

ROUTLEDGE REVIVALS

Fertility and Sterility in Marriage

Their Voluntary Promotion and Limitation

TH. H. Van De Velde



Routledge Revivals

**Fertility and Sterility in
Marriage**



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Fertility and Sterility in Marriage

Th. H. Van De Velde



Routledge
Taylor & Francis Group

First published in 1931 by Random House

This edition first published in 2018 by Routledge
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN
and by Routledge
711 Third Avenue, New York, NY 10017

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 1931 by Taylor & Francis
Copyright © 1929 by Dr. Th. H. Van De Velde

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Publisher's Note

The publisher has gone to great lengths to ensure the quality of this reprint but points out that some imperfections in the original copies may be apparent.

Disclaimer

The publisher has made every effort to trace copyright holders and welcomes correspondence from those they have been unable to contact.

A Library of Congress record exists under ISBN: 32009047

ISBN 13: 978-0-815-37608-8 (hbk)

ISBN 13: 978-0-815-37609-5 (pbk)

ISBN 13: 978-1-351-23856-4 (ebk)

FERTILITY AND
STERILITY IN MARRIAGE

THEIR VOLUNTARY PROMOTION AND LIMITATION

*“Let us not mourn, but act!
Let us not deplore, but help!
Let us not accuse, but improve!”*

ARTHUR SCHNITZLER

BY DR. TH. H. VAN DE VELDE

IDEAL MARRIAGE
ITS PHYSIOLOGY AND TECHNIQUE

SEXUAL TENSIONS
IN MARRIAGE
THEIR ORIGIN, PREVENTION
AND TREATMENT

FERTILITY AND STERILITY
IN MARRIAGE
THEIR VOLUNTARY PROMOTION
AND LIMITATION

*Fertility and
Sterility in Marriage*

THEIR VOLUNTARY PROMOTION
AND LIMITATION

by TH. H. VAN DE VELDE, M.D.

FORMERLY DIRECTOR OF THE GYNECOLOGICAL CLINIC AT HAARLEM
AUTHOR OF *Ideal Marriage*

Translated by STELLA BROWNE



RANDOM HOUSE · NEW YORK · PUBLISHERS

COPYRIGHT, 1929, BY DR. TH. H. VAN DE VELDE

COPYRIGHT, 1931, BY RANDOM HOUSE, INC.

ORIGINALLY PUBLISHED AS

*Die Fruchtbarkeit in der Ehe, und Ihre Wunschgemässe
Beeinflussung*

DEDICATED
TO THE MEMORY OF MY MOTHER

“Man’s reverence for Woman is
based on this: in Woman’s
body slumbers—Immortality.”
CARL LUDWIG SCHLEICH.



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

“There is no virtue in evasion,
No courage in prejudice,
No salvation in ignorance.”

LINCOLN COLCORD.

PREFACE

It is a duty to render thanks where they are due, and a pleasure as well : for it is pleasant to have had occasion for gratitude. So, at the threshold of my book, I have special pleasure in expressing my cordial thanks to my colleague, Dr. *Otto Herschan* of Breslau, who has indefatigably helped me with extensive preliminary work for several of the following chapters.

I am greatly indebted to Mr. *C. A. Bang, O.B.E.*, of Prestwood, Bucks., for much valuable help, and for the way he has exerted himself introducing my works in the English language.

Finally, I wish to thank Miss *F. W. Stella Browne* for the extraordinary care she devoted to the translation, and Mr. *J. Johnston Abraham, F.R.C.S.*, for his valuable advice and for supervising and reading the proofs.

This is the third and last volume of my trilogy on marital problems. It deals with extremely significant matters, and with questions in the forefront of public interest to-day ; questions as difficult to elucidate as they are important to estimate and understand. Therefore, I have been obliged to limit the subject-matter of this book to what seemed absolutely essential for the mastery of general principles and main facts. In my original plan, chapters on individual eugenics and volitional sex determination had been included, and to some extent, already constructed, but they have finally been omitted in order to spare my readers further masses of material, which are not essential for this book.

On the other hand, however, I have not attempted what seems to me undue simplification of my theme or my treatment. If the book is to give the instruction of which my readers are in need, it must delve into the

quarry of human knowledge, and not pass lightly over its surface.

The accessory facts have been treated in appendices, following the chapters to which they are relevant. The bibliographical references have been listed under consecutive numerals at the end of the book.

To the best of my knowledge and belief, the utmost has been done to make my subject-matter intelligible.

I hope that its statements, arguments and suggestions may be received in the spirit in which they have been offered.

TH. H. VAN DE VELDE.

VAL FONTILE,
MINUSIO-LOCARNO,
SWITZERLAND.

TABLE OF CONTENTS

PREFACE	PAGE vii
-------------------	-------------

PART I

ETHICAL POSTULATES AND PRINCIPLES

CHAPTER

I. INTRODUCTION. THE ETHICAL AND THEOLOGICAL ASPECTS. THE STANDPOINT OF THIS STUDY	I
Difficulties of the Subject	1
Three Groups of probable Readers	2
Illusion	4
Fiction	5
Vital Hypothesis	5
Significance of Religion : Ethical and Practical	6
Sexual Abstinence if effective must be absolute	9
Sexual Starvation	10
Condemnation of Prolonged Abstinence within Marriage	10
The Large Families of the Past	11
Regulation of Reproduction need not be Extreme	12
Three to Four Children at intervals of two and a half Years	13
Children should be Born before the Mother is thirty-five	13
The Roman Catholic Church : Dogma and Codes	14
"Faculative Sterility" : <i>Capellmann-Bergmann</i>	15
Seasonal Diminution of Probable Conceptions	16
<i>Noldin</i>	17
<i>Gury-Ballerini</i>	18
Tempus ageneseos ("Safe Period")	18
"Abruptio Copulæ" before Emission	20
Contradictions among Catholic Moral Theologians	21
Exodus from the Churches	23
Letter of the Bishop of Le Mans	24, 26
Attitude of Protestant Theologians	28
<i>Wichern</i>	28
<i>Knabe</i>	30
<i>Weymann</i>	31
Failure of Church Guidance to their Flocks	33
The Medical Profession has the Duty to Advise	35
APPENDICES TO CHAPTER I.	
<i>Noldin</i> , Original Text	35
<i>Noldin</i> , <i>Telch</i> , <i>Gury-Ballerini</i> Original Texts	36, 37, 38
Monseigneur <i>Bouvier</i> , Original Text	39
The "Sin of Onan"	42
Quotation from <i>Kirstein</i>	44
Quotation from <i>Haug</i>	45
<i>Copec</i>	46

TABLE OF CONTENTS

CHAPTER	PAGE
The Hebrew Faith and Contraception	47
The Lambeth Conference	47
Quotation from <i>Wichern</i>	48
II. FAMILY LIMITATION IN ITS NATIONAL, INTER- NATIONAL AND RACIAL ASPECTS	49
<i>Grotjahn</i>	49
The Egotism of the Sexual Impulse	49
Harmony of Interests : Individual and Communal	50
Difficulties of the Population Problem	51
Dangers of Unbalance, Ethnic and Cultural	52
Neither Overpopulation nor Depopulation	53, 54
The Situation in Contemporary France	55
Difficulties of Assimilation	55
Dangers to Cultural Level	57
Make it advantageous to have Children!	59
Position in Western and Central Europe	61
<i>Grotjahn's</i> View : Minimum of Three Children	63
Financial Privileges for Large Healthy Families	65
The Housing Problem	67
Large-Scale Measures advisable	67
Quantity and Quality	67
Diminished Numbers affect Quality	67
Each Social Stratum should make good its Losses	68
Improvement of Quality Imperative	68
Wholesome Happy Sex Lives and Births benefit the State	68
Summary of Economic Arguments	68
APPENDICES TO CHAPTER II.	
Quotation from <i>Labat</i>	68
Quotation from <i>Harmsen</i>	69
Quotation from <i>Le Fèvre</i>	70
Quotation from <i>Lagneau</i>	72
The Number of Children	73
The Housing Problem	75
Extinction of Intellectual Classes	76
Increase of Valuable Racial Elements	77
III. THE INDIVIDUAL ASPECT OF FERTILITY AND STERILITY IN MARRIAGE	79
The Third Corner-Stone of Married Happiness	79
Differences between Men and Women in Parental Urge	80
The two Groups of Childless Wives	80
What Children mean to Men	81
Rational or Intellectualized Parenthood	83
A Vital Question	84
The only Child : Difficulties and Handicaps	85
The Best Number : Three or Four	87
The only Practicable Method is Contraception	88, 89
Unavoidable Disadvantages	89
Loss of Complete Spontaneity	89, 90
Æsthetic Factors	90
Warning against Frivolous and Hasty Decisions	91, 92
Psychic Disturbances and Conflicts	93
Injury to Specific Erotic Pleasure	94, 95

