VOLUNTARY MOTHERHOOD

A Study of
The Physiology and Hygiene of
Prevention of Conception

By A Woman Physician
with Twenty Years' Experience

1928

Sold only to members of the Medical and Legal professions and those engaged in Special Vocations

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BY WAY OF INTRODUCTION

BIRTH CONTROL, Birth Regulation and Voluntary Parenthood are popular terms for prevention of conception. Many people confuse prevention of conception with abortion. This is due to a lack of understanding of what conception really means. To prevent conception means to use methods which will interfere with the fertilization of the ovum (egg) or, in other words with the formation of the embryo, which develops into the baby. Abortion implies the destruction of the embryo already formed. Knowledge of Birth Control is the best method of lowering the number of abortions.

As a physician I consider the study of contraceptive methods and their application a branch of medical science which should be taught in medical colleges. Physicians and nurses who know the anatomy of the sexual organs and the hygiene of sex should be the ones to instruct women and men as to the best methods available. In some cases of kidney trouble and heart disease, serious illness and even death may be prevented by contraceptive means. Nevertheless the majority of physicians of our country are not only indifferent but actually hostile to Birth Control and refuse to give any information concerning it.

The Birth Control movement is not the result of artificial agitation; it is forced upon the minds of women and men by existing conditions and, therefore, neither the prejudices of physicians nor suppression by law will be able to do away with it. While in most practical applications of medicine in the prevention of disease the physician must influence the masses, in Birth Control the masses slowly but surely are influencing the medical profession. More and more physicians are becoming converted to the idea of Birth Control, but the great drawback for many of them consists in the fact that they do not know where to get reliable information on the
Our Laws will have been altered. The severe prosecution for the practice
denial will now be attended. The little pamphlets will help to pave the way in that direction. My
statement of undeclared parenthood must be destroyed. If this
matter of undeclared parenthood must be destroyed. If this
matter of undeclared parenthood must be destroyed. The right-
right-conception I feel it my duty to share this experience
Sharing the results of my experience.
Having had about twenty years of experience in the
results of an improvement of the race.

It means no harm to them.

It preserves woman's health and prevails her age pre-
It brings about happier sex relations.
It helps to expand the business of motherhood and gives mothers
It permits early marriages.

It permits marriage.

It prevents conception does away with abortion.
If the application of voluntary parenthood is made.

The application of voluntary parenthood is made.

The more important changes will be brought about by
The more important changes will be brought about by

permits her to combine both.

Permits her to combine both.

Before her marriage or independence, voluntary parenthood
Before her marriage or independence, voluntary parenthood

For every professional woman has the serious question
For every professional woman has the serious question

significant woman is included through voluntary parenthood to com-
significant woman is included through voluntary parenthood to com-

The mother of many children is forced to endure. The process-
The mother of many children is forced to endure. The process-

six-hour day, instead of the twelve- or sixteen-hour day, which
six-hour day, instead of the twelve- or sixteen-hour day, which

Voluntary parenthood the same opportunity for leisure and
Voluntary parenthood the same opportunity for leisure and

Voluntary parenthood the same opportunity for leisure and
Voluntary parenthood the same opportunity for leisure and

Independence unless her functions of parenthood are under
Independence unless her functions of parenthood are under

influence in the life of woman. Woman can never obtain real
influence in the life of woman. Woman can never obtain real

scope of influence and is especially of numerous signs.
scope of influence and is especially of numerous signs.

Voluntary parenthood is not panacea for all human ills.
Voluntary parenthood is not panacea for all human ills.

Page 4

VOLUNTARY MOTHERHOOD
of both, however, has not diminished the number of abortions, nor prevented the spread of contraceptive methods. The people of the United States have practically adopted birth control. Physicians can testify to the fact that the overwhelming majority of married couples use one or another of the methods of contraception. It is no longer necessary to prove the need of birth regulation; men and women are now mainly interested in securing reliable and healthful contraceptives, for those methods spread and used at present are the least reliable, the ones most unhealthful.

Legislation cannot prevent birth regulation. All it achieves with its narrow, unscientific attitude is the prevention of the spread of normal and healthful methods, while it leaves the way open to contraceptives detrimental to health.

The average woman and man are surprisingly ignorant of the functions of their bodies, especially their sexual organs. They have hardly any idea of what "conception" really means. They have therefore some very curious notions regarding prevention of conception. For example, many of my patients are sure that urinating after coitus is a good method of prevention; others believe that the woman can prevent conception by refusing to respond to the passion of the man. (Perhaps this causes the frigidity of which men complain so bitterly.) Again some imagine that medicines taken by mouth can prevent conception.

The correct application of contraceptive methods presupposes a clear understanding of the nature of conception. I therefore give briefly a description of woman's sexual organs and the process of conception.

