in facilitating the dissemination of birth control advice covering nineteenth century novels through to more contemporary girls' magazines. In addition the role and place of pharmacists and nurses in the promotion or hindrance of making available birth control advice was reviewed and the call for the expansion of the nurse's role in family planning clinics was highlighted.

Libby Wilson in Glasgow, like Marie Stopes before her, was clear that she wished for an extended role for nurses in relation to birth control, but the nursing profession were slow to accept this 'extended role'. This development was hindered by many medical professionals who felt some tasks were only appropriate for doctors to undertake. And yet other doctors felt that working in family planning was a 'Cinderella speciality' – undervalued by their peers in other medical disciplines.

The question posed at the outset was to enquire about how people obtained birth control advice, and what motivated and influenced them to make the choices they did. And the secondary aim was to examine the Scottish dimension to the knowledge and practices of birth control and to ascertain whether, in relation to the dissemination of birth control advice, there was a uniquely Scottish dimension.

The best way of enquiring how people obtained birth control information and advice, in the absence of access to personal diaries or writings, is thus to ask them, and to this end oral history testimonies were undertaken.

Thompson, an oral historian has concluded that the reliability of memory rests partly on whether the question being asked is of interest to the informant ¹²⁶⁴ and Green and Troup have stated that memories of crucial experiences may be re-evaluated and re-

¹²⁶⁴ P. Thompson, *The Voice of the Past. Oral History* 3rd edn (Oxford: Oxford University Press, 2000), p. 131.

contextualized throughout life ¹²⁶⁵ whereas Tosh has commented that ‘oral sources have an inescapable element of hindsight about them’. ¹²⁶⁶ Participant interviews however remain a rich and fertile source of anecdotal evidence of health care interactions, particularly in relation to the emotive subject of birth control and or ignorance of birth control practices, and the interview allows the historian interviewer to examine the views and beliefs of the interviewee on the interviewee’s own terms. All the interviews in this study were undertaken by an experienced GP, well used to discussing emotive or sensitive issues with his patients. None of the patients interviewed, in line with ethical practice, however, were, or had been patients of the GP. They, however, had all agreed to be interviewed by a working GP and had agreed to the content of the interview prior to the interview commencing, and it was felt that although the interviews dealt with sexual matters there was no suspicion or evidence any information was misrepresented. Indeed, although the patient interviewees varied in age from 55-86 years all were clear in their recall of these life events in relation to their ignorance of sexual practices, sexual behaviour, marriage and birth control, even if few could advise on the cost of prescriptions. It is acknowledged that interviews dealing with sensitive topics and research which delves into personal experiences may be upsetting, ¹²⁶⁷ if for example, a patient is reminded of the difficulty in having to request, as a teenager, a termination of pregnancy and having no recourse but to write to a magazine for help, or in recalling a concealed pregnancy as a result of rape. One also has to consider the retired family planning doctor who recounted her disappointment at how she denied her role to peers feeling her work was undervalued. She was grateful, but did question why it had taken some forty years for someone to ask of her work experiences and convince her of the value of her testimony.

What is clear is that no region studied can be considered ‘typical’, and it would be unwise to extrapolate from these local studies to offer generalisations about Scotland as a whole. The religious diversity of a community, the political allegiances of the people, the enthusiasm and foresight of individuals and the approach of local medical professionals and MOsH all had a bearing on the attitudes to birth control dissemination adopted in individual communities. Not all areas were like Aberdeen and benefitted from an

¹²⁶⁵ A. Green and K. Troup, *The Houses of History. A Critical Reader in Twentieth-Century History and Theory* (Manchester: Manchester University Press, 1999), p. 231.

¹²⁶⁶ J.Tosh, *The Pursuit of History* rev. 3rd edn (London: Pearson Education, 2002), p. 297.

¹²⁶⁷ C.M.Renzetti and R.M.Lee eds. *Researching Sensitive Topics* (London: Sage Publications, 1993), p. 6.

enlightened MOH and progressive local authority, but of many local authorities' approach we have no information.