TABLE OF CONTENTS

xi

CHAPTER	PAGE
A Serious Matter : to be Settled seriously	96
Reverence for Life	96
Sense of Responsibility and Duty of Steadfastness	97
APPENDICES TO CHAPTER III.	
Quotation from <i>Reich</i>	98
Economies of Parenthood	98
Levirate Marriage and Adoption	99
Quotation from <i>Fränkel</i> on Adoption	100
The Tragedy of the Slums : Six Births in Seven Years	101
Quotations from <i>Federn-Meng</i>	102, 103
Quotation from <i>Havelock Ellis</i>	103
Quotation from <i>Heschon</i>	104
FIRST INTERMEZZO OF APHORISMS	105
PART II	
THE ACHIEVEMENT OF DESIRED PREGNANCY	
IV. THE PHYSIOLOGY OF REPRODUCTION	109
Necessary Normal Conditions	110
Male Mechanism : Potentia coeundi	111
Distillation or Lubrication	111
Amount of Semen	111
Motility of Spermatozoa	112, 113
Vitality of Spermatozoa	113
Female Mechanism : Transport of Ovule	114
Vitality of Ovule	114
Ovulation : Provoked, Premature and Retarded	115, 116
Segmentation : Chromosomes	118, 119
Yolk or Chromatin	119
Nidation or Implantation	120, 121, 122
Corpus luteum	121, 122, 123
Processes in Retarded Ovulation	122
Coitus at any time in the Month can be Fertile	122
Processes within the Ovule without Fertilization	123
Development and Disintegration of the Unfertilized Ovule	125
APPENDICES TO CHAPTER IV.	
Chemical Affinities : Quotation from <i>Kahn</i>	125
Motility and Vitality of Sperms within Female Organs	127
The Transit of the Ovule : Unsolved Problems	127
Oögenesis and Spermatogenesis	128
Cell-conjugation and Fertilization	130
Determining Influence of Living Ovule	131, 132, 133, 134
V. THE GENERAL AND COITAL PROMOTION OF PREGNANCY	
Chief Factors	135
General Habits of Life	136
Mental and Occupational Injuries in Men	136
Occupational Injuries in Women	137
Special Susceptibility of Women	137
Journeys : Travel and Fertility	138

TABLE OF CONTENTS

CHAPTER	PAGE
Psychic Interactions	139
Love	139
Diet : Underfeeding and Overfeeding	140, 141
Vitamines	141, 142
Condition of Genital Organs	143
Prolonged Apathy and Excess	143, 144
Date in Monthly Cycle	145
Importance of the Prelude	145, 146
Woman must be Wooed	146, 147
Actual Coital Technique: Mechanism of Fertilization	147
Four Possibilities	147, 148
Importance of Simultaneous Orgasm	149
Importance of Utmost Possible Penetration	151
Position of the Feminine Organs	151
A Tergo Position: Kneeling Attitudes	152
Converse Position: Flexed Attitudes	152
"Normal" Attitude	153
Lateral Attitude from the Rear	155, 156
Genital Muscles: their significance in Woman	159
The Constrictor cunni and Levator vaginæ	159
Training of the Perivaginal Muscles	160, 161
Experiments	162, 163
Possible Benefits	164
Exercise and Control of all Human Faculties	164
 APPENDICES TO CHAPTER V.	
Vitamines and Hormones	165
Ritual Infertility	165
Notes on the Levator vaginæ	165, 166
 VI. STERILITY IN WOMEN	 167

PART I

SIGNIFICANCE, CAUSES AND MECHANISM

Fundamental Significance of Motherhood	167
Normal Women and Thwarted Motherhood	167, 168
What is Genuine Sterility? Three Years' Time Limit	168
Temporary Postponement due to Maladjustment	169
The Man's Responsibility: Direct and Indirect	170
Primary and Secondary Sterility	170, 171
General, Functional, or Anatomical Causes	171
Insufficient or Unsuitable Diet	172
Climate	173
Urban Life: Excessive Nerve Strain	173, 174
Alcohol, Nicotine and Drugs	174
In-breeding	174
Age	175
Effects of certain Contraceptives	175
Biochemical and Temperamental Incompatibility	176, 177
Psycho-sexual Factors	177, 178
Psychic Inhibitions	178
Excessive Sensitiveness in the Genitalia	179
Nymphomania	181
Vaginismus	181
Infantilism and Hypoplasia	183

TABLE OF CONTENTS

xiii

CHAPTER	PAGE
Inherited Tertiary Syphilis	184
General Morbid Conditions	184
Local Abnormalities	184
Infections and Inflammations	185
Importance of Gonorrhœa	186
Injuries to the Ovaries	187
Prevention is the Best Cure	190

APPENDICES TO CHAPTER VI.

Reproductive Significance of Vitamine E	190
Industrial and Occupational Injuries to Women's Organism	190
Uterine Retroflexion as a Cause of Sterility	191
The Term and Concept of "Masturbation"	192
Simulated Pregnancy, Animal and Human	192
Acquired Uterine Lesions	193
Abortion and Sterility	193
Ovarian Causes of Sterility	193, 194

VII. STERILITY IN WOMEN	195
-----------------------------------	-----

PART II

ITS PREVENTION AND TREATMENT

Promptitude Essential in Prophylaxis	195
Strict Cleanliness	195
Effects of Overstrain	195
Infantilism	196
Excessive Prevalence of Arrested Genital Growth	196
Medical Examination before Marriage	196
Exchange of Certificates	197
The Wedding Night and the Honeymoon	198
First Pregnancy and Childbed	198
A Miscarriage needs as much Care as a Full-time Delivery	198
Sterility and Spermatic Saturation	199
General Tonic Treatment	200
Endocrine Therapy	201
Röntgen and Radium Treatment	201
Vibro Massage	202
Treatment for Infantilism	202
Uterine Pessaries	203
Spermataxis	203
Local and Psychic Interactions	204, 205
Benefits of Iodine Treatment	206

VIII. STERILITY IN WOMEN	207
------------------------------------	-----

PART III

TREATMENT BY SURGERY

Dilatation of the Os uteri	207
The Fructulet	207, 208
Curettagé and Irrigations	209, 210
Accessory Surgical Measures	210
Tubal Insufflation	211

CHAPTER	PAGE
Tubal Operations	212
Ovarian Operations	213
Ovarian Transplantation	214
Age at Possible Conception	215
Prospects of Success in Prompt Treatment	216

APPENDICES TO CHAPTERS VII AND VIII.