THE KNOWLEDGE OF ANATOMY NECESSARY FOR THIS DISCUSSION

The external part of woman's reproductive organs is known as the vulva. It surrounds and protects the entrance to the vagina. The vulva comprises the large and small labia and the clitoris, the opening into the bladder and the vagina. (See Figure 1.)
The ovaries are almond-shaped and surround the ovary. The outer extremity of the tube is trumpet-shaped, and the inner extremity is about five or six canals leading to the ovaries. Each ovary has about forty to sixty openings connected with the tubes, two narrow tubes. These tubes are not very narrow, wider, and broader end. It has openings at both sides at the upper, broader end, and the opening is very narrow. The opening is not closed. The opening leads into the cavity of the uterus. The opening in the cervix leads into the cavity of the uterus. The uterus is about two inches. The cervix is the part of the uterus that measures three and a half inches in length (neck and body). It is covered by a mucous membrane called the hymen. The uterus is a small muscular bag consisting of the cervix (not covered by a mucous membrane called the hymen). It serves also for the purpose of the vagina during coitus, and evacuation of the seminal fluid of copulation (the sexual act). The penis (male organ) enters the vulva and the uterine (womb). The vagina is the canal that forms the passageway between the external and internal sex organs.
shaped glands. They are the most important part of the sexual mechanism, for in them is found the *ovum* (egg). The ovum is the microscopically small cell that contains all the physical and spiritual characteristics which the mother contributes to the child.

The ovary discharges the ovum into the tube and from there the ovum is pushed into the uterus. A discussion of the forces bringing about these movements would lead us into too many details. The ovum is one of the two parts necessary for conception. The other part is the *semen* or *spermatozoa* (seeds) of man. The seminal fluid of man, which is created mainly in the *testicles* and ejaculated during the sexual act into the vagina, consists of millions of microscopically small cells (spermatozoa). The spermatozoa are little cells built for motion. The front part of the cell looks like a little head, while the back is formed like a little tail. (See Figure 2.)

The spermatozoon deposited in the vagina moves toward the cervix, enters the opening of the cervix and through the canal of the cervix enters the uterus, and from there enters the tube. (The spermatozoon moves half an inch during one minute.) The uterus probably helps the spermatozoon along by its contractions during sexual excitement. It draws the seminal fluid up into itself by contracting and relaxing its walls like a rubber ball.

The union of these two cells, ovum and spermatozoon, is called *impregnation* or conception. It usually takes place in the tube sometimes in the uterus. The newly formed cell, the product of this union settles down in the uterus and forms the *embryo*, which later develops into the baby. The ovum is the carrier of the mother's hereditary qualities, the spermatozoon, the carrier of the father's characteristics.
Hind the walls of the vagina.
6. It should, if possible, allow for absorption of the seminal
   person.
4. It must be simple enough to be used by the average
   relation.
3. It must not affect health detrimentally.
2. It must not interfere with the course of normal sex
   the uterus—in other words, it must be safe (sure).
1. It must prevent the entrance of the spermatozoa into

comply with the following conditions:

I would say then that a good contraceptive method should
clause, it must be considered in the choice of method.
culminate, it must be considered in the evidence for this is not con-
women's health. Although the evidence for this is not con-
menbrane of the vagina and that this absorption stimulates
y, therefore think that the seminal fluid is absorbed by the mucous
as to necessitate many preparations. Many authorities on sex
person or another intelligence and should not be so complicated
tractive measures must be simple enough to be used by a
tractive measure is likely to cause a
serious relationship. As such intercourse is likely to cause a
about in such a way that the health of the man and the woman
trance of the spermatozoa into the uterus, must be brought

This prevention of conception or prevention of the en-
the spermatozoa into the uterus.

In the prevention of conception, the problem is how to prevent the entrance of

The important thing for us to remember is the fact that

**METHOD**

**HOW TO JUDGE THE VALUE OF A BIRTH CONTROL**

**VOLUNTARY MOTHERHOOD**
CLASSIFICATION OF BIRTH CONTROL METHODS

I shall divide these methods into two groups:

1. Methods used by men.
   a. Chemical methods.
   b. Mechanical methods.

In discussing these I shall lay stress on the conditions mentioned above; namely, health, security, simplicity, and normality. And since security is next to health, the most important, I shall review all methods in a summary dividing them into three groups:

1. Reliable.
2. Partially reliable.
3. Unreliable.

An original feature of my discussion is that special stress is placed on certain combinations; in fact it will be seen that combinations are the only completely reliable methods.

Description in full of the use of methods which are unreliable or only partially reliable is included in this pamphlet for two reasons. First, if I do not mention these, some readers may consider them reliable methods of which I have not heard. Secondly, it is well to realize that under certain circumstances emotion is more powerful than reason and that on these occasions a poor method of prevention is better than none.
Cotitus Interruptus

(Cotitus Interruptus) (condoms (saes)).

The methods used by most men are: cotitus interruptus, withdrawal of the male organ, and condoms. (saes).

METHODS USED BY MAN

VOLUNTARY MOTHERHOOD
I am sure to find either a narrow opening of the cervix or a displaced uterus, or some inflammatory condition of the uterus, if not sterility in the man. The woman in these cases is aided more by her own partial sterility than by this method of birth control. But in cases where woman's sex organs are in normal condition this method is absolutely unreliable.

The only commendable point in this method would seem to be its simplicity. The average woman, brought up in aversion to the sex act, does not realize the importance of normal sex relations for herself and husband, and is very much inclined to leave the full care of prevention to the man. The patient who tells me that she does not care for sex relations, says also, "Let him take care; as for me I do not need it anyway." Probably she does not have any sex desire just because of the abnormality of such relations, and no doubt also because of the overpowering fear of undesired motherhood.

I consider coitus interruptus unsafe, abnormal, and unhealthy and would advise its use only in exceptional circumstances and then only in combination with other methods, such as douching or the introduction of chemical pastes, of which I will speak later.