Levine's call, noted in the introduction, for a micro level mode of analysis is still apposite and signposts the way for future research. The power and influence of MOsH has been emphasised and further work could be directed to greater in depth study and exploration of the rich mine of archival material held by Scottish local authorities as survival of local health records is unfortunately patchy across the country. Potential interviewees are ageing thus limiting the number of participants and the delays in getting ethical approval from NHS ethics committees can hamper research. It is a source of regret that although representatives of all the major Christian denominations in Scotland were invited to participate in interviews not all were willing. It also noted that no politicians agreed to be interviewed.

In Scotland, in 2015, contraceptive services are widely available from FPA clinics, Health Board clinics, sexual health advisory services, pharmacies and general practitioners but, as has been shown, the piecemeal introduction of services depended on enthusiasts; both lay and medical who did not want to condemn women to multiple pregnancies. These pioneers wanted to have patients educated and informed so that they could make their own, appropriate choices and in this respect lay opinion was ahead of politicians, religious leaders and the medical profession.

The language of argument or aggression, 'fight' or 'revolution', is a recognised, literary and rhetorical trope and a brief glance at the titles of some of the seminal texts used in the course of this research emphasise the struggle to make birth control advice readily available, as a matter of choice. The 'battle' to ensure contraceptive services are available to all who wish them, in Scotland, may however be over, but this does not alter the fact that Scotland still has the unenviable record of the highest rate of teenage pregnancies in Western Europe. Future research could thus usefully be directed to seeking to clarify why this is the case.

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Appendices

Appendix 1: Interviewees

Initials of Interviewee	Status	Date of interview	Residence/Place of work in period under discussion in interview.	Birth date
AA	Retired GP	19 March 2009	West Fife	1934
BB	Retired family planning doctor	9 April 2009	Edinburgh	1938
CC	Retired GP	24 May 2009	Glasgow/Perthshire	1944
DD	Retired family planning doctor	23 July 2009	Lanarkshire/West Fife	1931
EE	patient	2 August 2009	West Fife	1950
FF	patient	21 September 2009	West Fife	1942
GG	patient	30 September 2009	Edinburgh/West Fife	1943
HH	patient	1 October 2009	West Fife	1942
JJ	Retired family planning doctor	1 October 2009	East Fife	1926
EW	Retired family planning doctor	2 November 2009	Glasgow	1926
KK	Retired GP	19 November 2009	Lanarkshire/Borders	1948
MM	Retired Professor of Obstetrics and Gynaecology	4 February 2010	Aberdeen/Glasgow	1925
LL	patient	15 April 2010	Central Fife/West Fife	1948
YY	patient	22 April 2010	Aberdeenshire/Central Fife	1924
NN	patient	13 May 2010	West Fife	1939
PP	patient	20 May 2010	Edinburgh	1948
QQ	patient	20 May 2010	Kent/West Fife	1923

Initials of Interviewee	Status	Date of interview	Residence/Place of work in period under discussion in interview.	Birth date
RR	GP/psychosexual counsellor	8 June 2010	Aberdeen/ Edinburgh/Dumfries	1948
SS	Retired pharmacist	3 June 2010	Borders	1931
TT	Retired nurse	24 March 2011	Glasgow/Paisley/Edinburgh	1941
UU	patient	17 March 2011	Aberdeen/West Fife	1935
VV	Roman Catholic Priest	21 April 2011	Borders/Falkirk/Midlothian	1938
XX	Retired midwife	29 April 2011	Eire/West Fife	1943
ZZ	Retired family planning doctor	3 October 2011	Edinburgh	1930
JL	Retired Obstetrician and Gynaecologist	20 October 2011	Edinburgh	1924
OO	Retired family planning doctor	27 October 2011	Edinburgh	1923

Appendix 2: Participant Information Leaflet



University of Glasgow | Faculty
of Medicine

Dr Kenneth Macaulay
Research Student
Centre for the History of Medicine
University of Glasgow
Lilybank House
Glasgow G12 8QQ

PATIENT INFORMATION SHEET (version 4)

What is the study about ?

I invite you to participate in a research project as part of a post graduate degree programme at the University of Glasgow.

The background to the study.