Weak Dosages with Röntgen Rays	217
Pessary Treatment of Retroflexion	217
Insufflation of the Oviducts	218
Salpingograms	219
Pregnancies following Regrafts	220
Successful Heteroplastic Ovarian Graft	220

IX. IMPOTENCE IN MEN	221
--------------------------------	-----

PART I

SIGNIFICANCE, MECHANISM AND PSYCHIC FACTORS

Coital Impotence and Procreative Impotence	221
Libido and Erection	221, 222
Ejaculation and Orgasm	222
Absolute, Relative and Temporary Impotence	223, 224
Ejaculatio præcox	225, 226, 227
Its Psychic Basis	228
Impotence in Marriage	229
Selectiveness of Sex Impulse in Men	230
Impotence on the Wedding Night	231
Neurotic Impotence	232
Abnormalities of the Sexual Impulse	233, 234, 235
Homo-sexuality : Innate and Acquired	236

X. IMPOTENCE IN MEN	239
-------------------------------	-----

PART II

PHYSICAL CAUSES. TREATMENT

General Morbid Causes	239
Industrial Toxins	240
Alcohol	240
Nicotine	240
General and Genital Tonics	241
Endocrine Preparations	241, 242
Hydrotherapy	244
Independent (Confidential) Reports from both Partners	244
Psychotherapy	244
Benefits and Dangers of Local Treatment	244, 245
Organic Defect	245
Aspermatism and Its Cognates	245
Chronic Alcoholism	247
Gonorrhœa	248
Pathological Changes in the Sperms	249
Necrospermia	250
Venereal Prophylaxis	251
Sperms and Vaginal Secretions. Tests	252

TABLE OF CONTENTS

XV

CHAPTER	PAGE
APPENDICES TO CHAPTERS IX AND X.	
Notes on Causation of Impotence	253
The Tragedy of Impotence	253
Momentary Impotence	254
Bridegroom's Impotence	254
Some Pharmaceutical Preparations	255, 256
Potency and its Disturbances (<i>Marcuse</i>)	256
Restoration of Vasa deferentia (<i>Fürbinger</i>)	256
XI. ARTIFICIAL FERTILIZATION, OR INSEMINATION	258
Historical Outline	258
Successes in this Method	259
Indications and Contra-indications	260
Dysgenic Considerations	261
Technique	261
Method of obtaining Seminal Fluid	262, 263
Suggestions as to Procedure	263
Favourable Date in Monthly Cycle	267
Religious and Ethical Objections	268
Defence of Method	268
APPENDICES TO CHAPTER XI.	
Indications: Quotation from <i>Nürnberger</i>	269
Quotation from <i>Sellheim</i>	269, 270
Quotation from <i>Hirschfeld</i>	270
Papal Decree	270, 271
Quotation from <i>Noldin</i>	271, 272
SECOND INTERMEZZO OF APHORISMS	272
PART III	
THE PREVENTION OF UNDESIRED CONCEPTION	
XII. INTRODUCTORY. "CONCEPTION" AND "PREG- NANCY"—"ASEPSIS" AGAINST SPERMS	277
What is "Undesired," and by whom?	277
Definitions of Conception and Pregnancy	278
How and When does Pregnancy Begin?	279
The View of Catholic Dogma	281
The View of Legal Experts	282
From what Date do we Calculate Duration of Pregnancy?	283
Pregnancy begins with Implantation, not Fertilization	283
Summary and Definitions	285
The Basis of Contraception	285
Asepsis and Antiseptics	287
Aspermatic and Antispermatic Methods	288, 289
XIII. THWARTING THE CONCEPTION BY SPECIAL TECH- NIQUE OF SEXUAL INTERCOURSE	290
Complete Abstinence from Coitus	290
Abstinence from Coitus, but not from Contact and Caresses	291
The Unsafe Period	292
No Reliable Intermenstrual Dates	292

CHAPTER	PAGE
Prolonged Lactation	293
Suction without Lactation	293
"Karezza" and Mazdaznan Coitus	294
Coitus interruptus	295
Its Wide Prevalence and Harmfulness	295
Modern Modifications	296
Coitus interruptus prolongatus	296, 297
Unadvisable as a Constant Habit	298
Harmful Suppression of Orgasm in either Partner	298
Crucial Points: Exact Region of Ejaculation?	298
Angle or Direction of both Organs	299
Contra-indications	300
Urgent Warning against Violent Movements	302
Danger of Vaginal Rupture	303, 304
Anatomical Contraceptive Technique	304
Positions and Attitudes	305
Converse Position: Normal Attitude. Attitude of Extension or Supination	305, 306
Attitudes of Flexion	307
Attitude of Equitation	307
Sedentary Attitude	307
Anterior-lateral Attitude	308
Note on Incompatibility of Flexion and Contraception	308
Averse Position: Coitus a tergo	308
Ventral Attitude of Woman	308
Posterior Lateral Attitude	309
Kneeling and Knee-elbow or Quadrupedal Attitude	309
Active Expulsive Movements post-coitum	310
Posterior Sedentary Attitude	311, 312
Comparison of Converse and Obverse Positions with Anatomical Contraceptive Technique	313, 314
APPENDICES TO CHAPTER XIII.	
Contraceptive Efficacy of Safe Period	314, 315
Damage of Coitus interruptus to Women (<i>Kehrer</i>)	316
And to Men (<i>Marcuse</i>)	317
Notes on Prolonged Coitus without Ejaculation	317, 318
"Australian Movements"	318
XIV. PERMANENT SURGICAL STERILIZATION	
Medical Indications	320
Social and Eugenic Grounds	321
Tubal Sterilization: Its History and Results	322
Excision of the Pars interstitialis Uteri	324, 325
Other Modifications	325
Criticism of Tubal Sterilization	326
Operations on the Ovaries	327
Operations on the Womb	327
Surgical Sterilization of Men	328
Indications	329
Sterilization by Treatment of Uterine Mucosa	329
Electro-coagulation	330
The Tubal hystereoscope	330
Advantages of this Method	331

TABLE OF CONTENTS

xvii

CHAPTER	PAGE
XV. TEMPORARY SURGICAL STERILIZATION	332
Definition	332
Indications	332
Temporary Sterilization Preferable to Permanent	333
Possible Modifications: Region and Procedure	334
<i>Van de Velde's</i> Operation: Ovarian Encapsulation	335
<i>Littauer's</i> Operation: Tubal Re-implantation	336, 337
Other Methods	338
Criticism of Methods and Suggestions	339
Reasons for preferring Ovarian to Tubal Operations	341
<i>Blumberg's</i> Method	342
Temporary Surgical Sterilization of Men	343
The Mika Operation	344
Reasons against this	345
Synopsis of Matter on Surgical Sterilization	346
 XVI. TEMPORARY STERILIZATION THROUGH BIOCHEMICAL METHODS	 348
Absorption of Spermatozoa	348
Active Immunization against Spermatozoa	348
Spermatolysins and Spermatotoxins	349
Brief Duration of Immunity	350
Passive Immunization	351
Hormonic or Endocrinological Sterilization	352
<i>Haberlandt's</i> Experiments	353, 354
Ovarialoptones and Placentaroptones	355
Dangers of this Method	355
Sterilization by Pancreatic Hormones	356
The Male and Female Specific Sex Hormones (<i>Steinach</i>)	356
Summary and Conclusion	358
 XVII. STERILIZATION BY RADIOTHERAPY	 360
Röntgen Castration and Röntgen Sterilization	361
History of this Method	361
Psychic and Physical Results	363
Temporary Sterilization after Weak Dosage	364
Its Duration	364
Its Uncertainty and Dangers	365
Injury to the Germ Plasm: before and after Conception	367, 368, 369
Radium preferable to Röntgen Rays	370
Advantages and Disadvantages of Radium Treatment	371, 372
Röntgen Sterilization of Men	371
 XVIII. RECAPITULATION AND CONCLUSION. AUTHOR'S VIEW OF THE PROBLEM OF ARTIFICIAL TERMINATION OF PREGNANCY	 372
<i>Translated by C. A. Bang.</i>	
The Present and the Future	373
Importance of Skilled Medical Advice	373
The Duty of Medical Advisers: Should Pregnancy be Prevented, and, if so, how?	374
Panel Patients and Hospital Patients should be able to have this Advice	376

CHAPTER	PAGE
University Schools of Medicine and Clinics must co-operate	376
Systematic Enlightenment of:	
Married Couples	377
Medical Profession	377
Officials and Social Workers	377
“Ton Corps est à toi”—The Author disputes this View	378
The Unborn Child is a Living Human Being	378
The Harmful or Fatal Results of Unskilled Interference	380
Indications and Reasons for Legitimate Interference	381
Termination of Pregnancy and Prevention of Conception	384
The Lesser Evil to be preferred to the Greater	384
APPENDIX TO CHAPTER XVIII.	
Quotations from <i>Lehmkuhl's</i> Moral Theology	384
EPILOGUE	387
BIBLIOGRAPHY AND REFERENCES	389
PLATES	

FERTILITY AND STERILITY IN MARRIAGE

PART I

ETHICAL POSTULATES AND PRINCIPLES

CHAPTER I

INTRODUCTION. THE ETHICAL AND THEOLOGICAL ASPECTS. THE STANDPOINT OF THIS STUDY

I am conscious of a certain anxiety and reluctance now that at long last I have set myself to write this book.