CONDOMS

A professor in a German clinic said about condoms, "From the point of view of prevention a condom is as thin as cobweb, but from the point of view of the joy of the sexual act it is as thick as the wall of a fortress." This statement is no an exaggeration. Condoms tear, leak and slip off. Absolute safety can be attained only if the condom is combined with the use of a paste or douching.

Condoms are made of rubber and skin (beetleskin or fishskin so-called). It is best to use the rubber condom only once. Lubricate with glycerine or vaseline before using. Beetle-skins are stronger and can be used again. Wet it from both sides before using. They must be kept in water or still better, diluted alcohol. Before using the condom it should be tested
is used supplementary precautions must be taken.

I draw the conclusion, then, that both methods, coitus-in
ormal and can satisfy neither husband nor wife-
that sex relations under such conditions are absolutely ab-

Some men urged by their wives, whose desire of an un-

omitted. The best supplementary is a chemical paste
than doucheing. The suppository means used with the condom must be other
which she cannot have in the case of a torn condom. The other
that the spermatozoa are not deep in the vagina, an assurance
spermatozoa released through a tear in the condom may enter
for during the time consumed in preparing the douche, the

and that spermatozoa cannot be released by the

and women can enjoy sex relations

I do not recommend the condom, First, it is highly dis-

He is not supposed to use it for prevention of conception
which is disapproved of by the husbands and is not to be

"For Prevention of Infection" such as our hypodermic. The
Condoms are sold at every drug store and are marked:

Voluntary Motherhood
Methods Used by Woman

As I have said, the methods used by women are to be divided into
(a) Chemicals introduced into the vagina.
(b) Mechanical appliances.

The Chemical Methods

These in turn are to be divided into
1. Douching.
2. Suppositories.
3. Tablets.
4. Paste.

Douching with Antiseptics Immediately After Coitus

The fountain syringe of two or three quarts capacity is best for this purpose. The bag should be filled with warm water and an antiseptic added and stirred in thoroly.

Douches can be taken in a sitting position. The vaginal nozzle should be introduced into the vagina, and moved around, so that the water reaches all parts. Douching with cold water is not advisable. The advantage that time and work are saved by its use is counterbalanced by the fact that the vagina contracts and may keep in its folds some the semen, which will thus not be exposed to the effects of the solution. Cold douches are also inadvisable in that the sudden cooling off of congested organs can be harmful.

Solutions to be used:
1. Boric Acid—1-2 tablespoons to 2 quarts of water.
2. Lysol—one quarter of a teaspoon to 2 quarts of water.
3. Creolin—one quarter of a teaspoon to 2 quarts of water.
4. Sulpho-Napthol—one quarter of a teaspoon to 2 quarts of water.
5. Vinegar—1 glass to 2 quarts of water. Wash out with one quart of clean water afterwards.

Do not use salt solution. It may support the life of the spermatozoa. For the same reason sodium bicarbonate, and
METHODS USED BY WOMAN

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THE CHEMICAL METHODS

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2. Suppositories.
3. Tablets.
4. Paste.

DOUCHING WITH ANTISEPTICS IMMEDIATELY AFTER COITUS

The fountain syringe of two or three quarts capacity is best for this purpose. The bag should be filled with warm water and an antiseptic added and stirred in thoroughly.

Douches can be taken in a sitting position. The vaginal nozzle should be introduced into the vagina, and moved around, so that the water reaches all parts. Douching with cold water is not advisable. The advantage that time and work are saved by its use is counterbalanced by the fact that the vagina contracts and may keep in its folds some the semen, which will thus not be exposed to the effects of the solution. Cold douches are also inadvisable in that the sudden cooling off of congested organs can be harmful.

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SUPPOSITORYs, TABLETS, AND PASTES

helpful, but in combination with other means (described later) it is prescribed. Doucheing by itself is, therefore, not to be recommended, under the word during colitis or while the douche is being performed.

The method is absolutely preferable. The spermatozoa can ever, douching will not serve the purpose. Iself gives considerable security. In a normal woman, how-

Many women claim perfect success with douching for the habitual systemic treatment and the bowel movements, but there is nothing conclusive in the case of colitis, which by usually found, such as diarrhea, or the result of the woman, which by

One advice is that of douching before coitus. This counter- from the regulation done before the

Besides, the fluid may not reach the spermatozoa hidden in the folds of the vagina as the forces of the flow is not as strong. The vaginal mucous membrane, and may cause poisoning. The much advertised Whitfield spray—a large, heavy bid-

Voluntary Motherhood
the destruction of the spermatozoa without injuring the mucous membrane of the vagina, or affecting the health through absorption.

Chemicals used are:

- Quinine—5 to 15 grains to an ounce of paste or cocoa butter.
- Boric Acid—3 to 4 percent solution.
- Salycilic Acid—1 to 2 percent solution.
- Formaldehyde—1 to 1000 or $\frac{1}{3}$ teaspoon to a quart.
- Chinosol—1 grain to an ounce. (12 percent)
- Corrosive Sublimato—1 to 5000, 1 tablet to 2 qts. of water.

Corrosive Sublimato ought not to be used, since it is easily absorbed and works as an accumulative poison in the human body.