In 2008 Birth Control or Family Planning advice is readily available from pharmacies, Family Planning Clinics or General Practitioners, yet in times past this was not the case. Until the 1960s when the Oral Contraceptive Pill became available couples had to make choices about techniques and methods of family limitation or birth control. Only in the 1970s were Family Planning Clinics incorporated into the National Health Service.

The purpose of this research is to enquire about how people obtained Birth Control advice and what motivated and influenced them to make the choices they did. Little research has been undertaken in this area in Scotland and local studies can highlight the regional differences in Birth Control behaviour.

You have been chosen as a possible participant in the study as you have expressed an interest in the study to a friend / colleague who has already participated in the study. I shall be seeking to interview 15-20 patients who were seeking advice on or who were using 'birth control' practices in the period 1940-1975 and shall seek to interview 5-10 'professionals' – doctors or nurses who worked in 'birth control' clinics in the period 1940-1975.

The interviewer is a General Practitioner who has an interest in the History of Medicine. The interviews will be recorded (audio tape) and all those interviewed will be guaranteed anonymity. Each interview is likely to last at least one hour and the interview can take place at a mutually convenient venue.

If I agree to take part can I withdraw later?

Yes, you can withdraw at any time and if you wish any taped recordings will be destroyed or returned to you.

Are there any possible risks of taking part ?

Should you feel discussing this subject uncomfortable you are free to withdraw at any time.

Is the information confidential and what will happen to the tape recording ?

All the information you provide during the interviews is strictly confidential. In any publication some of your quotations may be used but these quotations will be anonymised and none of your personal details will be published. If you agree to participate an additional consent form in relation to the tape recordings will be provided.

Who has approved the study ?

Fife Research Ethics Committee and Fife R & D department.

Who is funding this research ?

Dr Macaulay is funding this research personally as part of postgraduate studies at the University of Glasgow.

Who can I contact for further information ?

Dr Kenneth Macaulay's details are at the head of this information sheet.

Who can I contact for independent advice about the work ?

Dr Alexander Pollock is aware of the study. He is not directly involved and will give independent advice if required. His address is c/o

Centre for the History of Medicine
Lilybank House
University of Glasgow
G12 8QQ

What should I do now if I want to take part?

Please contact Dr Kenneth Macaulay at the above address or e mail
kennethmacaulay@btinternet.com or k9macaulay@hotmail.co.uk

or

Mobile Phone 07980 536799 or 01383 622193

- *Thank you for taking the time to read this Information Sheet and for considering taking part in the study.*

Appendix 3: Consent Form

Consent form version 5



University of Glasgow | Faculty of Medicine

Dr Kenneth Macaulay
Research Student
Centre for the History of Medicine
University of Glasgow
Lilybank House
Glasgow G12 8QQ

Title: The dissemination of birth control knowledge-- Scotland 1940-1975.

Name of Researcher : Dr Kenneth Macaulay

Please initial box.

I confirm that I have read and understood the information sheet dated 21/02/09.(version.5) for the above research study.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time.

☐

I understand that the interview will be recorded on audio tape and I give my permission for this recording.

☐

I agree to take part in the above study.

☐

The purpose of this part of the form is to ensure that your contribution is registered and stored in the Oral History Centre of the University of in accordance with your wishes.

Contributor

Date(s) Recorded

Recorded by

Tape/ Disk reference no

_____.

I give permission/ do not give permission for any recordings and or summaries of transcriptions of recordings to be used in the Centre for authorised research or consultation.

I give permission/ do not give permission for any copies of the recordings and or summaries of transcriptions of recordings to be used by authorised researchers and other interested parties.

I give permission/ do not give permission for any recordings and or summaries of transcriptions of recordings to be used for educational purposes, educational publications, talks or broadcasts.

I give permission/ do not give permission for any recordings and or summaries of transcriptions of recordings to be used for broadcasting or publication.

Do you wish to add any restrictions ? You may limit public access to your contribution for a period of years (up to a maximum of 30 years). **YES/NO**

If **YES**, please give details.._____

I hereby assign the copyright in my contribution to the University of/ Oral History Centre.

Name of participant _____

Signed _____

Date _____

Address _____

Name of person taking consent _____

Signed _____

Date _____

Appendix 4 : Questionnaires

Sample questions

Place of birth – brought up ?