This feeling might reasonably be attributed to the difficulty and intricacy of my theme, or to the indubitable fact that few groups of problems could be cited which contain so much material for disagreement and involve so much danger of misunderstanding, when treated in publicly accessible form. Yet this supposition would not be correct. The difficulty of any subject is no deterrent to one who has spent most of his life in its study and practice. And he who has endeavoured to reach a well-founded judgment of any problem, through conscientious investigation and careful consideration, does not go in fear of attacks, though he is well aware that such attacks can be vehement and even offensive, as is always the case in those controversies where instinct and emotion play the lead, however logically and rationally they may be clothed.

No! There are other reasons for my hesitation. I will enumerate them, both in order to relieve my own mind from their repressive influences and in order to acquaint readers of

2 FERTILITY AND STERILITY IN MARRIAGE

this book with the attitude therein maintained, both in regard to crucial questions and towards the general ethical and theological points of view in matters of marriage and reproduction.* There are, however, many questions of extreme importance which can only be discussed in our later chapters. Our present summary is not meant to be exhaustive.

I must here once again treat a mainly medical subject in a manner helpful and acceptable to both doctors and laymen. Anyone who has set himself such a task knows its difficulty ; a difficulty fully experienced by me in both "Ideal Marriage" and "Sex Hostility in Marriage," the two first volumes in this trilogy. There is a peculiar obstacle in the present case: I must not only deal with normal physiological and psychological material, but, in certain portions of the book, it will be necessary to make clear the significance of several morbid phenomena and to give some knowledge of how one should combat and cure such morbidities. These difficulties cannot honestly be evaded; I must endeavour to master them—and my readers must help me and themselves by doing the same, although (if they have not already some medical knowledge) this may not be altogether easy, and will demand concentrated attention.

For an understanding of medical facts is necessary in dealing with our problem of the voluntary control of fertility. Even if not necessary in regard to every detail in these pages, it is essential in respect of the main outlines; and these main outlines depend on a multiplicity of facts, *i.e.*, details.

It is probably accurate to suppose that readers of this book may be divided into three groups. The first group includes those who wish to know its contents for professional reasons,

* According to moral theologians, these two terms are identical. One of them writes to me: "There can be no contradiction between ethics, *ie.*, moral philosophy and moral theology or indeed between any theological and philosophical truth. Exact study will always demonstrate the error of the philosophical truth." But there are philosophers whose ethics are founded on the dictates of conscience and individual sensibilities, whose opinions are diametrically opposed to ecclesiastical dogma.

or, at least, who think themselves obliged to read it for such reasons. The second group will consist of the merely curious and more or less libidinous ; and I hasten to warn them not to waste their time, as they will have to search far more thoroughly than they are wont to do and will not find what they are seeking, for it is not here. And the third group—doubtless also the largest?—will surely be composed of married couples, husbands and wives, who wish to control and regulate the fertility of their union.

Well—such choice and control are not simple and easy—or at least far less simple and easy than most people think. A doctor can certainly suggest measures directed towards the result his patients desire ; he can even in many cases, give advice which, *if accurately carried out*, will probably or even certainly accomplish that desired result ; but it depends *on the accurate fulfilment of his instructions*, on the *consistent, persistent and exact application* of means to ends. This can be proved by daily average experience ; how disastrously often cases occur in which the means fail to accomplish the end ! This will become clear to all readers if they persevere to the end of our present treatise. They will also understand *why* I urge them not only to turn to the section in which they take special practical interest, but also to study the whole.

A further reason for hesitation is the necessity for again considering in detail the technical mechanism of sexual congress ; a subject of delicacy and one requiring the greatest possible conscious mental control and objectivity. But, in the nature of things, the sexual act is a most important link in the chain of events leading to the formation of a new individual and is, moreover, the *only one in this particular sequence of events, on which the participants can exercise direct influence and control*. In certain cases, this determining influence is simply limited to exercising or abstaining from coitus. But, in other cases, the decisive factor is not *whether* but *how* the act was accomplished. *This can be important in preventing a pregnancy and it can also be crucial when the intention is to bring about a conception at all costs*.

Up till quite recently, this subject was treated—or rather

4 FERTILITY AND STERILITY IN MARRIAGE

not treated, but ignored—with a timidity which resembled superstitious terror. This feeling still exists in some cases, together with a caution and reserve which prevent many medical practitioners from speaking of, or even considering, the *importance of coital technique* in this respect, as well as in all others. It will, therefore be essential to draw attention to this coital technique on various occasions and to give certain suggestions and elucidations, but these will be based on the contents of Volume I. "Ideal Marriage": with which I shall assume my readers to be acquainted.

The main cause of my hesitation, and even of a certain *depression*, is a need for a parting of the ways. I must emphasise the difference of my outlook from that of organised religion; and in my previous volumes it has been possible by choice of language and limitation of theme, to make positive suggestions which were wholly consonant with religious belief. It was possible to do this without denying or misrepresenting my own intimate convictions, as I am entirely persuaded—after prolonged consideration—that in *normal sexual relations there is complete consonance between physiological health and religious righteousness*; indeed that "the sets of equations*; *physiologically normal—divinely ordained—morally good—ecclesiastically lawful* (as with their exact opposites) are positively startling." †

In my opinion, religion is of enormous importance for individual happiness; I consider religious belief an "Illusion," "Fiction" and "Vital Hypothesis" of the first rank, offering many human beings such help and support in the conduct of their lives, that, to them, life would be insupportable without such belief.

Definition of these three terms is necessary.

An "Illusion" is a concept, a mental picture, to which one believes reality to correspond, or which one fervently desires to see realised. In the realm of Art, an Illusion must necessarily contradict reality, but psychologists employ the term

* Quotation. (See Bibliography at end of this book.)

† "Ideal Marriage," (1) American Authorized and Unabridged Version, pp. 318-319. Dr. *Th. H. Van de Velde*, Trans. S. Browne. (Covici-Friede, Inc., New York).

without pronouncing thereby on its truth or error. Illusions may be based on error, but are not necessarily so. History knows examples of cases where illusion has become reality. Illusion is essentially emotional ; it arises from a profound wish or urge. In the words of *Sigmund Freud*⁽²⁾: “ We term a Belief an Illusion, when wish fulfilment dominates in its mechanism, quite independently of its consonance or non-consonance with the world of Reality, just as an Illusion itself dispenses with proof.”

The term “ Fiction ” is employed exclusively in the sense used by *Vaihinger*. We may define its sense, in our field, by the following quotation from *Vaihinger's* work ⁽³⁾ : “ In the concept Fiction, we included not only minor theoretical processes, but elaborate ideals and visions such as the noblest human beings have formulated, and to which the finer element of humanity clings tenaciously. They will not permit us to tear these values from them—and we will not endeavour to do so. As practical ‘ fictions,’ pragmatic principles, we leave such ideals untouched, but as abstract Truths they are dead or dying.”

As to the term “ Vital Hypothesis,” I have derived this from the “ Working Hypothesis ” familiar in the experimental sciences.* An investigator who conducts a series of physiological experiments in the light of a “ working hypothesis,” does so on the assumption that the phenomena whose nature and interaction he wishes to discover, *are comprehensible as a certain sequence and from a certain point of view*. He proceeds *as if* his assumption were established as correct and arranges his tests on that basis. The religious believer who assumes the Truth of his particular religion and forms his life, his thoughts and standards, his crucial actions and daily habits on that assumption, is acting on precisely the same lines. Thus his faith, his religious belief, is the working hypothesis of Life for him; *i.e.*, his “ Vital Hypothesis.”

Thus far there is harmony and unanimity—but no further.

* Here, too, there is a cloud of witnesses. Long before the publication of *Vaihinger's* theory, which developed in 1876-79, and appeared as a philosophic system in 1911, many investigators had worked according to this principle.