These chemicals introduced deep into the vagina near the cervix before intercourse, mix with the so-called “seminal lake,” the accumulation of the ejaculated semen, and by their chemical action destroy the life of the spermatozoa. They must be introduced before coitus so that the seminal fluid gets in contact with them before reaching the cervix. *Their work is futile if the penis comes directly in contact with the cervix and ejaculation takes place directly into the uterus.*

**Suppositories**

Chemicals mixed with cocoa butter or boro-glycerine are made up in egg shaped or globular form. Suppositories made of cocoa butter require at least 7 minutes to melt in the vagina, those of boro-glycerine at least 20 minutes. Unless they are melted, they are ineffective.

The price of suppositories is from $1.00 to $1.50 per dozen. They can be ordered in almost any drug store.

I have used the following forms:

- Quinine Sulph. grain two.
- Boric Acid grain two.
- Cocoa Butter drachm one.

This makes one vaginal suppository.

- Chinosol, grain one sixth.
- Boric Acid, grain two.
- Cocoa Butter, drachm one.

This makes one vaginal suppository.
WARM WATER THE NEXT MORNING.

This is best made at night before retiring, followed by a syringe filled with

CHEMICALS, to act and then only slowly.

with the action of the chemicals, allowing only part of the

base of the cocoa butter, the fatly consistency interferes

separate upon the spermatozoa takes place at once, whereas, in

Since it is water soluble, the chemical action of the anti-

butter supports, which form a fatty mixture.

vegetable fat is, and is therefore less digestible than cocoa

vegetable fat that, it consists mainly of glycerine and some

It is introduced easier and deeper, because it is soft

At the end of the tube

ANTISEPTIC PASTE

In contact with the spermatozoa.

This is the antiseptic preparation, the use of antiseptics. One explanation of

The new available reliable statistics show that

This antiseptic paste is squeezed from the tube into the vagina.

The suppository is inserted deep into the vagina, so that

Voluntary Motherhood
Antiseptic paste in tubes supplied with nozzles are at present sold in the United States for the treatment of leucorrhoea. These pastes incidentally contain all the ingredients necessary for a good preventive. There are many preparations on the market, which retail for from $2.00 to $3.00 a tube.

The tubes contain about one-half a glassful of paste, each turn of the key injects about three-quarters of a teaspoonful. Thus each tube contains about twenty applications. You can insist that your druggist obtain these tubes for you.

Among the pastes at present on the market are Prekonsol, Leucorrhol, Patentex, Laktikol and Koromex. These pastes are by no means equivalent, since they differ in composition. Prekonsol, Leucorrhol and Patentex are said to contain, in addition to Boric Acid, oxyquinoline sulphate, which is a powerful and mild antiseptic. On the other hand Laktikol and Koromex are said to rely for their action on Lactic or Boric Acid only. Mere acidity without a strong antiseptic agent is not enough to assure safety, since the vaginal secretion has a buffer nature and tends to maintain a constant hydrogen-ion concentration; in other words the vaginal secretions neutralize the acidity and the spermatozoa are not affected.

Such figures as are available through clinical experience support this view. Two per cent lactic acid paste when used on rabbits produced no effect on the rate of pregnancies. The Illinois Birth Control League reports (1924-1927) better than 96.5% success in 2274 cases where pessaries and Prekonsol paste were used in combination. From 1925 report of the Chemical Research Department, The American Birth Control League, we conclude that in cases where pastes alone were used best results were obtained with a paste similar in composition to Prekonsol, Leucorrhol and Patentex, whereas pastes containing acids only proved least effective. [Owing to the limited number of cases (186) final judgment must be deferred.]

Oxyquinoline Sulphate is a powerful antiseptic but is harmless to tissues. A very small percentage of women are sensitive to this chemical and for them lactic acid pastes are recommended.
entirely unsatisfactory.

4. Devices (pessaries) inserted into the cervix.

5. Rubber pessaries covering the cervix.

I divide the mechanical means into

two groups. Pieces of cotton, sponges, or gauze soaked in an antiseptic solution are used for this purpose. If one looks at the cervix, pieces of cotton placed into the vagina in front of the sponges or piece of cotton placed into the vagina may prevent the use of chemicals alone in the vagina.

Mechanical appliances then.

The uterus without giving the chemicals a chance to act on the entrance of the uterus the spermatospora may be thrown into the fact that if the use of chemicals is directly in contact with the woman against this opinion of the use of chemicals alone in the vagina, therefore cannot be relied upon.

Some tablets, largely advertised, do not contain chemicals. This pain is the main objection against the use of tablets. When inserted and coming in touch with the lower sensitive parts of the vagina, the tablets contain the chemicals in condensed form and therefore vesicant chemicals are added for the purpose of spreading the chemicals more thoroughly into all parts of the vagina. The tablets are chemicals compressed in tablet form. Differ-

Tables
RUBBER PESSARIES

The use of rubber pessaries is considered the most reliable method of prevention if combined with an antiseptic douche or paste.

The main purpose of every pessary is to cover the cervix, the entrance into the womb. Thus the spermatozoa cannot enter the womb during coitus. (See figure 3, French pessary in place.) The spermatozoa remain in the vagina and must be washed out or destroyed before the pessary is removed, otherwise they may enter the uterus, for the spermatozoa live for many hours, even days. The use of the pessary must always be combined with douching before its removal. Instead of a douche an antiseptic paste can be used. The paste (as explained under "chemical methods") is introduced into the vagina through a glass nozzle attached to the paste-tube. A small amount suffices to destroy the semen. The paste is introduced before the pessary is removed. As it spreads slowly, the pessary should not be taken out until at least three hours have passed since the use of the paste.

