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# THE RISE AND FALL OF THE NATIONAL BIRTH-RATE COMMISSION

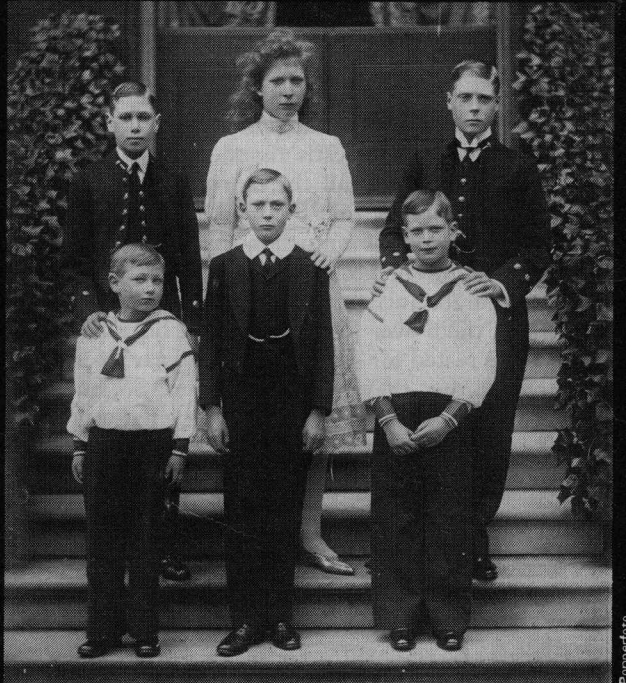
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by Madeleine Simms



In December 1910 a letter appeared in *The Lancet* signed by the Venerable William Sinclair DD, honorary chaplain to the late King Edward VII, and the Rev F. B. Meyer, a leading Dissenting clergyman, announcing that the National Social Purity Crusade would henceforward be known as the National Council for Public Morals. The purpose of this body was described as "the promotion of the moral and physical regeneration of the race", and it adopted as its motto the words uttered on his accession by the new king, George V: "The foundations of national glory are set in the homes of the people. They will only remain unshaken while the family life of the nation is strong, simple and pure." The president of the Council was to be the Bishop of Durham and there were thirty-six clergymen among its numerous vice-presidents. The main concern of the organisation was "The Nation's Morals", which was the title of a conference that had been held under the auspices of the Crusade the previous July. The nation's morals were thought to be declining as fast as its birth rate. Thus, at a subsequent conference held in Edinburgh in October 1913, to inaugurate its Scottish branch, the Secretary of the National Council of Public Morals, the Rev James Marchant announced the formation of another new body, the National Birth-Rate Commission.

The birth rate had now fallen from some 35 per 1,000 in the 1870s to little over 20 per 1,000. Moreover, those who did still produce large families came from the lowest social classes. Thus, the fall in the birth rate was held to be "dysgenic". This was seen by many as the crux of the problem. It seemed that in the future a growing proportion of the population would be recruited from the least fit and least able classes in society. "If it could be proved", said Marchant to his Edinburgh audience, "that only the weak and



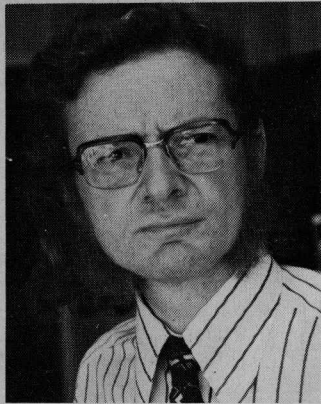
KING GEORGE V

**T**he foundations of national  
glory are set in  
the homes of the people

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## Two strange tales



Two items of sexual curiosa came my way recently. They concern Danish bulls that produce sperms like corkscrews and young men who menstruate. As the first has interesting practical implications and the other, though frankly doubted by some experts, does appear to be a well authenticated oddity, I thought I would share them with you.

One of Dr Erik Blom's interests in life is impaired fertility among bulls. He works at the State Veterinary Serum Laboratory, Copenhagen, and exactly twenty years ago realised that two of his inadequate beasts generated spermatozoa many of which had normal heads but tails looking like corkscrews. Since then, spermograms have been prepared of samples from all Danish bulls used for artificial insemination. Erik Blom has now assessed the records of the sixty cases observed over two decades, to write up his findings and speculations in *Nordisk Veterinaermedicin* (1978, 30, 1). Dr Blom's research team has used both light and electron microscopy in an effort to locate the origin of the defect. Although a "turning point" during spermiogenesis has eluded their labours, they have found that corkscrew spermatozoa are usually associated with degeneration of the testis tissue—indeed this abnormality has made scrutiny all the more difficult. They suspect, but are not certain, that the main sites of the screwed effect are the sheaths of mitochondria in the tail, which swell and form lumpy bodies.

Animals manufacturing these bizarre and inadequate seeds (most of them over five years in age but some youngsters too) were rested for six months to a year. If their output did not improve, they were slaughtered. So, bulls being expensive, it became important to find out what was causing the trouble. At first, heredity seemed to be the answer, because four of the first five reported cases were related to each other. This soon began to look unlikely, however, when the defect turned up in bulls from all Danish cattle breeds, and in those from other countries. Infection also appeared an unconvincing explanation, as corkscrew sperms typically came from isolated animals all over Denmark: there was no epidemic pattern.

But there was some sort of pattern. One breed, Red Danish, seemed to be affected more often than others. This suggested a predisposition, rather than a definitive cause for the aberration. The really striking picture emerged when cases were plotted from year to year. When Dr Blom compared these data and the curve of nuclear fallout in Denmark, he found an impressive correlation, with the maximum annual figure for defective spermatozoa coinciding with the peak of atmospheric nuclear testing.