6 FERTILITY AND STERILITY IN MARRIAGE

The investigator tests his hypothesis by reality, to his utmost powers. He begins his researches with a preliminary assumption ; if this assumption is tested and proved—all the better, a speculation has become a demonstrated Theory. But, if his experiments prove the chain of cause and effect between the phenomena under investigation to be other than he thought, he lets his first hypothesis drop, advances a fresh hypothesis, if necessary, and searches until he can construct a theory which accords with observed facts.

But the believer does not test his assumptions by comparison with facts, he avoids doing so on principle, for his religion in itself forbids it. (I speak *generally*, though, of course, the various churches and sects differ in their degree of positiveness here.) In the interests of human happiness, the churches are, I think, justified : the less the average human being is visited by Doubt, the better for him, since Doubt in essentials is not only the enemy of Faith but of Peace of Mind. The “Credo quia absurdum” of the early Christians—the proclamation that religious dogmas are *outside* the realm of Reason, and above the authority of Reason ; that they need not be *understood*, but must be *felt* and *lived*—is at least as important for the human beings of to-day ; and as a “Vital Hypothesis” is as precious to the fervent believer as a good working hypothesis is to the experimentalist of the laboratory.

If we briefly inquire *why* Religion has such crucial importance for the individual, we find that this importance is a matter of wish-fulfilment ; and this wish-fulfilment is profoundly but directly connected with the narrower exact subject of my book. Humanity feels its *helplessness* before many processes of Nature and seeks protection, help, consolation—beyond Nature—from higher Powers. Humanity’s desire for Justice (for “Natural Rights”) which Life continually disillusions and denies, becomes the hope for a supreme Justice which shall eventually be our portion ; the reliance on an almighty and all-tender, all-knowing and all-righteous Personification, who can fulfil the urge for permanence and happiness. Humanity faces the material Universe of objects and events, and feels tiny and helpless ;

its own origin, destiny and purpose are as mysterious as the origin, destiny and purpose of all other living creatures and of suns and atoms. Religion gives some answer to the questioning: "Why?" Humanity cannot accept the thought that death will be the end of consciousness and existence: the shadow of this thought is terrible, and how should it be otherwise to any living sentient creature, as the Urge to preserve life, to *live*, to continue is the mightiest and most constant of all? Religion meets this fear with the promise of Immortality: The fear is diminished, even abolished. "O Death, where is Thy Sting?"*

In this Faith the believer can go through life strong in certainty, where doubt and fear would undermine and torment. His eyes are fixed on Eternity. Can we conceive a greater wish-fulfilment?

Psychologically expressed, we know that all human effort is directed towards wish-fulfilment, and this wish to survive, to *go on living*, is the most ancient, powerful and permanent of human urges. Religion which meets this urge evidently satisfies an absolute primary *need* of the great majority of the human races.†

Anyone who weakens another's faith in any essential point, thereby takes away so much that it is difficult always and generally impossible to give any adequate substitute for that loss. Of this I am thoroughly convinced and have therefore specially sought to avoid—so far as possible in the earlier volumes of this series—all occasions of dispute or disobedience to the rules and doctrines of the various religious bodies to which many of my readers must belong. I have endeavoured to go as far as possible on the way marked out by and for believers, by their religious leaders and teachers, the Theologians.

I have fully explained *why* that unanimity was possible till now. In this book it is no longer possible in practical detail, though I firmly believe that my advice is in no wise opposed to the *spirit* of any religion. The reason of this divergence

* 1 Corinthians, xv. 55.

† Cf. The Old Testament promises of Isaiah xxv. 8; Hosea xiii. 14, and Paul's reference thereto; "Death is swallowed up in victory." (1 Corinthians xv. 55).

8 FERTILITY AND STERILITY IN MARRIAGE

is the absolute prohibition by the Catholic Church of certain measures which as a doctor I consider unavoidable ; and the very similar, though less definite and explicit attitude of the majority of Protestant theologians towards these measures and methods.

To be precise : there are two methods of procedure in dispute. One is " artificial fertilization "—a medical method of promoting pregnancy which Catholic theology forbids, at least in one particular technique, and which as a medical practitioner, I believe it my duty to advise or use in certain cases. The second more important subject includes all methods of preventing conception (*i.e.*, contraception or birth control).

The Catholic Church and some Protestant theologians agree in condemning the intention of limiting the likelihood of impregnation in sexual congress by any procedure. They do not go so far as certain ethical teachers independent of all religious organisations, who condemn as immoral all and any coitus, even in marriage, which is not definitely intended to result in pregnancy and birth. For the Churches permit coitus when the wife is pregnant, when she has been deprived of the organs of reproduction as the result of illness and/or when she has lost the power to conceive. They also permit married couples to prevent pregnancy by absolute abstention from coitus.

Certain critics of this theological attitude lay stress on its inconsistency ; I see their point of view but, *if the Catholic premises are once granted*, the detailed decisions are unassailable. It all depends on one's fundamental principles and premises. Fortunately I am not here concerned with theological technicalities ; but it is necessary to defend the attitude I take as a medical practitioner, a psychologist and a consultant in intimate marriage difficulties, on the problem of abstinence and contraception.

Primarily, it cannot be too clearly understood that, if abstinence is to be effective in preventing conception it must be *permanent and complete abstinence*. This may seem obvious, but it is not by any means superfluous. The sexual impulse is so powerful, that given any opportunity, it can

easily drown all contrary resolutions and intentions like a tidal wave. And the conditions of married life give ample opportunity: For human weakness takes comfort in the delusion that "only once is never"; "nothing can happen—it was only once"—only, as a rule, to find very soon that "something" not only *could* but *did* happen. Even if, by an exceptional circumstance, "nothing," *i.e.*, no impregnation occurred, there is the resultant anxiety, both the conscious fear and the subconscious dread. And the devastating effects of this anxiety on the whole nervous system of many women and many men, too, have been such as to make them suffer permanently, forming a large and appalling chapter in the case books of neurologists and of psychologically enlightened gynecologists. If the strain of abstinence proves unbearable for one or both spouses, they may have recourse to incomplete or definitely abnormal *habits* of gratification. In many of these there is an *appreciable danger of impregnation*; there is the *fear* of such impregnation, and there is the local influence of the particular deviation adopted, *plus* self-reproach and self-contempt in the case of devout believers, for such *deviations* are certainly opposed to religious teachings and theories.

No. There is no middle path here. If the husband and wife resolve to abstain from sexual intercourse because they consider this the only right and decent way of preventing pregnancy, then their resolution must be steadfast, unalterable and carried into execution without a weak or wild moment. Here the physician must be more absolute and sweeping in his advice than the priest in his commands: *any approach which might indicate sexual attraction or excite it, must be avoided.*

I would remind readers that, in this book, we are considering *marital* relationships only! And would add with all possible emphasis that, for some time I have considered complete sexual abstinence between husband and wife so injurious that I have never recommended it to my patients and will never so recommend it. Even in *very* rare cases in which persons of unusual self-control and force of will succeed in abstaining from sexual acts and *approaches* in married life,

10 FERTILITY AND STERILITY IN MARRIAGE

there is an unmistakably bad effect on their whole mental and emotional nature. How would any other result be possible? The repression of emotions and the psychic deflections and transmutations necessary to enable such abstinence to persist, and the substitutions * or substitute gratifications which are almost inevitable to prevent collapse, lead, even under the most fortunate conditions, to a "psychic unbalance" which is manifested in many words and deeds of such victims of acute sexual starvation.

Total abstinence is supremely harmful to that double human unity, "the marriage of true minds," which is the real marriage; it crumbles and vanishes when sexual relationships are completely suppressed. Not only doctors and psychologists bear witness to this truth; it is uttered by those theologians who have not lost the capacity—or the wish—to see living human beings as they *are*, and who have the courage to stand steadfastly for what they know. Thus, one of the leaders of the Home Mission Movement feels himself obliged to declare: "I have not seen *one* marriage among those in which permanent abstinence was demanded, which could have stood this test without going to pieces under the strain." "Marriage is essentially sexual congress and companionship," writes another theologian, and he proceeds to admit that to forego such sexual expression means to sacrifice the value and meaning of marriage, that the cases in which the prevention of pregnancy involves such abstinence are not compatible with such value and significance and that, therefore, such abstinence can only have a fatal effect on this fundamental institution.