_Important Rule:_

A pessary should never be removed (if coitus has taken place) unless an antiseptic douche has been used. (See details on douching under "Chemical Methods.") An antiseptic paste can be used instead of the douche, but in this case the pessary cannot be removed at once but must remain in place at least three hours.

_A rubber pessary with the use of an antiseptic douche or paste is a reliable method of prevention_ because all conditions of a good contraceptive method are complied with. (The type of pessary to be used is discussed below.)

It Is Safe

The spermatozoa cannot enter the uterus since the neck of the uterus is covered during coitus and they are removed by an antiseptic douche or destroyed by a paste before the pessary is taken out. For greater safety, some put a
The Use of a Pessary is Simple.

A question may arise as to whether the pessary can be worn steadily. I am often asked whether the pessary should not be removed from the womb for a minute's time; but it is not wise to allow the pessary to remain in the womb for a shorter period. The woman should be aware of the presence of the pessary, and, through questioning, are not conscious of its presence. In the majority of men and women, a sense of the presence of the pessary, if well fitted, does not disturb or irritate any part of the urethra. The pessary, if well fitted, does not rub or irritate any part of the urethra. If it remains in the vagina only for a very short period, it is likely to cause no inconvenience.

The Perineal Normal Conditions of Coitus.

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If there is no disturbance of the urethra, the pessary, if well fitted, does not rub or irritate any part of the urethra. If it remains in the vagina only for a very short period, it is likely to cause no inconvenience.

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is no disagreeable interruption either physically or mentally in the love embrace.

There are various types of pessaries, since women are very differently built. Even the same woman needs a change in size at different periods of her life, for instance, before and after child birth. Such pessaries should, therefore, be fitted by physicians or nurses.

Pessaries are made of durable rubber. They do not tear suddenly while in the vagina, but deteriorate slowly. The wearing out of the rubber can be easily noticed. The rubber becomes hard and brittle. In the French pessary the rim flat-

**Figure 3 — French Pessary In Place**
VAULT PRESSARY

VAULT PRESSARY

VOGUE in Germany and Russia. Limited to a very few selected cases. It is undeservedly in great

perk of its large tin which lies in between the upper

air. The pressary does not hang on the cervix; it keeps in

of either solid or soft rubber, or of rubber tubing filled with

The round rim, usually one-quarter of an inch thick, is made

a vault around the cervix (the anterior and posterior fornices).

visual pressary, but it also kills with its large rim, the vault

a vault pressary covers the cervix with a cap like the cer-

CERVICAL PRESSARY

CERVICAL PRESSARY

VAULT PRESSARIES ARE GIVEN BELOW.

The detailed description of the use of the diaphragmatic and

and evaluation of others are given to warn against their use.

The diaphragmatic and vault pressaries are the only ones

them.

but as they are not in general use, or advisable, we can only

Some other forms are mentioned in exhaustive treatises,

(4) Block shaped pressary

(3) Diaphragmatic pressary

(2) Vault pressary

(1) Cervical pressary

DIFFERENT TYPES OF RUBBER PRESSARIES

RUBBER.

ed contain no fatty substances and therefore do not spoil the

These soot and distilled H. The anaesthetic plastics recommended

around the rim. Never use veiling or ornament on rubber.

tens after long use; in the Ramus the rubber deteriorates

VOLUNTEER MOTHERHOOD
It cannot be easily displaced. In cases of antversion of the uterus, however, where the anterior vault (fornix) is very small, this pessary should not be used, for under such circumstances it can be easily displaced during coitus. (See Figure 6)

![Figure 4](image)
**Figure 4**
Cervical Pessary

![Figure 5](image)
**Figure 5**
Vault Pessary

![Figure 6](image)
**Figure 6**
Vault Pessary
In Anterior Position of Uterus

![Figure 7](image)
**Figure 7**
Vault Pessary
In Posterior Position of Uterus

![Figure 8](image)
**Figure 8**
French Pessary (Vault Pessary)

Some physicians persist in calling this type a cervical pessary. In my opinion the presence of the large rim gives a decided advantage to this form over the rimless cervical type, and is sufficiently important for a separate classification.
The French pressure is too small. Often presents difficulties to a novice. When it is easy, whereas the removal of the French pressure makes advice may find the Miznah helpful, for they can re-

chiefly advise. Woman in no possibility of getting a dryer-

visible. Women who have no possibility of getting a dryer-

is not an improvement on the French pressure. It is thin rim and

been improved, which a manner can be hooked to help the removal. It

many used in France. 

The following vault pressures are in use:

The French pressure, which is the characteristic vault pre-

The Pro-Race or Dr. Stoops' pressure (much used in Eng-

The following vault pressures are in use:

The tradition pressure, which is the characteristic vault pres-

The Miznah pressure has a heavy, solid rim, with a slit in

The French pressures, which is the characteristic vault pres-

The Miznah pressure has a heavy, solid rim, with a slit in

Long cap give more chances for displacement.