That was in 1962, when at least 133 atomic bombs and other devices were let off, polluting air, sea and land all over

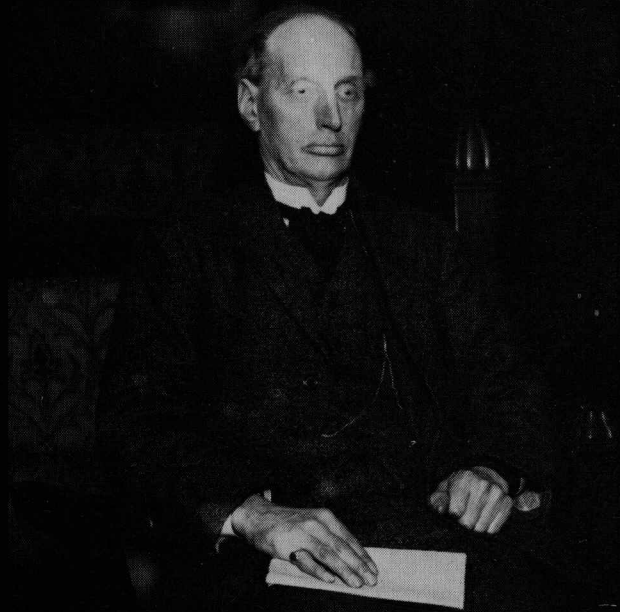
the world. Perhaps a fission product with a short half-life, such as radio-iodine, was to blame for the irregularities in Danish sperm. An experiment to test this possibility—giving bulls the isotope and examining their spermatozoa—has proved negative. But as only two animals were used, as they were young, and the period of observation short, the value of this evidence is dubious. Corkscrew sperms remain a mystery.

Hermaphroditism, too, has long held an element of mystery. It began with the supposedly divine son of Hermes (god of secrets, invention, occult philosophy and athletics) and Aphrodite, goddess of love. Hermaphroditus was thus a well known figure in Graeco-Roman culture. But as a biological phenomenon, genuine hermaphroditism (not to be confused with psychiatric illnesses such as transvestitism) is still a patchily researched phenomenon. So it was that, after menstruating youths had been mentioned *en passant* at a recent Ciba Foundation symposium, I discovered that several authorities present were sceptical about the very idea. That made me curiouser and curiouser, and determined to find out more. In fact, the best, most recent, evidence comes from work by Willem A. van Niekerk, professor of obstetrics and gynaecology in the University of Stellenbosch, South Africa. It appears in his book *True Hermaphroditism*, published a couple of years ago by Harper & Row.

Professor van Niekerk detailed twenty-four Bantu patients seen over seven years at H. F. Verwoerd Hospital, Pretoria. One was a 16 year old youth who sought medical attention because of his breasts, which had begun to appear two years earlier. At 15, he had noticed the passage of blood through the same orifice (in the perineum) which he used to urinate. Lasting a couple of days, this was irregular and did not occur every month. Another patient, aged 18, also complained of breast development, and reported that he passed blood for three to five days every month. A third was a 21 year old man who had started menstruating at 16. These and all the other patients had a phallus of sorts, a separate urethral opening, and both testicular and ovarian tissue.

Hence the term "true hermaphrodite". A person with ambiguous sexual appearance who possesses ovaries is called a female hermaphrodite; a similar individual with testis is a male hermaphrodite. Van Niekerk's work shows that there are innumerable variations in the development of male and female structures, but his reports of apparent males with a functional or semi-functional uterus are virtually unique.

Socially and legally, Professor van Niekerk is convinced that psychological gender, usually determined by rearing, is most important in defining "a male" or "a female". His patients showed clearly that chromosomes (usually 46, XX), gonads, and appearance had no influence on gender role. To have changed legal sex to the predominant anatomical sex, he says, "would have been psychologically disastrous for the patient". Only Hindu law has catered explicitly for the legal problem. A son inherits a whole, a daughter only a half, and an hermaphrodite three quarters. How this applies to the many fine distinctions being revealed by van Niekerk and others is not, however, apparent.



Fox Photos

THE REV SIR JAMES MARCHANT

**T**housands of empty silent cradles must be set rocking with bright eyed healthy babies



Royal Free Hospital

DAME MARY SCHARLIEB

**B**irth control encouraged "too frequent sexual intercourse"



defective stock was ceasing to increase, there would be little cause for complaint." But this was far from being the case. The conservatively inclined eugenicists and social Darwinists were not the only ones to be dismayed. The same unease was apparent among political radicals. In the decade leading to the Boer War, 40 per cent of army recruits had been rejected as unfit for active service, and the resulting Inter-Departmental Committee on Physical Deterioration (1904) had painted a disturbing picture of the nation's health and strength. As early as 1902, Sidney and Beatrice Webb had formed a private dining club to discuss social and political issues, which they named "The Co-Efficients". In their recent book, *The First Fabians*, Norman and Jeanne MacKenzie suggest that: "The Co-Efficients were significant as one minor expression of a change in the national mood which cut across parties and social classes, a mood rather different from the jingoism of the Boer War. For the first time in a century there was a sense of national danger, of a need for forthright leadership which could stiffen the country's moral fibre and strengthen its ability to fend off foreign threats and competition. Ideas about racial improve-

ment by selecting out the efficient were widely discussed, and Shaw was working these 'eugenic' notions into his new play *Man and Superman*; Beatrice Webb called it 'the most important of all questions, this breeding of the right sort of man'. Beatrice summed up such feelings in a letter to R. C. K. Ensor in May 1904: 'At present the whole official Liberal Party . . . is wholly blind to the ghastly tragedies of the mental and physical decrease of the mass of our race', she wrote, adding that there must be 'a compulsory raising of the standard of health and conduct'."