Abstinence from sexual intercourse within marriage as a means of preventing pregnancy generally proves inadequate as a contraceptive method. It is always injurious to both parties to the marriage, and sometimes very detrimental and is directly opposed to the purpose of the marriage tie, whose dual unity is thereby destroyed. Such abstinence

* "Substitute gratifications sometimes result in social achievements comparable to sublimations. But they may be distinguished from genuine sublimations by their reactive exaggeration and by a certain convulsive character." (4)

must not be demanded. Even the expressed determination to abstain from marital intercourse, over a long period, as a means of prevention, must be earnestly deprecated.

Therefore we are faced with the choice between leaving parenthood to pure chance, or endeavouring to control it by science and artifice.

Current theology advocates the first line of action : *i.e.*, chance parenthood ; and condemns the second. We admit that many eminent persons agree with this condemnation, in writing and in speech. But there can be no doubt that the immense majority of married couples endeavour, in one way or another, to influence the possibility of parenthood at will. This is generally equivalent to narrowly limiting the number of their children.

If I am asked which extreme I think right and wise, the answer must be that I cannot endorse either.

I have no doubt whatever, that in many marriages to-day there is an *abuse* of contraceptive methods. That is to say that these contraceptive methods are used *in such a manner, to such an extent, and at such stages of joint life* that, instead of promoting mutual welfare and marital happiness, as their reckless addicts suppose, they seriously impair or undermine individual welfare and mutual happiness *in the long run*.

On the other hand, I am equally sure that only very few marriages can afford unrestricted parenthood without serious damage, which knowledge, thought and discrimination would have avoided. Everyone is, of course, familiar with the roseate traditions of family life in the days of our great-grandparents and earlier forbears : the happy parents, the clustering sheaves of young lives growing into vigorous adults ! But, in dwelling on this picture, our imagination is blind to its other side. We have to study old diaries and letters, or such statistics as are available, in order to realize *how many children in such a family—which would otherwise have doubled its numbers—died at birth or as babies, and how many wives died young, broken and bled to death by incessant maternity. What a large proportion of these patriar-*

chal families are found, on inspection of such sources, to be the children of one father by two or three successive mothers! The psychic and emotional suffering and waste is unimaginable. How much bewildered misery or keen anguish did not all this death, all this illness imply? How many valuable faculties and capacities were smashed or thrown away unused? Of course, the practical scientific knowledge of those times was inadequate to deal with the situation; we realize that knowledge had not given power of choice and therefore we are apt to see the good and ignore the evil. But we know to-day that—at least as a general rule, and in the majority of cases—things *can* be altered; and that an intelligent and responsible control of the results of physical marriage contributes very much to the diminution and alleviation of sickness and mortality, pain and waste; and that such “mortality and morbidity” of mothers and children alike are closely associated with frequent child-bearing.

There are still some numerous families and these are often very happy. But we must admit that this happiness is only likely when both physique and finances are vigorous and prosperous. Undoubtedly, the contemporary standard both of adequate physical fitness and adequate financial resources among educated persons is often absurdly exaggerated. But there is unquestionably a certain definite means limit or income limit, *necessary* for justice to new lives, even though this cannot be drawn “hard and fast” at any fixed sum, for any special case. And I consider it even more incontestable that there is a corresponding physical limit: a necessary reserve and output of *health, including that of the mother who bears, as well as that of the children to be borne.*

Therefore, in the light of present knowledge and resources, I maintain the moral obligation of married couples to aim seriously at controlling parenthood, both with reference to the health and welfare of the wife and mother and to the prospects of actual or potential children: and this must imply economic considerations as well. Of course, such a demand may easily be intentionally misinterpreted; experience has taught that with unsparing thoroughness. But

such excesses and distortions have not proved my case unfounded in reason, or in morals.

Control of parenthood, as regards numbers of births and intervals between births, is not necessarily the same as *excessive limitation*. The control of parenthood in actual practice is best manifested by *due intervals between births, i.e., between births and subsequent conceptions*. Children must not follow one another too closely.

As I know by experience that many readers expect a certain *precision* in advice on these matters, I would suggest that—*generally speaking*—three to four children are an adequate but not excessive number; that these children should be brought into the world at intervals of about two and a half years; and that the youngest should be born before the mother has completed her thirty-fifth year. These suggestions are *general*; under special conditions, including various types of disease, very different arrangements may be necessary.

In each individual case I consider it necessary to view and treat marital intercourse as independent of its physiological result in pregnancy and to give married couples the opportunity of choosing the latter at will. I shall be met by the argument that sexual intercourse without its natural result of impregnation, interrupts a physiological cycle and is neither normal nor beneficial. In the case of many of the methods in current use, I admit this to be true; some of these are, in my opinion, so intrinsically abnormal as to be wholly harmful. But there are other methods—although *none, so far, that does not involve certain minor exertions, unpleasantness or disadvantages*—which have hardly any effect on the natural reactions of sexual intercourse and which must be regarded as indicated, where limitation is advisable.

This is not the only department of human activity, in the biological or physical sphere, in which we are faced by a "choice of evils"; for we must dominate natural forces to some degree, if they are not to dominate and destroy us. There are three roads before us: *none* is perfectly safe, smooth or satisfactory. Absolute abstinence, which is

14 FERTILITY AND STERILITY IN MARRIAGE

thoroughly unphysiological, *i.e.*, unnatural ; the acceptance of the unrestricted consequences of marital intercourse, which entails the probability of physical or financial ruin as the result of physiological excess ; and the control of reproduction by prevention of pregnancy ; which is the least of the three " evils," physiologically, as in other respects. And most married couples realize that this third alternative is the best.

But this large and steadily increasing majority of husbands and wives comes into diametrical opposition to the beliefs proclaimed by an overwhelming but slowly diminishing majority of theologians ; of religious leaders and teachers.

How is this opposition adjusted ?

We must consider Catholic couples separately from Protestants. The former receive definite and very explicit instructions on these matters ; the Protestants do not.

The Catholic directions as to conduct in marriage are extremely precise and detailed * ; they state *what is permitted and what is forbidden*. They demand that the husband and wife in coition should carefully refrain from any acts or intentions which might reduce the possibility of resultant impregnation.

Catholic couples who are convinced of the need to control their fertility may be classified into five groups, on the basis of their reaction to this demand of their Church :

(1) Some give up their convictions and wishes and make no effort to control conception.

(2) Some resolve to abstain entirely from intercourse.

(3) Some attempt to limit possible conception and at the same time to obey their Church.

(4) Some leave their Church on these grounds.

(5) Some, finally, take the liberty of acting as they see fit in this respect, without doubting the doctrines or neglecting the Sacraments of their Church.

(1) The first group, devout and obedient, endeavour to

* Full particulars in *H. Noldin's book*,⁽⁵⁾ Headings 72, 73, 74, 75, 76. Certain Latin passages are quoted in *Capellmann-Bergmann's "Pastoral Medicine."*⁽⁶⁾ See Appendix to this Chapter and Bibliography.

support the results of unchecked procreation with the faith in Divine guidance and approval and the hope of reward in Heaven.

Of course, their sacrifice will be easier if the natural—constitutional—fertility of both partners is not extreme. But very few, even of this faithful minority, will continue steadfast if they realize that fresh pregnancies mean serious dangers to all concerned.

(2) As to the abstinent spouses : the Catholic authority, *Capellmann-Bergmann*, after stating that abstinence from coitus is the only licit method of attaining “facultative sterility” (*i.e.*, control of fertility) continues : “The recommendation of *complete and permanent abstinence*, however, would only be successful in the rarest instances, even where there were the most urgent medical indications against parentage. The advice given would either be ignored or only followed for a brief time.” *

I entirely agree with the opinion just cited, and have made clear my further views on abstinence as a preventive, in the previous pages and volumes. But, before passing to Group 3, I would prefer to quote from the comments and prescriptions of this strictly Catholic authority on the subject of “Facultative Sterility.”

