

CHAPTER XXXVIII.

ON THE PREVENTION OF CONCEPTION.

THIS is a subject which many persons may think not necessary to be treated upon, but there are peculiar reasons why it ought not to be passed over in silence. It has been, of late years, so much talked of, and so many unscientific works have been published, pretending to give information about it, that every one is familiar with the idea. To say that there *are* means of preventing conception, is only stating what every person has already heard, or believes, and is, therefore, nothing new. Even if such information was likely to be productive of great evil, as some imagine, it is now impossible to prevent its dissemination, and it is, therefore, useless to avoid the topic. I think, however, that the danger apprehended from it is altogether fallacious, and the fear arises from a wrong view of the case, as shown in the article on Conception, to which I refer my readers for the arguments.

Many of the practices resorted to for preventing conception are altogether ineffective for the purpose, and some are decidedly hurtful, but this not being known, people resort to them, and are both deceived and injured. It is, therefore, the duty of every physician to show the inutility and danger of such practices, and not to shun the subject.

Independently of this, however, there are many great and good men who think that *harmless* means of preventing conception may be practiced with propriety, or even become *advisable* in peculiar circumstances, and that there may be nothing either immoral or improper in their use. It is well known, for instance, that there are many severe diseases to which females are subject, that never can be removed while they conceive, but which, if uncured, are sure to become fatal, and probably also descend to their children. Some females also have deformed pelvises, and can never bring forth live children, while others are *certain to die* if the child remains in the womb till it is a certain size. Besides these cases, however, how many there are that remain in constant ill health and suffering from continued child-bearing, without the possibility of relief or escape. In our country, fortunately, there are but few persons that cannot find means to maintain a family, though it be large, but still, with many it may be a severe struggle to do so, and a constant increase may condemn the parents to poverty and difficulty, and the children themselves to neglect.

Now it cannot be denied that people are situated under all these different circumstances, and that the continual increase of their families entails all these evils both upon them and their children, but whether this affords a sufficient reason for limiting the number, must be left for every person's own decision. I am acquainted with many moral and religious people who think that the practice, under such circumstances, is perfectly justifiable and proper, and some even consider it a duty. Others, however, think the contrary, and hold that every evil or inconvenience ought to be

undergone, whether poverty, sickness, or even death, rather than avoid it by such means. For my own part, I would neither give advice, nor offer an opinion on the subject, as I consider that all persons should decide for themselves, and that their decision concerns themselves alone. My duty is simply to show the injury of those practices now in ordinary use, and also the ineffectiveness of most of them.

It is not generally known that it is a regular custom in medical practice, when a female has a deformed pelvis, or is otherwise incapable of being delivered at the full term, to *produce abortion* at an early stage. This, however, is the invariable custom, and in practical works upon midwifery the means are explained. This is done because it is thought better to sacrifice the fœtus only at any early stage, than to let *both* die, as they assuredly would, if the gestation were allowed to proceed. Now it may well be a question in such cases, whether it would not be better to teach how to prevent the conception altogether, and I leave it for others to decide which is the most objectionable, *prevention* or *abortion*?

There are few persons except medical men, who have any idea of the extent to which the revolting practice of abortion is now carried, or of the awful consequences that frequently follow from it. Every female who undergoes any of the disgusting operations practiced for this purpose, does so *at the risk of her life*, and to the almost certain destruction of her health if she survives. I have had many of these miserable victims come to me afterward for advice, and more wretched objects cannot be conceived. Some of them have been almost torn and cut to pieces, and others so injured, that their lives hung as it were by a thread. Those that take drugs for this purpose are also equally exposed to risk, and suffer in their health to an equal extent, so that their lives become a positive burden to them. In short, this is one of the most terrible evils of the present time, and every one must earnestly desire to see it abolished, or some lesser evil take its place. Every female may be told with truth—and, indeed, every one ought to know—that there are *no safe means of procuring abortion*. It is true that some few may undergo the ordeal in safety, but none can depend upon doing so, and the chances are ten to one that death, or the evils above referred to, will follow!

A general knowledge of this fact would, no doubt, do much to prevent the practice, but still it would not do away with it altogether, unless some reliable means of prevention were known. Strange as it may seem, many of the worst sufferers have assured me that they would undergo the same risk again, rather than have more children, and some have even said that they would *die* first. In such cases, therefore, there is simply a choice between the two practices of abortion and prevention, and I am confident there are thousands who feel in this way.

A gentleman called upon me a short time ago, who was suffering from a terrible scrofulous affection, which had appeared since his marriage, and by which his first child was afflicted in an awful manner. He assured me that both himself and his wife would rather suffer death a thousand times than be the authors of such another miserable being, and that they thought it would be a most grievous sin for them ever to be parents again. In another case, the mother had periodic attacks of insanity after she had borne two children, one of whom had already shown symptoms of the same terrible affliction, and they, with good reason, feared that if they had others, the same calamity might befall them. Now, in such cases, I leave those who condemn prevention altogether to decide what should be done. For my own part, as I remarked before, I leave all to decide for themselves, according to their conscientious

otions, and I think that no one person's decision, let it be what it may, should in any way affect another person. In a word, I think it is every one's own affair.