The Miznah pressure has a heavy, solid rim, with a slit in

The French pressure has a heavy, solid rim, with a slit in

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The larger sizes are used because they are intended to cover a larger surface of the vaginal wall. (This is accomplished without materially diminishing the space left free for intercourse.) They resemble in size and appearance half of a tennis ball. A coiled or plain wire spring runs around the inside of the rim of the cup and preserves the shape. The sizes vary, the average being 60 to 75 mm. in diameter. The largest possible size that fits the woman should be selected.

**Block Shaped Pessary**

A block of rubber or other material, with cup shaped faces on every side is now on the market. The idea of the device is that it can be inserted in any manner, without the possibility of failing to cover the cervix by one of its cup shaped sides. In actual practice this apparatus is by no means certain to cover the cervix; its bulk and shape can cause irritation to the female and male organs. It is rather an instrument of torture than a preventive. An article has appeared in The Journal of the American Medical Association reporting a case, in which this cubical pessary caused an opening between the bladder, rectum, and vagina.

**General Directions to Women for Use of Pessaries**

To understand how to insert the pessary a woman must first get acquainted with her own body. The average woman thinks with disgust of her sexual organs; she has been brought up with such ideas. Such aversion, based on the old, wrong conception that everything connected with sex is low and vile must be overcome. The normal vagina is as clean as the mouth. (If you look at the diagram you will note that the bladder empties through a separate opening.) A woman can best ex-
The French pessary is a small cap made of rubber. It is
(See detailed description)

FRENCH PESSARY

Choose tightly over the finger (See Figure 10).

Figure 10

The cervix points backward and the woman will feel only the

in the middle entrance into the urethra. In normal cases

Self examination in squatting position

a round, smooth little body, the size of a thumb, with an open-

backward; then it will strike (very back and down) the cervix

must be inserted full length, directed downward, inward and

thumb of her right hand, pronsube into the vagina. The figure

amnie herself in a squatting position by inserting the first
deep opening of the cap in such a way that it is wholly covered by the pessary (see Figure 3). The border or rim must fit firmly around the neck of the uterus, while the cap may hang loosely. The rim of the pessary fills out the space between the cervix and the walls of the vagina. The cap does not fit like a glove, as many imagine. I speak of this because women seem to pay attention to the fact that the thin part of the pessary is wrinkled after being placed over the neck. If the upper rim of the pessary fits well, the pessary is in place.

This cap can be adjusted some time before coitus. It must fit firmly between the cervix and surrounding walls so that it cannot be displaced by pressure.

The pessary, folded with the rim upward, is introduced into the vagina. After it is pushed through the narrow entrance of the vagina, it opens; then it is pushed back, in, and down. One must push firmly for the walls of the vagina close tightly and the pressure of the walls must be overcome. The pessary must be pushed as far back as it goes, about a finger's length from the entrance. It slips over the neck of the womb. It is necessary to feel the bulging cervix through the thin rubber tissue of the dome. If the vagina is dry it is desirable to lubricate it with a touch of K-Y jelly, glycerine, vaseline or paste. Do not put any lubricant upon the pessary itself; it is difficult to handle when slippery.

After coitus, douching may be postponed until morning, unless the woman has to move her bowels. If an antiseptic paste is used immediately after coitus, the douching can be postponed until morning, or if one does not object to the presence of the paste douching can be dispensed with.

After coitus, never remove the pessary before douching or applying paste. Douche first, then remove the pessary and use part of the douche after the removal. Always wash the vulva and external genitals while douching. If paste is used instead of douching do not remove the pessary for three hours.

The removal of the pessary does not present difficulties if one learns to hook the finger onto the front rim of the pessary. For this purpose the finger must be introduced sideways. If
WHERE the forces (the part of the vagina surrounded
 distorted so as to prevent its being covered spongy.
(2) WHERE the cervix is ascariated, diseased, or otherwise
 the back. (Anterior uteri.)
1) WHERE the cervix (neck of the womb) points toward
is recommended in the following cases especially:
sliga is demonstrated to be effective.
sliga, has been definitely demonstrated to be effective.
disruptive procedure such as the House’s famous or Men-
since the best printing of this pamphlet the use of a large

(3) More detailed description

THE DIAPHRAGMATIC PESSARY

The average pessary ought to keep from one to two years.
not necessary as the antibacterial fluid or paste keeps it clean.
air is introduced within because the rim will collapse. Bolting
not boil it if it has dry well and powder it before placing into a box. Any baby

After removing the pessary wash it in warm or cold water,
particularly in cases where the pessary is loose.
next morning. The paste placed within the pessary is the cervix
destroy the spermatozoa there or a douche can be taken the
leaves, paste can be placed in the vagina after intercourse to
the liver way up into the cervix. Then, as confidence dic-

The best procedure with pessaries is as follows: Put a

Lack of experience.
reach the cervix. This is the usual complaint. But this is only
sometimes women think that their hangers are too short to
the only opening leading from it has the size of a pinhole.

(3) Postpartum. Women often express fear of producing the
the removal is difficult the woman can use a pessary with a

VOLUNTARY MOTHERHOOD

page 88
ing the cervix) do not afford the proper surface for retaining the rim of the vaulted pessary firmly in place.

4) And finally where the woman is unable to learn the use of the vaulted pessary, for the Ramses and Mensinga are very easily inserted and removed.