The Registrar-General in his vital statistics for 1907 had dwelt on the diminishing birth rate, causing the editor of the *British Medical Journal* (1908) to observe: "It is somewhat depressing to find that though married women in London remain relatively more fertile than their sisters in other great cities in Europe, much of their superiority in this direction must be ascribed to certain neighbourhoods such as Stepney, Bethnal Green, Poplar, Shoreditch, Finsbury and Southwark . . . The most fertile borough of all was Stepney, which contains a considerable proportion of foreign Jews."

The government had failed to show proper concern about

continued



LORD DAWSON OF PENN

Secker and Warburg

Are ill-health, sensuality and indelicacy rife among the medical profession?

the implications of this situation. The National Birth-Rate Commission would therefore investigate the problem on its behalf.

#### Contemporary Opinion

The Rev James Marchant was the moving spirit behind this new body. He was a Presbyterian minister, once secretary to Dr Barnardo, whose memoirs he had edited in 1907. He was to write books in the future with such bracing titles as *Birth Rate and Empire* and *Deeds Done for Christ*, and was in due course knighted. He lived to be nearly 90, becoming later in life the director of various film and media companies, including Stoll Picture Productions Ltd, a curious departure from his early career. Despite his enthusiasm for increasing the birth rate of the middle classes, he had no children of his own, a characteristic he shared with no less than 39 per cent of the members of the National Birth-Rate Commission, according to a study subsequently published. It was with questions of Empire that Marchant was particularly concerned. In his book on the subject he asked: "How is the enfeebled heart of the Empire to continue to

supply more fresh and healthy blood to circulate to its far flung extremities?" He was not sure of the answer and speculated that the reasons for the alarming fall in the birth rate were the determination to maintain an unreasonably high standard of living, the "love of pleasure", the higher education of women, and "the fear of parturition". These views were in no way exceptional. In the newspapers, medical journals and books of the period they were constantly reiterated. In the columns of the *British Medical Journal*, Dr H. H. Tidswell took a dim view of the education of women: "The women of the East receive no education, and their great desire is to be fruitful and replenish the earth . . ." From this he concluded that the education of English girls ought to be confined to "the three Rs, and cooking, nursing and housework". Mr F. E. Freemantle, the eminent surgeon, thought votes were as dangerous as education. "Woman suffrage", he declared ungrammatically, "in any kind or form is . . . profoundly inimical to the birth rate". In 1909, Colonel H. Everitt, the secretary of the White Cross League, published a pamphlet entitled *The Falling Birth-Rate and Its Significance*. He recognised that "prevention of conception" was being practised on a very large scale, and that where this practice existed "the other one of abortion is never far distant". He recommended banning all birth control advertising, intensifying medical propaganda about "the physical dangers of artificial sterility", and impressing on women "especially of the intellectual classes" the dangers of forgetting "their true and highest vocation", views that the *British Medical Journal* reported at length without comment.

Dr J. W. Ballantyne, in addressing the British Medical Association in 1910, spotted another villain—the encouragement of athletics among girls. This too, he suggested, had a baleful effect on the birth rate.

Marchant himself never expressed views as extreme as these, but he did wonder whether the decline in fertility might be attributable to some impairment, by the stress of modern life, of the physical capacity to conceive and bear children. He also toyed with notions of "race weariness" noting that: "The claims of race, or posterity, have had less and less appealing force during the last half-century. The question of having children is now held to be entirely a matter for the individual parents to decide and not the Church or State." Others, however, suggested that luxury, over-eating and "indulgence" generally might be simpler explanations for the declining fertility.

#### The Composition of the Commission

The National Birth-Rate Commission operated in two main phases, the first between 1913 and 1916, and the second between 1917 and 1920. Thereafter, various sub-committees of the Commission produced reports and books on related subjects such as venereal diseases and youth and the race, and individual members of the Commission wrote books on related issues in a private capacity, partly deriving from their experiences on the Commission. There was a hard core of membership that stayed the course, and a larger number of people who were associated with different aspects of the work of the organisation over shorter periods.

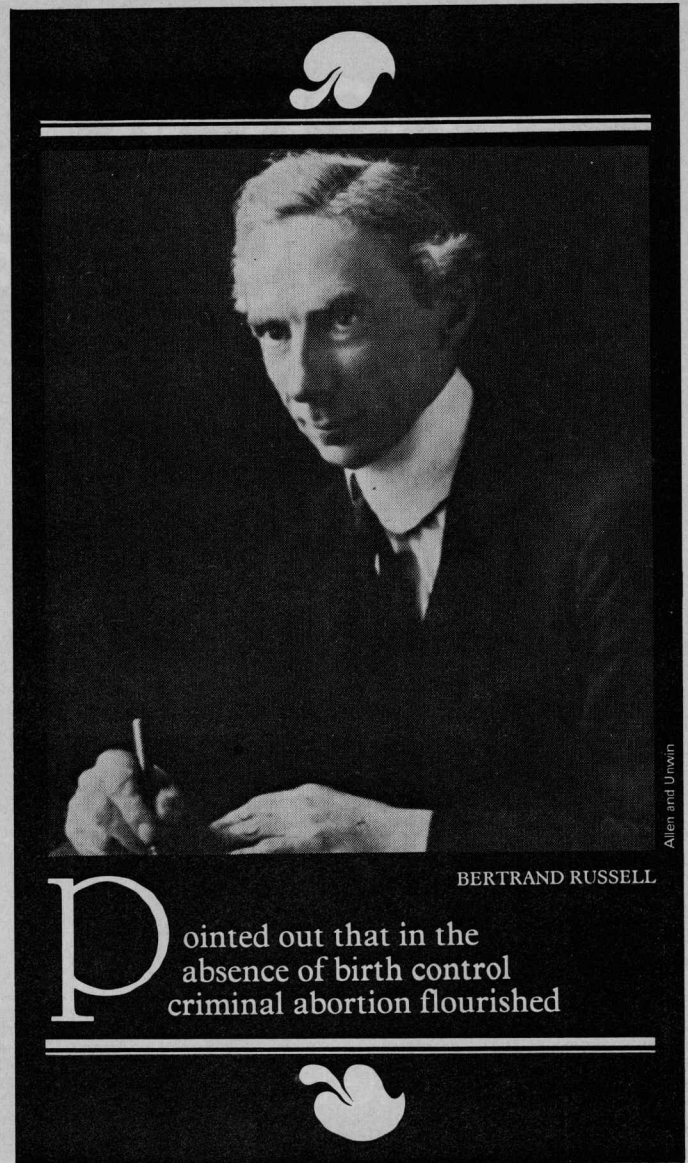
The first Commission, which set to work in the autumn of 1913, consisted of forty-two members, presided over by