Besides such instances as the above, I often meet with others equally distressing, and such as are common enough. An industrious, hard-working mechanic, called upon me once and stated his case, in the hope I could give him advice. He had four children, the eldest only eight years old, and after every confinement since the first, in consequence of an injury then, his wife was from three to six months completely bed-ridden, and unable to attend in any way to her household duties. His employment was often restricted, and his means so limited, that hired help was out of their power, and there, said he, "My wife had to lie, day after day, and week after week, and see everything go to ruin in the house, with the children dirty and ragged, without being able to rise and help herself." Now this may be considered an extreme case, but there are thousands of others that approximate to it, and people, so situated, naturally ask of their medical adviser, "What shall we do?" If these men give them no reply, as is generally the case, and no other means are offered to them, they too often resort to the dreadful practice of abortion.

I know some people will say that it is possible for such persons to avoid having a family without using *preventive* means. And so it is; but the deprivation required will not be undergone by the great mass, and cannot be undergone by others without the most immoral consequences. It is sheer absurdity to suppose that the promptings of nature can be totally unheeded, except in peculiar individual cases, and illicit intercourse, or vicious habits of self-indulgence, would certainly follow a total deprivation of the marital right, in most instances.

Many medical men and philanthropists have perceived these difficulties, and have pressed a consideration of them, but few have chosen to give actual advice. I think it is best to leave it altogether an open question as to the propriety of prevention, or in what cases it is allowable.

The most obvious means of prevention are those alluded to in the Bible, as having been practiced by *Onan*, and which have doubtless been in use for thousands of years. If the seminal fluid be not placed within the female organs, of course there can be no conception, and all that is required, therefore, is to cease association before emission occurs. But, independently of the uncertainty of this being done, at least in many cases, it is not *advisable*. There is good reason to believe that, in every act of association, the presence of the male principle within the female organs is always required, even when there is no conception. It is, in all probability, more or less *absorbed* in every case, and even when it does not impregnate, it prevents irritation and exhaustion. In fact, without it, the act is merely a species of masturbation, unsatisfactory and injurious. It is also extremely hurtful to the male, and in a way not at all suspected. When emission occurs without the female organs, it is always more incomplete and slower than when it occurs within, owing to the absence of the customary warmth and pressure, and of that peculiar influence which the organs of one sex exert upon the other. A portion of the semen, therefore, remains undischarged at the time, and escapes slowly afterward, thus giving rise to a weakness and irritation of the urethra and seminal ducts, which, in time, becomes permanent, and lays the foundation for *involuntary* losses and final impotence.

I have known many married men much injured in this way, without being able to even conjecture what had hurt them. And I am confident that much female exhaustion and nervous irritation result in the same way.

The *partial* adoption of this plan is not liable to the above objections to quite an equal extent, but still it is so, more or less, and it is perhaps still more difficult to practice. But, independent of these considerations, it cannot be relied upon, for conception may follow if the seminal fluid be placed in *any part* of the vagina, as before explained, or perhaps even in the external lips. It is true it is not so likely to occur under such circumstances, but still it may do so. In some men the penis is imperfect, the opening of the urethra being *under*, and some distance down, instead of being at the end, so that they can never eject the semen to the top of the vagina, but only into its lower part. Still these men may be fathers, though not so frequently as others, unless with certain females. Dr. Dunglison, in his *Human Physiology*, remarks of this imperfection, that "we cannot, therefore, regard it as an absolute cause of impotence, but the inference is just, that if the semen be not projected far up into the vagina, and in the direction of the os uteri, impregnation is *not likely* to be accomplished; a fact which might be of moment to bear in mind *where the rapid succession of children is an evil of magnitude.*"

This plan, therefore, diminishes the *liability*, but does not totally *prevent*.

The next most general plan is the use of *injections* after association, either for the purpose of removing the semen, or of destroying its power. For the purpose of removing it, however, they cannot always be relied upon, for sufficient will often be retained in the folds of the vagina to cause conception, notwithstanding the injection. For the same reason, no certain dependence can be placed upon introducing any object into the vagina before association, as a sponge, for instance, which, on being withdrawn, may bring the semen with it. In many cases this succeeds, but often it will not, because a small portion of semen is sure to be left on the walls notwithstanding, and that may impregnate. There is another objection also to this, which should forbid its general use. The object introduced, of course, comes immediately before the mouth of the womb, and thus prevents the contact of that part with the male organ. Now this contact is often necessary for the production of a proper state of excitement, as formerly explained, and when this does not occur, there is simply an injurious irritation to the female, without any gratification. I have known it also cause irritation of the meatus in the male.