Several manufacturers of rubber appliances are at present supplying physicians with pessaries of the Ramses type, and are charging reasonable prices.

![Diagram of Diaphragmatic Pessary: Ramses, Mensinga](image1)

![Diagram of Diaphragmatic Pessary: Uterus In Back Position](image2)

**Figure 11**
**Figure 12**

**USE OF THE DIAPHRAGMATIC PESSARY**

*Directions for physicians: Insert like a pessary used for retroversion uteri: the back part of the rim is behind the cervix, the front rests upon the pubic arch.*

To insert the pessary the woman places herself in a squatting position, the pessary must be held with the cup downward (the dome up), the rim containing the spring is squeezed together and the pessary is inserted into the vagina by being pushed downward, backward and inward. It is preferable to point the dome of the pessary towards the cervix, just the reverse of the manner in which the French pessary is inserted, for the cup of the diaphragmatic pessary should face the opening of the vagina. This makes removal of the pessary easier. The finger can be hooked into the rim, without slipping.

The pessary is pushed as far in as it will go. Then, the front of the rim (now situated above the entrance of the vagina) is pushed upward, out of the way of the entrance. In its final position the front rim rests upon the symphysis pubis.
near future.

Manufacturers have promised to produce it here in the
pressey. Its spring is better, and the ruber keeps much long-
(land. It has several advantages over the Ramusse (ratus)
used for many years in Holland and is very popular in the
u. It is especially used in New York hospitals where patients
beers. It is at present used in New York hospitals where patients
States: the Mesungue is imported from England in small num-

The Ramusse and Ratus can be obtained in the United

y States. The price of the Ramusse or Mesungue is three

The neck, the Mesungue is not very easily obtainable in the
last-presser usually lasts about eight months, the Mesungue last-

r, and put it on a baby or baby powder. The Ramusse
as that of the French (described before). Do not pull it; wash

The care of the Ramusse or Mesungue presser is the same

ships in front of it, instead of covering it.

often pulled back and the rim of the clamp is displaced (See Figure 2). The neck is then

This process must not be used when the body of the uterus

First, pull the clamp around the rim and then pull it out.

The presser is removed after the clamping. By hooking the in-

Before removal, an antiseptic douche, or an antiseptic

The presser may be left over night in its position.

all around the rim before insertion.

It is advisable to place a small amount of antiseptic paste

presser.

(2) the cerix should be felt, covered with the rubber of the

Front portion of the rim should be back at the pubic arch,

After the presser is inserted, as directed, its correct pos-

far back, through the thin covering of rubber.

neck of the womb and cannot be felt; the cerix is felt usually

The back part of the spring (the rim) is behind the

(Voluntary Motherhood)
DEVICES INSERTED INTO THE NECK OF THE UTERUS

1. Gold or aluminum button.
2. Wire pessary.
3. Gold spring pessary (wishbone). (See Figure 13.)

The gold or aluminum button and the wire pessary are not used now as much as formerly. This is because they were made so short that they could slip out of the neck of the uterus without the woman being aware of it. Therefore they have gradually been displaced by the gold spring pessary (see figure).

The latter consists of a circular cap (A) with perforations, attached to a wire spring (B), which is about an inch long and ends in two prongs in the shape of a wishbone. Physicians charge from twenty-five dollars up for the pessary and its insertion. Some people have been known to pay as high as one hundred dollars.

To insert this pessary the prongs are covered (and thus kept tight together) by a gelatinous capsule. After insertion into the neck of the uterus the capsule is dissolved by the body heat and the prongs of the wishbone are released. They spread out and press into the flesh of the inner part of the neck of the uterus. This pressure keeps the apparatus in position, but it brings about irritation likely to lead to inflammatory conditions and possibly cancer. Several cases of cancer following the use of this pessary are now on record.

How this method prevents conception is not quite clear, possibly it is due to the continual irritation of the uterus. Facts prove that this apparatus is not as safe as is claimed. Many cases are on record where pregnancy took place in spite of the spring pessary. It must be inserted by a physician, and remains in position until a physician removes it. Many women claim no annoyance with this method; others suffer
SUMMARY OF METHODS

Assuming that one year's use of this apparatus is sufficient to impress the public, the fact that neither man nor woman partakes in two months, removed and reinserted at intervals of at least every two
quite a discrepancy of blood and tissue. If it is removed for about one year, the removal brings on serious consequencess this apparatus must be

If it is retreated for about one year, the removal brings on loss of effectiveness. To prevent such assimilation it becomes between the collar of the spring, when this happens, the device covering the inner part of the cervix grows around and in which the husband

Some cases are known in which the husband

Voluntary Motherhood
Unreliable Methods.

1. Coitus interruptus.
2. Douching.

(Whenever paste cannot be obtained, suppositories may be substituted.)

The best method of prevention is the pessary combined with paste or with douching or both. It satisfies all the conditions named earlier in the book: namely safety, health, normal relation and simplicity. It also allows of the absorption of the spermatic fluid.

Only if a pessary cannot be obtained should a condom with paste be used. (In case paste is unobtainable a suppository may be used.) The condom is objectionable for the reason given before (see page 11). Its use should be only temporary. Coitus interruptus with paste and douching is reliable but because of its harmful influence upon health should be used only temporarily until a pessary is obtained.

Paste ought to be considered as a supplementary aid in every case.