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the Rt Rev William Boyd-Carpenter, lately Bishop of Ripon, and the father of ten. The vice-president was Sir John Gorst, a Conservative MP who had held office twenty years earlier as Financial Secretary to the Treasury. The president was 72 years of age, and the vice-president nearly 80. Of the forty-two members of the Commission, twelve were senior and elderly clergy of various denominations, and fifteen were doctors. Of these, the most notable was Mrs (later Dame) Mary Scharlieb, who was to succeed Gorst as vice-president. She was consultant gynaecologist to the Royal Free Hospital for Women and though married was childless. She was passionately opposed to birth control on the grounds that it encouraged "too frequent sexual intercourse". This was to be deplored because "mankind was already oversexed". A ward in the Royal Free Hospital is now named in her memory. In addition to the clergy and the doctors, there was a bevy of titled ladies, a number of obscure politicians, members of several voluntary societies including Mrs Bramwell Booth, described as Chief of Staff of the Salvation Army, and two representatives of the social sciences, the economist J. A. Hobson, and L. T. Hobhouse, professor of sociology at London University. Two government experts were attached to the Commission in an advisory capacity. These were Dr T. H. C. Stevenson, superintendent of statistics for the Registrar-General, and Dr A. Newsholme, an Irishman who was chief medical officer to the Local Government Board. In 1911 he had written a pamphlet called *The Declining Birth Rate* in which he had said that the modern desire for "society" and "pleasure" were responsible for "spoiling family life". He ended his booklet with the observation: "I have purposely said little on the ethical aspects of the problem of artificial limitation of families. It does not appear possible for such a policy to be pursued on a large scale without moral loss to the community."

### The Commission's First Inquiry

The Commission's inquiry was to be made in four directions. First, it was to investigate the "extent and character of the decline", comparing the situation in Britain with what was going on abroad, and paying special attention, in Durkheimian fashion, to "France and the Jews". In France in 1912, there had apparently been more deaths than births, which was described as "disastrous" by a member of the newly appointed Commission. The members hoped to learn some lessons from this experience. Having obtained all the available facts and figures, the Commission was next going to investigate the alleged causes of the decline, including the impact of birth control. It was then going on to assess the effects of the decline upon the couples, upon the children and upon home life generally. Finally, it was going to try to come to some conclusions about the economic and national aspects, bearing in mind the possible dangers to the country of population increases among some of its neighbours (Germany was clearly in mind here, though not actually named.) In the outlining of the proposed programme, a rather interesting modern note creeps in. Dr J. W. Ballantyne remarked that since babies had become less numerous, they had become more valuable. Thus, the Commission would also have to consider "how many antenatal lives were being lost every year through miscarriages



BERTRAND RUSSELL

**P**ointed out that in the absence of birth control criminal abortion flourished

and untimely premature births" which might be averted by appropriate social action, and how many working mothers might be encouraged to have more babies if they could take a month or two off work before confinement.

In the year or two that followed, the Commission received evidence from a large number of interested parties which had views on one or another aspect of the question, but on the whole this evidence was conceded to be disappointing, being described by one member of the Commission, Dr C. W. Saleeby, as containing "a large proportion of opinion to fact". One exception was a paper submitted by the Fabian Society based on a survey of married members of the society. This suggested that birth control was now the common practice among middle class professional couples, and that notions of race degeneracy or involuntary sterility could safely be discarded. Not that the explanation of birth control as the reason for the decline in the birth rate was particularly consoling for all members of the Commission. Dr Amand Routh, consultant obstetrician to the Charing Cross Hospital and personal gynaecologist to Marie Stopes, made this comment: "I am sure that there is

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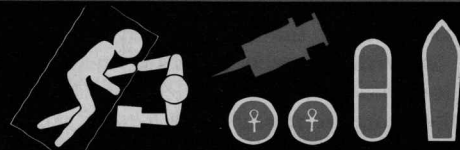
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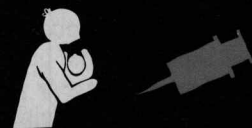
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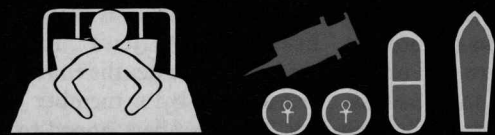
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**WINTHROP**

a definite tendency towards local and general physical ailments, mental disquietude, and lowering of the moral tone in persons who for lengthened periods, or perhaps for most of their active sexual life, pervert the vital physiological act of sexual intercourse by artificial methods of prevention."

Dr Routh's despondency no doubt increased when, later in the year, Ethel Elderton published her classic *Report on the English Birth Rate*, which was a detailed study of what had happened to the birth rate in the north of England in the second half of the nineteenth century and up to 1906. This showed the importance of birth prevention, a practice which had evidently spread far beyond the bounds of sophisticated, metropolitan middle class Fabians. The Report also produced strong evidence to show "how widespread is the demand for abortifacients or reputed abortifacients" in all classes of society, discussed the economic problems facing parents and the "ever increasing difficulty of providing children with an adequate start in life".