The use of injections to destroy *the power* of the semen would seem to be the most reliable means, and when of the proper kind, they are so, but the unscientific use of them has led to serious evils. The way in which they operate, when effective, is by *killing the seminal animalcules*, and any injection that will not do this, will not prevent conception. There are many substances that will apparently kill them, but which only leave them paralyzed, so that they afterward recover; and there are other substances that will destroy them, but only when used so strong as to injure the female organs. The solutions of various salts, for instance, act in this way, such as alum, sulphate of zinc, chloride of zinc, and sulphate of iron, none of which, according to my experiments, will always kill the animalcules, unless used stronger than is allowable with safety to the female. Very many I have met with seriously injured by the constant use of powerful injections of this kind, some having inflammation of the womb and vagina, some excoriations, and others hemorrhage. Besides which, they in a short time destroy the sensibility of the parts entirely, and lead to total indifference and sterility. The only articles proper to be used in this way are such as destroy the animalcules without acting on the female organs, and there are but few that do so.

The employment of injections is objectionable, however, on other grounds. It is not advisable, as before stated, to remove the semen from the vagina, nor to prevent its being deposited there, because it is better for it to be absorbed, even when there is no impregnation. In all cases, also, it is necessary for them to be used *immediately* after emission, and the too early separation, together with the anxiety and revulsion of feeling attending upon the *preventive* act are both agitating and injurious, to say nothing of inconvenience. Some females, also, absorb the semen so quickly that the injection can scarcely be used in time, and with some men the emission is so slow that the first part may impregnate before the whole has been expelled. To be in any degree certain, therefore, when using injections, it is necessary for the act to be to a certain extent incomplete, and this often causes a weakness in the male and nervous irritation in the female.

The employment of a *covering* to the male, in the form of a thin skin tube, called the *condom*, is of course efficacious as a preventive, but is liable to many of the above objections. The emission is never quite perfect when it is used, and the mutual contact of the male and female organs with each other being prevented, as well as the contact of the semen with the vagina, there is not a complete gratification, and to the female great nervous irritation often follows.

Among some persons a plan has been adopted more injurious than any of the above, though not known to be so. It consists in forcibly compressing the male organ close to the scrotum, just previous to emission, so that the semen cannot escape. Some men think that by such means nothing is lost, and that the connection does not exhaust them, but this only shows their ignorance of their own structure. In all cases where the compression is practiced, the emission is as complete as if nothing of the kind had been done, only it takes a different course. By referring to the plate showing the internal male organs, it will be seen that the semen passes into the urinary passage, from the prostate gland, through certain little openings called the *ejaculatory ducts*, close to the *veru montanum*, or little protuberance in the middle of the passage, close to the bladder. Now the *veru montanum* is so formed, being pointed forward, that it *directs* the semen along the passage toward the external opening, which is the course it should pursue, but when compression is practiced, so as to close the passage, it cannot escape in this direction. Under these circumstances, therefore, it is compelled to flow by the large end of the *montanum* and *enter the bladder*, from whence it is expelled afterward along with the urine. The consequence of this is that it soon begins to take that course always, whether compression be practiced or not, and the man becomes sterile in consequence. He is also liable to inflammation of the urethra, *veru montanum*, and bladder, and suffers from spermatorrhœa, till eventually his powers are lost altogether. It is, in short, a most destructive practice.

M. Parent Duchatelet gives us some curious information respecting this practice, in his work on "Prostitution in Paris," which may be read with profit both by the physiologist and philosopher.

I may perhaps as well remark here, incidentally, that some young victims of masturbation practice the same thing, under the mistaken idea that no evil ensues from their vice if the *emission* does not take place. The folly of this will, however, be apparent from the above explanation.

Those females who think they can escape being impregnated by simply avoiding all excitement and pleasurable feeling, are more deceived than those who rely on any of the other modes, as former explanations have shown.

It is evident, however, that the prevention of conception, when association is practiced, is not so easy as some have supposed, and that it is not altogether harmless either.

To prevent disappointment and criminality, it is thought advisable to make known the following facts: By a law of the State of New York, and also by a special act of Congress, it is forbidden, *under any circumstances*, to give any one such means, or information, as may enable them to *prevent conception!* The law makes *no exceptions*, not even though the plea may be to preserve *health or life!*

It is also forbidden to import or sell the ordinary membranous, or rubber coverings, used to prevent venereal disease.

In regard to *miscarriage*, or *abortion*, it should be universally known that there is *no medicine whatever* which is *sure* to effect either the one or the other at any time! Nine-tenths of the remedies advertised for such purposes are mere *deceptions*, and are not *intended* to have *any effect whatever*; while the remainder are *more dangerous to the female* than to the *fœtus*, and still uncertain in their action.

The *operation for abortion* is *never safe at any time, or in any hands*, and every woman who submits to it, not only risks her *health*, but *puts her life in peril!*