“Facultative Sterility is indicated :

“(a) In all those conditions of wifely health in which medical experience teaches that pregnancy is unusually difficult or apt to shorten the natural term of life, *e.g.*, in cases of cardiac defects, advanced stages of chronic lung complaints, dropsy, ulcers and tumours of the lower abdomen, etc.

“(b) In conditions involving appreciable risk of death, *e.g.*, marked contraction of the pelvis, kidney disease, previous eclampsia, excessive hæmorrhages in previous confinements, etc.

“(c) In all acute or chronic diseases of the genital organs of the wife.

“(d) In all cases of too numerous and rapid pregnancies, which weaken the mother or prevent the due nourishment and care of the children.

“Medical opinion must decide in each case whether any of these contraindications are present.

“(e) Finally, we regard relative lack of means, or poverty as a cogent reason for permitting ‘Facultative Sterility.’

* *Capellmann*.⁽⁷⁾

16 FERTILITY AND STERILITY IN MARRIAGE

“Relative poverty we define as a *considerable* or *serious* disproportion between income and *necessary* expenditure.”

Thus the devout Catholics and medical men who collaborate in the work from which I have quoted go a long way to meet us in cases (*d*) and (*e*). As a non-Catholic I see no need to add to their suggestions. They add : “Undoubtedly there are a number of cases in which temporary or permanent sterility appears necessary or desirable, owing to one or many of the above circumstances.”

But as “Coitus Sterilis”—*i.e.*, intercourse with contraceptive methods—is forbidden, and as these authors, as we have seen, conclude that *permanent abstinence* in its exact sense, is impossible—they concede the expedient of *periodic abstinence*. They permit the performance of the sexual act at such times, and at such times only, when the possibility of conception is, *according to their opinion*, either excluded or very remote.

We refer to the means adopted by Group 3 of Catholic couples. *Capellmann* states his view as follows :

“It is known that there is the greatest likelihood of fertilization if and when coitus takes place in the first few days after the cessation of a monthly period. This probability diminishes with each following day, until a date is reached when impregnation is improbable. According to many authorities and our experience, this date or brief period is in the third week after the end of a menstruation. In the days immediately before the next menstruation, the probability of conception increases again, according to most authorities. It cannot be maintained that there is any time between two menstrual periods, in which impregnation is wholly impossible, but for some days it is so unlikely that it may be assumed to be impossible, in practice.

“The rules observed in order to attain ‘facultative sterility’ must therefore be the following:

“Abstinence from coitus during a full fortnight, reckoned from the beginning of each menstrual period and again for three or four days before the next menstrual period. Exact practice of this rule, in our experience, gives as much certainty of sterility as any form of onanistic ‘Coitus Sterilis.’” *

* Onanism, or the sin of Onan, is the term used in moral theology for coitus interruptus, which was the only original method of preventing conception in intercourse, and is still the most widely known. Since real “preventive methods” have come into use, the term “onanism” is applied to their use in coitus by writers of moral theology.

Thus far *Capellmann-Bergmann*, who has revised the latest editions of his work adds : " The above view has met much acceptance and has even been included as a certainty in moral treatises. But," as *Capellmann* himself point out, " it gives no sort of guarantee. Almost every doctor is in a position to cite cases to the contrary, from his own professional experience. This must, however, be again emphasized as otherwise there may be not only unwelcome surprises, but very sad results, as, for instance, in a case of *Glaucoma*, a morbid condition in which possible pregnancy was declared dangerous to the eyesight, and in which, accordingly, *the Spiritual director advised ' facultative sterility ' as appropriate. In spite of the most precise obedience to instructions, pregnancy ensued and had the deplorable consequence of blindness.*"

Bergmann proceeds to quote the sex specialist, *S. H. Ribbing*. *Ribbing* states : " the great majority of women may be impregnated at any day or time between menstrual periods." *Bergmann* concludes : " In those cases where serious dangers to life or health would result from pregnancy, *complete and permanent abstinence* must be exercised. But where there is good ground for *limiting* the number of children—we must at least make clear that *periodic abstinence*, as recommended by *Capellmann*, ' offers no guarantee of safety. ' "

In the *nineteenth* edition of this treatise—which is, to date, the latest—there is a footnote referring to the new light shed on the chances of conception by *Siegel's* researches during the late War. *Bergmann* quite rightly remarks : " The observations made above have not yet been confirmed . . . we must await results." But, a recommendation based on *Siegel's* work and differing somewhat from *Capellmann's* conclusions, has been included in the official Catholic Manual of Moral Theology by *Noldin*. It is quoted here from the 1923 edition, and in translation from the Latin original, in full, as we consider it peculiarly significant.

" (b) As there is no permissible means of *preventing conception*, the spiritual director is allowed—in a prudent and discreet manner—to advise married couples who wish to refrain from engendering further children, to control themselves during the times in which conception more easily supervenes, but to con-

18 FERTILITY AND STERILITY IN MARRIAGE

summate their marriage at other times, at which conception is infrequent.

“ On the basis of medical experience during the late War, it may be said that conception occurs more easily from such coitus as is performed from the first day of menstruation till the twelfth day from then ; and that the number of conceptions increases from the first day till the sixth and then remains level till the twelfth. From the twelfth day on, the number of conceptions rapidly diminishes, until the twenty-second day. From the twenty-second day until the onset of menstruation, a fertile coitus hardly occurs.

“ (c) That this method of procedure is allowed, is apparent, not only from its intrinsic nature, but explicitly, by a decision of the Holy See.* The reasons for caution and discretion in its recommendation are, however, two :

“ First, because this custom may in itself give the married persons occasion to deny and refuse their conjugal duty at any time, or to commit Onanism. Secondly, because this method is not certain, for experience proves that conception sometimes takes place within the specified period.”

It is thus proved that moral theology permits “ facultative sterility ” and also *how* and *why*. And the eminent authority in this field, *J. P. Gury-Ballerini* ⁽⁸⁾ (in Part II., p. 917), contains a footnote, by *Ballerini*, justifying such temporary abstinence in these terms :

“ Furthermore,† a more exact study of physiology has demonstrated that there are certain periods within which we may reasonably suppose that marital intercourse respectively will or will not result in engendering another being. It is already agreed that such a result cannot reasonably be hoped from the fourteenth day after the onset of menstruation, until the occurrence of the next period, *i.e.* that is, till the next onset of menstruation. It is not necessary to doubt here or to hesitate, in view of the great evil of the continual unnatural misuse of marriage and of the state of habitual sin in which such husbands remain ; for such husbands can and must find the inconvenience of moderate abstinence easier, having regard both to the weakness of the flesh and to the justifiable fear of too numerous children. Nor

* The Sacra Pœnitentiaria replied on 16th June, 1880: “ Married persons who consummate their marriages in the aforesaid manner are not to be hindered, and confessors are permitted, with due discretion, to suggest the method to such married persons as they have attempted, otherwise in vain, to dissuade from the sin of Onanism.”

† Text under Appendix II. to this chapter.

may we doubt that the anxious soul of a devout wife will lead her spouse to more wholesome ways.

“If married couples are permitted, with mutual agreement, to remain permanently abstinent, or to abstain and defer the consummation of their marriage for years, twenty or thirty, or till an age when there is no further hope of progeny or, on the other hand and for another lawful purpose of marriage, even if all hope of progeny is extinguished, if the wife suffers from incurable sterility, (or) if she has become unable to conceive owing to advancing years ; if for a just purpose and in accordance with the laws of Nature, the exercise of conjugal rights is allowed : what valid objection can there be to the observance of this rule (of periodic abstinence) with the aforesaid limits, by married couples, for the aforesaid purpose? Or what law is there to oblige them to perform sexual intercourse at *other* times and seasons ? ”

The *letter* of this moral theological line of reasoning (by which prevention of pregnancy by deliberate occasional and periodic abstinence becomes permissible) is technically flawless ! But, according to my instinctive feeling, at least—it is actually a violation and contradiction of the whole principle (so definitely enunciated), whereby it is assumed to be morally wrong to procure oneself the pleasure and satisfaction of the *Actus Conjugalis*, with the deliberate intention of preventing a pregnancy during and by means of this act.