Compared with the Elderton study, the Report of the National Birth-Rate Commission must have appeared amateurish and opinionated to many. It was published in 1916 in two parts under the title *The Declining Birthrate: Its Causes and Effects*. The main report was signed by twenty-seven members. An "Addition" was signed by twenty-three. It had come to the somewhat trite conclusions that the birth rate had fallen by one third within thirty-five years; that this decline was not uniformly distributed among all sections of the community; that it was more marked among the prosperous classes; that birth control was most widely practised among the upper classes, and that illegal abortion was common among the "industrial population". This confirmed what everybody knew. The Commission went on to say that the higher education of women did not appear to diminish the "physiological aptitude" of educated women to bear children, whatever other results it might have. This last may perhaps have been news to some people. One Commissioner, Mr Freemantle, on active service abroad, wrote to *The Lancet* saying he could not fully associate himself with this conclusion. Women would have to be confined to the home if the birth rate was to be increased, and there would have to be "direction of female education accordingly".

The book had a mixed reception. *The Lancet*, in an editorial review, noted rather cuttingly its "disappointing lack of emphasis and originality". The *British Medical Journal* was kinder, but agreed that it contained little that was new. It directed attention to the Addition, which it thought had "much more substance and force than the Report itself". This attempted to answer the questions: Is the decline in the birth rate regrettable? and if so, is it preventable? and if so, how? It concluded that the decline was indeed "injurious to the manifold interests of the nation", particularly in that it was clearly "dysgenic": "The largest families are found under these conditions—hereditary, environmental, or both—which are most adverse to the improvement, or even maintenance, of the quality of the population . . ." A number of recommendations were made, mostly relating to giving increased tax advantages and other social benefits to those prepared to breed for the nation. Observing that the Commission, though not a government body, nonetheless enjoyed official recognition, the *British Medical Journal*



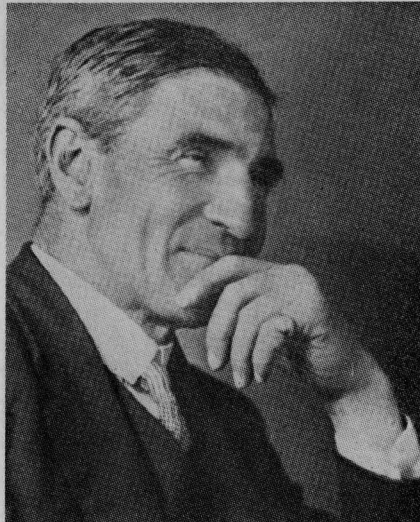
SIR WILLIAM BEVERIDGE

**W**anted to encourage  
"the better stocks" to breed

concluded limply: "Although lacking in novelty, its findings enjoy a certain degree of authority".

In the lay press, however, the book was widely and enthusiastically reviewed. The *Church Times* said it was an "indispensable possession for all who would understand a great evil". The *Yorkshire Post* commended it for its attention to the "spiritual side" of the question. The *Daily News* approved its emphasis on the survival of the white races, noting that "the war, with its dysgenic consequences, has made this a more vitally urgent question than ever". Even the *New Statesman* said that its publication "marked an epoch". It was also greeted with immense enthusiasm by the government, which had itself declined to set up a Royal Commission on the subject a few years earlier. The government was no doubt grateful that a voluntary body had lifted this controversial and unrewarding burden from its shoulders, and this may account for the positively lyrical reception the Report received from the Rt Hon Walter Long MP, the Conservative President of the Local Government Board in Asquith's coalition government. He said that the Commission had performed a patriotic duty comparable

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HUGH CRICHTON-MILLER

Tavistock Clinic

**W**anted to breed from  
"the above-par section"

with that of the soldiers who had died for their country. He hoped it would not disband, but continue its heroic labours. These were now more necessary than ever in view of the loss of births the country had sustained as a result of the war. This appeal was widely echoed, and the Rev James Marchant and his colleagues were soon persuaded. Indeed, Marchant, in his book *Birth Rate and Empire* published in 1917, had summed up the post-war problems as he saw them, in the following words: "Thousands of empty silent cradles in the land must be set rocking with bright eyed healthy babies." It was accordingly resolved that the National Birth-Rate Commission would continue the inquiry "as its contribution to the work of national and racial reconstruction". In 1918 it published what *The Lancet* described as a "colossal programme".

### The Second Inquiry

This second inquiry was to examine the economic and the housing problems facing parents, the effects of the increasing employment of women on the birth rate, and the effects of the increased incidence of VD, the eugenic aspects of the

question, and much else besides. The programme was far too ambitious for any one commission to undertake, particularly one composed largely of well-meaning but amateur middle class persons. The membership of the Commission was much as before, doctors, clergy, upper class ladies and the voluntary societies, many of them the same names as last time. One interesting addition was Marie Stopes, the author of the recently published best seller *Married Love*. In the event she made surprisingly little impact on the deliberations of the Commission perhaps because most of her time on it, as Ruth Hall relates in her recent biography of Stopes, was taken up with an involved and ambiguous flirtation with its president, the Bishop of Birmingham, a handsome widower with four sons.