Schooling

Age at leaving school

How many brother and sisters did you have ?

Did you want a large family like the one you grew up in ?

When you were young when did you first learn about sex ? Did your mum/dad older sibling tell you ?

Where did you first learn of ‘precautions’?

Where do you think your husband/ wife found out ?

Many married couples do something to limit the size of their families and to control ‘when their children come’. How do you feel about this ?

Where could you get ‘them’?

Were they expensive ?

What did you do in order to not get pregnant ?

What did your husband do ?

Where did you find out about ‘protection’?

Did you discuss with your husband / wife ever taking precautions ?

Did you plan to have gaps between children ?

Did you talk to your husband./wife about when to have children and whether to have children ?

Did you ever do anything to try to not get pregnant ?

What did you do /use in order to avoid becoming pregnant ?

- Safe period
- Contraceptive jelly/ cream Rendells
- ‘c’ FILM
- Dutch cap – Diaphragm
- IUCD
- Oral contraception
- Contraceptive injection
- Continue breast feeding in belief that this would avoid pregnancy

Did you talk to your husband/ wife about preventatives ?

You said your husband was careful ? What does that mean ?

- Coitus interruptus – withdrawal
- Condoms
- Abstinence
- NONE
- Other

When did you begin to take this action ?

What made you start taking ‘precautions’

Were you advised to use of the above methods by doctor or clinic ?

If clinic – private local authority?

Did you pay ?

How much ?

Did you ever attend ‘ clinic ‘ before marriage ? Was that a problem ? Embarrassment?

GPs attitude ?

Where did you get information ? Magazines ? Friends ?

Did you use methods simultaneously ?

Contraceptive career ?

By using birth control methods have you been able to avoid becoming pregnant at a time when you did not want to become pregnant ?

Did you plan gaps between children

How you had any unplanned pregnancies ?

Attitude to 1967 Abortion Act and before ?

Reaction to COC

Sample questions (for professionals).

What year did you qualify ? enter Practice ?

Were the problems/ issues of sex and ‘marital relations’ and ‘birth control’ discussed during your undergraduate/ training course?

When did you first start working in the area of family planning?

Was this as a doctor or nurse or midwife?

Did you provide ‘birth control’ advice as part of your usual duties ? Was this in a private clinic or local authority run facility or NHS facility?

Did you see the consequences of ‘illegal abortions’ in your work?

Did you have any personal objections to the philosophy of ‘birth control’ advice being made available ?

As part of your work as a GP/ nurse/ midwife did you actively promote to your patients the desirability of family limitation or spacing ? If so did you then discuss ‘methods’?

In 1944 the BMJ discussed the desirability of ‘adequate marriage planning’ and advocated pre marital physical examination of both partners. Is this something of which you have any knowledge or information?

How did you view the introduction of the oral contraceptive pill ?

Did you advise patients / treat patients with the oral contraceptive pill prior to its widespread availability in 1974.

How did you view the legalising of abortion ? Did this have consequences for your work load ?

Did you consider that there was a role reversal with the advent of the 'pill' ie patients driving discussion?

Did popular magazines drive requests ?

Did you see provision of contraception as being within your remit ?

Appendix 5: About the Author

The author of this thesis is a working General Practitioner with over thirty eight years service in the NHS, thirty two years having been spent in a small practice in Rosyth, Fife. He is married with two children, a son and a daughter and he has two grand children.

He was educated in Melbourne, Australia at Elwood High School and at the Royal High School in Edinburgh and his undergraduate medical education was at the University of Dundee.

He undertook Open University Courses in 2001-2002: *Modern Scottish History* and *Evangelicals, Women & Community* which encouraged him to undertake further studies.

Between 2002-2004 he was granted prolonged study leave from his practice and undertook a period of study in the History of Medicine department of the University of Glasgow. His dissertation was entitled

Health Concerns, Health Education and Lay Medical Knowledge: The Evidence of Popular Newspaper and Magazine Advice Columns: The Twentieth Century. The author graduated with the degree of M.Phil (distinction) in 2004.