It appears to me that this moral principle is violated, *not* in the periods of abstinence, but in those during which the *act is performed, with the conscious purpose of making it sterile*.*

It is not my intention to pursue this matter further, and I will merely put on record my view, as above. For the quotations I have submitted make clear that the authorities, who are called upon to guide the Catholic faithful in these details, have been driven by sheer necessity to make this concession—or evasion. Where indeed, and how, are they to take other refuge from the dilemma of their recognition of the need for limiting reproduction in many cases, on the one side, and the impossibility of absolute abstinence from normal marital coitus, on the other ?

* Cf. *Noldin*,⁽⁵⁾ *op. cit.*, p. 74.

But this refuge or evasion or means of escape is *thoroughly unreliable*—and therefore impracticable in just those cases where it is most needed ; and this these theologians themselves admit. They admit it by the serious warnings with which they conclude their permission. They admit it by the *physiological discrepancies* (as to dates) contained in even the few sample quotations above ! The joint authors of one leading treatise, *Drs. Capellmann and Bergmann*, obviously disagree here ! The discrepancy becomes more patent on comparison of the text of the quotations given above with the most recent edition of *Noldin's* book (revised, after his death, by *Fr. A. Schmitt, S.J.*). Only four years have elapsed between the penultimate and the latest edition (1923-1927), yet *crucial* physiological details in the instructions given have been altered (the twelfth day becomes the fourteenth and the sixth the seventh, etc.) and the warning against over-confidence is made more stringent and emphatic. Thus, careful comparison of the successive editions of *Noldin's* work and the discussion by *Gury-Ballerini*, shows that the fourteenth day was first assumed by Moral Theology as the beginning of the “*tempus agenseos*” ; then the term was shifted to the twelfth day and then again to the fourteenth, while, with further experience, doubt as to the *existence* of any such time steadily increased !

We shall return to this subject from a physiological standpoint and see—apart from, and independent of all considerations of moral theology, how far it is possible to assume the existence of a “*tempus agenseos*,” a period free from fertilization, in the interval between two menstruations. But it may be observed that the doubts of the Catholic moral and medical theologians cited above are proved to be very well founded by physiological research, and this research is the basis for my attitude of negation and repudiation of the “*unsafe period*.”

Certain married couples attempt to reconcile the avoidance of pregnancy with the observance of the Catholic morals by the procedure termed *Abruptio copulæ ante seminatione* ; that is, the cessation of intercourse before emission takes place. This procedure must not be confused with Coitus

Interruptus. The difference consists in the fact that in Coitus Interruptus there is male orgasm, with ejaculation outside the vagina ; in the *Abruptio copulæ* there is neither.* Coitus interruptus is explicitly and unequivocally condemned by the Catholic Church. But moral theologians are not unanimous in their judgment of what they often term *Copula sine effusione seminis* ; the cessation of coitus before male ejaculation takes place. *Capellmann-Bergmann's* work quotes opinions *pro* and *con*, but these learned authors themselves tend to disapprove. But *Noldin*, whose extremely detailed treatise may be regarded as decisive for the moral theology of the Age, considers *abruptio copulæ* no sin, provided it is performed by the agreement and consent of both spouses. Here *Noldin* is in agreement with *Liguori* (Liber VI., 918), whose "Theologia Moralis" was made authoritative by Pope Pius IX. and Pope Leo XIII. *Noldin's* opinion is :

" 2. To terminate acts of sexual intercourse already begun, before ejaculation takes place and without running the risk of ejaculation outside the vagina, is :

" (a) Grave sin, in case one of the marriage partners objects or resists, as it is wrong to deprive either husband or wife of their right to full marital satisfaction.

" (b) In cases of mutual agreement, it is no sin, in so far as there is good and reasonable cause for such action and the risk of seminal loss is avoided : for such action is to be regarded as equivalent to the contacts and caresses, obscene outside marriage, but permissible between spouses.

" At the present time, husbands are not infrequently in the habit of terminating intercourse before ejaculation ; this is done from real or alleged (imaginary) fear that further pregnancy might cause the death of the wife. Although they are to be strictly cautioned to avoid such actions, because of the risk of pollution (ejaculation), yet they cannot be wholly prohibited if the assurance is given that pollution (ejaculation) only happens very seldom.

"NOTA BENE : (a) The more this deplorable and detestable habit of prevention of pregnancy spreads, not only in the families

* The Vulgate describes the act of Onan as *Res detestabilis*, "an odious thing." The Holy See declared Coitus Interruptus "forbidden by natural law" in its decision of 21st May, 1851; and on a subsequent occasion, 19th April, 1853, as "*intrinsicum malum*," that is "intrinsically evil."

22 FERTILITY AND STERILITY IN MARRIAGE

of the wealthy, but also among artizans and poor persons, the more does it become obviously necessary both in special instruction to the married and in the confessional, to explain that prevention of progeny is not in any case lawful and that abstinence is the only permissible way of avoiding progeny."

It is clear that *Noldin* does not hold the special technique of *abruptio* to be sinful, but that he does not recommend it : he even deprecates it, not only because he considers *evasion* of fertilization illicit, but also because of the risk that such attempts may result in "accidents," equivalent to coitus interruptus. I fully share this view and have further psycho-physiological reasons for dubiety. The method of *abruptio copulæ* may fail not only *theologically* but *materially* not only in a premature ejaculation *in vacuo* but in an ejaculation *per vaginam*—with all its consequences.

Physiologically, *abruptio copulæ* is equivalent to Karezza. I have set forth the objections to Karezza in the first volume of this trilogy * and shall refer to it in the third section of the present volume. A relatively small number of married Catholics use *abruptio* as an intuitive and spontaneous way out of their labyrinth of conscientious difficulties. But *abruptio* is, in itself, not consonant with Catholic trends of thought, but was, on the contrary, originally recommended and practised especially by various sects and by individual ethical teachers who remained outside any religious organizations.

The differences of detail in the views of moral theologians have become more acute of late. In the most recent edition of *Noldin's* work, *A. Schmitt*, the reviser, omits the passage (on his seventy-third page) quoted above, stating copulation without any male ejaculation to be lawful, if both partners agree to it. On the other hand, *C. Telch*, in his *Manual for Confessors (Anleitung für Beichtväter)*,⁽⁹⁾ which is explicitly based on *Noldin's* conclusions, permits *abruptio copulæ* (on p. 133) as consonant with moral law.

Modern moral theologians tend to agree with *Telch*. They have learned the unreliability of the "safe period."

* "Ideal Marriage : Its Physiology and Technique," pp. 202, 203, 204. (Covici-Friede, Inc., New York).

They therefore take refuge in recommending *abruptio*, and generally remind the wife that this method is more favourable to her than to her husband, as it permits her to attain full satisfaction without incurring mortal sin. *Telch's* remarks may be thus rendered in terms of modern physiology: *The wife probably does not offend gravely, if she attains to the full orgasm after her husband has withdrawn himself without having ejaculated.* This view has most interesting and significant implications in more than one direction. But medical men, basing their views on facts of physiology and psychology, cannot believe that many married couples could succeed in continual use of these methods without serious results to minds, bodies, or mutual affections.

The fourth group of Catholic married couples, under the classification suggested above, grows in number with every year. And this must be viewed as a misfortune, for it means serious uprooting of their religious (and generally their moral) views. But the fact itself is corroborated by authorities of all creeds—or none. To quote two examples among many from the work of eminent and earnest thinkers, deeply concerned about their people's welfare, let us refer to *H. W. Methorst* * and *A. Grotjahn*. On 1st September, 1927, at the International Population Conference at Geneva, the former attributed the reduction of population to many causes, of which the principal was the profound change which has taken place in religious and ethical attitudes. This change has made possible an individual and independent judgment. At every census everywhere there is an increase in the number of persons who declare that they do not belong to any recognized organization; but the number of the half-hearted, who remain within their respective folds without accepting priestly authority and discipline, is far greater than that of the honest rebels, and it is incontestable that there are currents of ethical and religious opinion far less hostile to modern practice than the orthodox traditions of Rome or the Reformation. *A. Grotjahn* ⁽¹⁰⁾ † expresses

* The Director of the Bureau of International Statistics at the Hague.

† One of the most eminent German eugenists and racial hygienists.