Forty-six witnesses gave evidence to the Commission, including, rather oddly, several who were actually members of it. Witnesses ranged from Sidney Webb, who flattened the Commission with a characteristically exhaustive memorandum on the "economic penalisation of parenthood", to Mrs Ransome Wallis, director of the misnamed Mission of Hope. She was opposed to her unmarried mother charges being given any public money on grounds of their innate irresponsibility. "They need control and supervision", she said firmly. Marie Stopes spent much of her time assuring her colleagues that her own views on contraception were based as much on religion as on science, while most of her colleagues were busy trying to convince themselves and others that their views were really based on science, not religion. There was much talk of improving the milk supply, and various veterinary and agricultural experts gave highly technical evidence to the commissioners, as did magistrates, criminologists, venereologists, public health experts, editors, trade unionists, Sir William Osler, the Regius professor of medicine at Oxford, and members of the Family Endowment Committee.

In all, more than 400 pages of evidence were submitted. Opinions ranged from outright support for modern contraception to undisguised hostility to it. Some favoured extensive social intervention; others objected to it on principle. The Commission could make very little sense of it all. This is probably why the very bulky report it eventually published under the title *Problems of Population and Parenthood* (1920) received so little notice, in contrast with its previous publication. The members of the Commission disagreed with each other almost as violently as did those who had given evidence to them. As a result, the Report included no less than twelve notes of reservation. Thus, no clear message came across to the public, and the government was comfortably able to ignore such minor unanimous recommendations as it made. In the House of Commons, the Minister of Health said in response to a question on the subject: "I am not clear as to any special action that is called for at the present time". And that was that.

### The Ethics of Birth Control

In 1921 the Commission published a report on the control of VD, which recommended "early self-disinfection" coupled with moral appeals to the nation. But moral appeals were no longer held in such high regard as previously. Reviewing a book on birth control that year, the *British Medical Journal* remarked in an editorial: "Some

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writers waste a good deal of their own and other people's time in vague moral denunciations or defence of birth control. A very small number of exactly recorded facts are worth a very large quantity of moral eloquence."

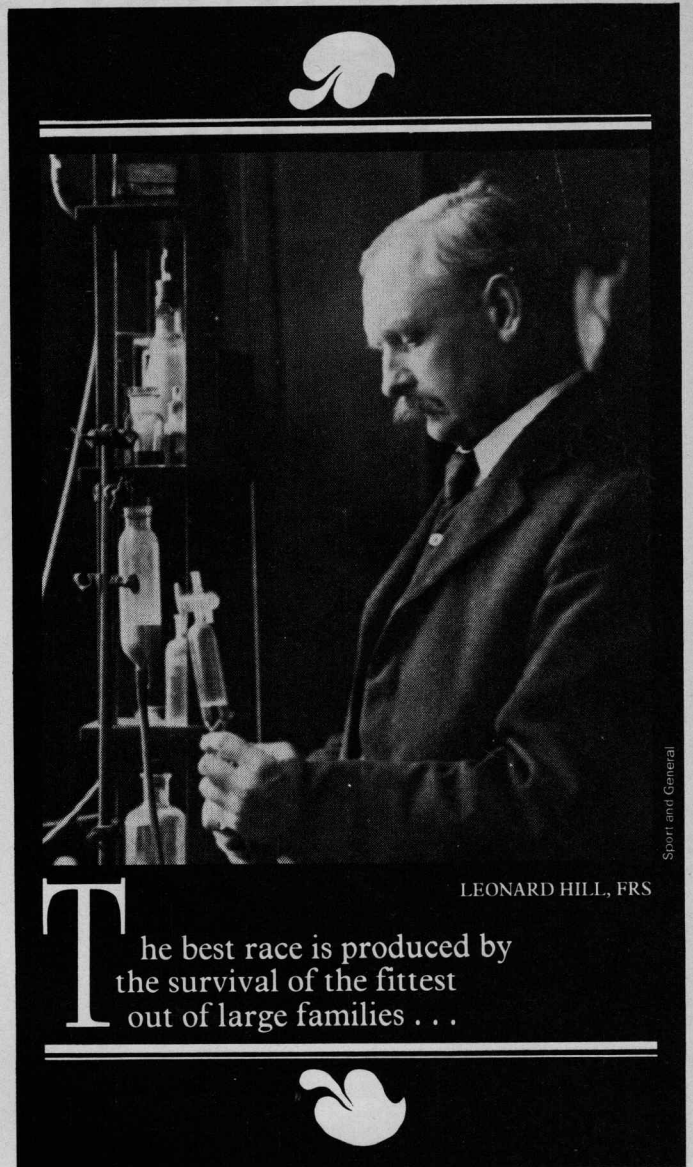
Perhaps the National Birth-Rate Commission should have been warned by this and turned its attention to recording a few facts. But it had developed in a period when moral eloquence was a sufficient response to birth control and was unable to adapt to the more stringent requirements of the post-war world. It persisted in its purpose of examining the problem of birth control from its one-sided moral point of view, and in 1925 published a volume entitled *The Ethics of Birth Control*. Aware that on the previous occasion, the large size of its committee and the diversity of views expressed on it had served only to dilute its conclusions and confuse the public, it controlled matters more strictly on this occasion. The Bishop of Winchester presided over a committee of fifteen clergymen, doctors, and representatives of religious organisations. It proved more difficult, however, to control those who came to give evidence.

Lord Dawson, the eminent physician, strongly supported birth control. He noted that it was practised with particular success within the medical profession itself: "Are ill-health, sensuality, and indelicacy rife among them? Would doctors be likely to practise contraception if thereby they damaged themselves or their families?"

Mr Harold Cox, editor of the *Edinburgh Review*, annoyed the Committee by observing that there appeared to be no religious objection to elderly married persons engaging in sexual intercourse even though they were too old to conceive: "When God has thus created man, by what right do theologians assert that the sole purpose of sexual intercourse is the procreation of offspring?" No one could immediately think of an answer to that and Mr Cox was not detained long for further questioning. Bertrand Russell, giving evidence on behalf of the Workers' Birth Control Group in favour of birth control advice being made available at Mother and Child Welfare Centres, pointed out that in its absence criminal abortion flourished. Answering the objection that public authorities could not give such advice in face of Roman Catholic disapproval, he observed: "Such arguments would make an end of all State activities. Christian Scientists disapprove of medicine; Quakers disapprove of armaments; yet the state supports both medicine and armaments."

Sir Arthur Newsholme of the Local Government Board then revealed what he called "one of the chief reasons" for his reluctance to permit doctors to give birth control advice in such welfare centres: "... the young lady doctors attached to the Centres cannot be trusted entirely to give the right advice in all cases..." "That I think can be met", replied Russell blandly, "by having more responsible people in the position." Sir William Beveridge also came to give evidence about the "dysgenic" tendencies which he thought had increased in recent years. He said that 25 per cent of one generation produced 30 per cent of the next, the most fertile percentage being largely working class. He therefore advocated encouraging "the better stocks" to breed by giving them financial relief and family allowances.

In his report, the Bishop of Winchester, who was considered to be a moderate on this issue, committed himself to



LEONARD HILL, FRS

**T**he best race is produced by the survival of the fittest out of large families . . .

the opinion, among others, that sexual relations based on what he called "free comradeship", which now appeared to be becoming more common, were as "menacing" to the well-being of society as prostitution. He said that every young couple getting married had the duty to produce "a family of four or five children at the least". He was prepared to approve of birth control for hard cases that required it on extreme medical or social indications, but for everyone else he recommended "regular exercise, hard work, and plain living". He warned also that "an excessive meat diet often makes continence more difficult..." Even these austere conclusions were unacceptable to the Headmaster of Eton, the President of the Mothers Union, Canon Simpson of St Paul's Cathedral, and Dr Letitia Fairfield of the London County Council. They could not agree that there was ever any good reason for permitting contraception, which must inevitably result in making life easier for "those who practise the most degrading forms of sensual indulgence". The Chief Rabbi, Dr Hermann Gollancz, unable to wind his way through the maze of Christian dogmatics on the subject, backed away with the Delphic utterance:

*continued*

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BIRTH-RATE *continued*

"There are points to which, as a member of the Jewish community, I cannot subscribe. As the outlook of the other members of the Commission is specifically Christian, the Jewish point of view need not be obtruded here."

He was wise to hesitate, for the evidence presented to the Commission bore no relation whatsoever to the conclusions reached.

### Morals and Medicine

For its next venture, the Birth-Rate Commission decided to dispense with evidence altogether, since it had proved liable to be troublesome, and instead to invite a number of eminent medical and scientific figures on whose good sense it could rely, to pronounce on the subject from all points of view, medical, psychological, scientific, municipal and national. This was to be the definitive work on the subject. *Medical Views on Birth Control* was published in 1926 with an introduction by Sir Thomas Horder, a leading physician who in later years was in fact to become closely associated with both the birth control and abortion law reform movements. At this period of his life, however, he declared that he "found himself still without any opinion sufficiently formulated to serve as a contribution to the literature of the subject". Doctors, he thought, had so far made little contribution to the debate; this deficiency was now to be made good in these essays.

Hugh Crichton-Miller, the director of the Tavistock Clinic, contributed the chapter on the psychological aspects of the matter. Social improvements alone, he said, would not be sufficient to "turn a C3 population into an A1 population". What was required was to breed "less from the below-par section and more from the above-par section". He gave some lugubrious case histories in which above-par couples who had postponed having children found they could not have them when they wanted them, and met bad ends in consequence. Captain Jones abandoned his wife of many years for another who could provide him with the children he by now desired; Major Reid was killed in the war, and Mrs Reid, childless and distraught, finished up in a lunatic asylum: "Contraception had given her the freedom to subordinate her maternal urge to social pleasures, and she used that freedom for self-destruction."

Leonard Hill, a Fellow of the Royal Society and a director of the Medical Research Council, was of the opinion that "the loss of fertility is due to race physiology"—a statement he did not attempt to explain. He disapproved of only children. He thought they had "a much greater tendency to weakness of body and character". He knew this was so because an air force officer had stated that the "the only child is rarely found to be of use for flying". He went on to say: "The best race is produced by the survival of the fittest out of large families exposed to a hard but natural outdoor struggle for existence, such as the British has been up to the time when modern industrialism altered things." He noted that 25 per cent of the leading members of the Eugenics Society were childless. Of women educated at Oxford and Cambridge, those who obtained a third class in final schools were found to be more fertile than those who obtained a second class, and these more fertile than those who obtained a first. Inevitably, perhaps, "the ones who got first class in mathematics were barren". Perhaps reduced



DR LETITIA FAIRFIELD

**W**arned that once birth control was tolerated "discretion can no longer lie with the doctor"



fertility was also due to unwholesome food and the cramped and unnatural conditions of modern life. "The lions at the London Zoo, after access to open-air exercise grounds, have improved in fertility."

Dame Mary Scharlieb was now more than 80 years of age and her views on birth control were unchanged. She asserted with ill-concealed satisfaction that contraception was as dangerous as it was sinful. Dr Arthur Giles, consultant to the Chelsea Hospital for Women, dismissed the plea of poverty as an excuse for birth control. "In almost the poorest home," he said cheerfully in the year of the General Strike, "the addition of a baby can be borne with little difficulty." Dr Letitia Fairfield, Assistant Medical Officer to the London County Council, a Roman Catholic convert and a sister of the novelist Rebecca West, denounced feminist attitudes to birth control. She warned that once birth control was tolerated "discretion can no longer lie with the doctor". The notion that such advice might be made available to working class women in publicly financed clinics enraged her: "The State will equip the wife (at the expense of her husband as taxpayer) with the means of

*continued*

# 'UBIQUUE'

EVERYWHERE DISTALGESIC IS RELIEVING MORE PAIN THAN ANY OTHER PRESCRIBED ANALGESIC

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#### 'DISTALGESIC'/'DISTALGESIC SOLUBLE'

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Orally—to adults only—2 tablets three or four times daily. Soluble tablets should be stirred in a little water.

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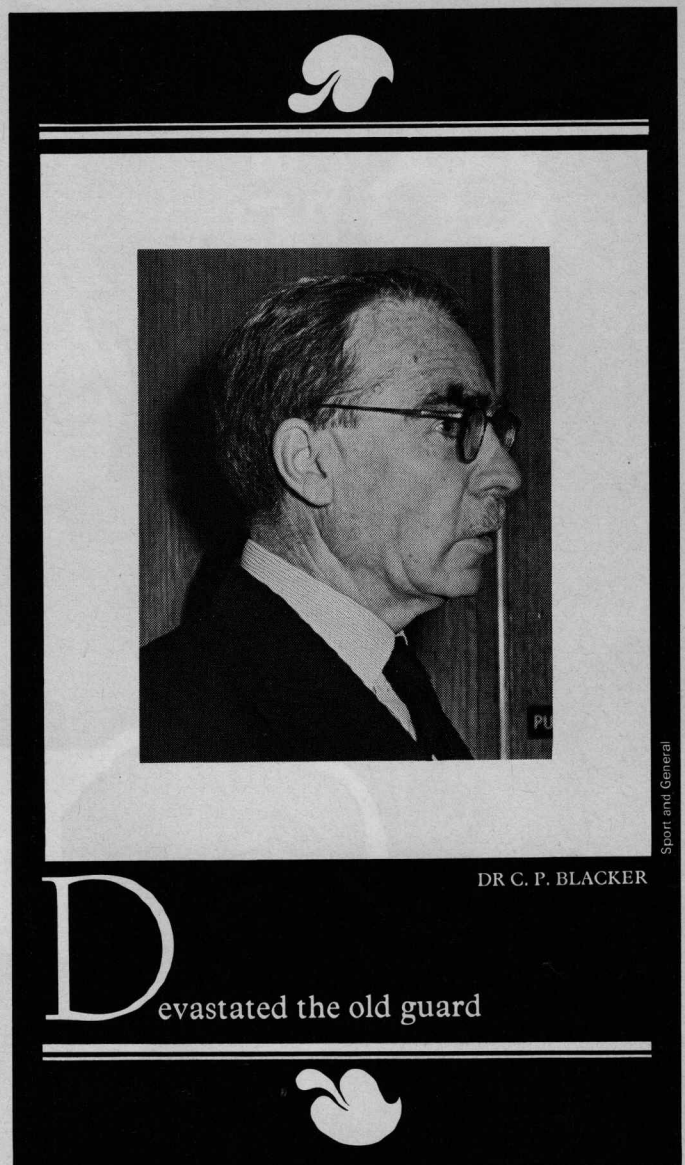


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defrauding or perhaps deceiving him." Sir John Robertson, MOH for Birmingham, spoke from what he referred to as his "large acquaintance with the working class": "I have no hesitation in saying that parents do not regret the largeness of the family, and that no sympathy is needed for them except in the case of the thriftless and wastrel class . . ." There was no need to make birth control advice available in the mother and child welfare clinics "for Nature is sufficient as a teacher". Other contributions to this volume from eminent medical persons followed similar lines, and all were much concerned with the additional possibilities for promiscuity that the practice of birth control offered.

This publication proved the National Birth-Rate Commission's undoing. The authors were mostly notable public figures whose views on birth control could not be ignored. But they were Victorians by generation and in their attitudes to sex. The post-war generation of young middle class couples were converts to contraception, and family size had fallen to the lowest levels ever recorded. The post-war generation of doctors, social scientists, and demographers were no longer prepared to tolerate reactionary moral prejudices dressed up as science. In the pages of *The Lancet*, C. P. Blacker, a war hero, a young psychiatrist with an interest in demography, and a rising member of the Eugenics Society, devastated the contributions, leaving little standing by the time he had finished. Moreover, he performed his task gleefully without making the usual deferential noises. What on earth, he asked, did Sir John Robertson's remark about Nature being a sufficient teacher mean? Why did Dr Giles assert that birth control caused fibroids? These were just as likely to be caused by the abstinence he favoured. Dr Leonard Hill had stated that contraceptives produced "permanent sterility". Not a shred of evidence was produced to support this absurd proposition. Blacker said: "Of relevant scientific inquiry there will be found in these pages little. Of expression of personal conviction there is provided more than enough." No important medical queries had been answered, and few had even been asked. He concluded: "It may be taken as certain that this is very far from being the last word that the medical profession will have to say on birth control."

Blacker was right about this. In 1928 a reply to this volume was published with the provocatively similar title *Some More Medical Views on Birth Control*. It was edited by Dr Norman Haire, who observed that in the nature of things not many of Sir James Marchant's contributors would be likely to have a close acquaintance with birth control, their average age being 62 years. At this time, too, the Birth Control Investigation Committee was established, "to promote scientific investigation of birth control". It was much addicted to surveys and promised it would serve "no propagandist function". Blacker helped to found another



DR C. P. BLACKER

**D**evastated the old guard

Sport and General

scientific body, The International Medical Group for the Investigation of Birth Control, and numerous books on the social and scientific aspects of birth control were published. The birth control movement was growing and its clinics were spreading. By 1930 birth control had passed from the moralists to the scientists and feminists, and although the National Birth-Rate Commission had announced it was to establish a further inquiry into the economic aspects of birth control, no more was ever heard of this inquiry, and thereafter the Commission fades out of the pages of history.

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