A combination of two methods seems at first quite cumbersome. In reality it is not. A pessary with paste in its cup is introduced a few hours before coitus, and its presence is not noticed. The paste is again used immediately after coitus, and its use is simplicity itself. The douche is a little more bothersome, but can either be replaced by the paste, or postponed to a convenient time.

FOR NEWLYWEDS

The case of newlyweds must be considered separately. The hymen prevents the use of a pessary. The paste applied through a vaginal nozzle is the best method. It is much better than suppositories, for the young woman can more easily get used to handling a vaginal nozzle than a suppository. Complete safety requires that the paste be combined with condoms or coitus interruptus. This method should be changed to a well-fitting rubber pessary as soon as the vagina is sufficiently dilated, usually one or two months after marriage.
and be grateful for the few reliable contraceptives at our disposal. If we discard the sterilization, the problem is taken up by specialists. The method described above would provide a boon to humanity. All clumsy mechanical methods can open new ways, if the problem is taken up by specialists. The Russian physicians claim that sterility may be six months duration can be obtained by your or five injections monthly. It will no doubt take many years before the method was not improved, but on the contrary was much improved. Women who voluntarily went through the experimentation of the spermatozoon preparation. They state that the health of women is of temporary sterilization by intramuscular or subcutaneous injections are being made in present in Soviet Russia.

BIOLOGICAL METHODS OF PREVENTION

Contraception. Mention is only to show that science practical application. It is in many countries, and in Soviet Russia on human beings.

Investigations are being made on men in Germany, and in our own country as to the possibility of

TIME OF MENSTRUATION

PREVENTION OF CONCEPTION IN RELATION TO THE VOLUNTARY MOTHERHOOD
NURSING MOTHERS AND STERILITY

Nursing mothers show a smaller percentage of conceptions but conception often takes place even in the second month after delivery. Women should, therefore, use protective methods during the nursing period also.

STERILIZATION

I have not considered this method of birth control, because I am writing for those who desire fewer children, not for those desiring none. This method, by the use of surgical or other means, renders the person incapable of being a parent. This is only advisable in cases of hereditary or congenital diseases, or in cases where pregnancy would endanger the life of the woman, as in repeated Cesarean deliveries.

DELAYED MENSES

The question of delayed menses does not come within the province of this pamphlet, but it is important to state that many women are occasionally irregular and have their menstruation delayed for five or six days. Delayed menses does not always mean pregnancy, but may be due to a cold, worry, anemia, loss of flesh, congestion or other causes. The majority of women who try to avoid pregnancy after a few days' delay begin to fill themselves with ergot and all kinds of emmenagogues; they torture themselves with hot douches and baths, and not infrequently suffer dire results. In such cases, it is best to use remedies which regulate menstruation. I have found that plain Viburnum or Helonin (both obtainable at drug stores) bring on the menses within a few days. A good cathartic, and a small dose of sodium bromide to relieve the nervous tension is often helpful. Ergot emmenagogues, and hot baths will quite often delay the menses instead of bringing them on. In cases of pregnancy the above drugs will be of no avail.
motherhood.

Less work and responsibility than is indicated by undesired
assure safety with little expenditure of energy. Certainly with
some discomfort, but if methodically and faithfully used, they
give

The methods at hand are a bit troublesome and they give

Government stupidity.

are now being made by physicians and biologists, despite
hands of the parent will be discovered. Many investigating
we have not yet attained the ideal method. Perhaps some

FINAL WORD

VOLUNTARY MOTHERHOOD
GLOSSARY

Anus, outlet of the back passage.
Cervix, the lower part of the uterus, which contains the opening into the uterus.
Clitoris, the undeveloped penis in women. It is situated above the entrance to the bladder. It consists of erectile tissue, and is supposed to be sexually the most sensitive part of woman's sex organs.
Coitus, the sex act; copulation.
Coitus Interruptus, coitus that is interrupted. The male organ is withdrawn from the vagina before the ejaculation of the seminal fluid.
Copulation, the sex act; coitus.
Embryo, the undeveloped baby in its first stages.
Ejaculation, the discharge of the seminal fluid.
Hymen, a thin mucous membrane almost covering the entrance into the vagina in virgins.
Impregnation, union of the two cells, the spermatozoa and the ovum.
Labia, folds of skin.
Mucous membrane, the moist, glandular lining of the cavities of the human body (lining of the mouth for example). This membrane absorbs chemicals much more quickly than the skin of the body.
Ovaries, almond shaped glands situated at the ends of the tubes. They produce the ovum (egg).
Ovum, the microscopically small cell formed in the ovary, which contains all the physical and spiritual characteristics of the mother. This cell uniting with the spermatozoa forms the embryo which develops into the baby.
Penis, male organ of copulation (the sex act).
Seminal Fluid, the fluid man discharges during coitus. It contains millions of spermatozoa.
Spermatozoa, the microscopically small cells found in the seminal discharge of the male. These impregnate the ovum of the female to form the child. They contain all the characteristics of the father.
Sterility of Man, barrenness in man, where the seminal fluid contains no active spermatozoa. This may be due to a diseased condition of the testicles, or to the clogging or tying of canal through which the semen is propelled into the penis.
Sterility of Woman, a condition where no ovum comes into the tube or uterus. This may be the result of a diseased condition of the ovaries or the clogging or tying up of the tubes.
Testicles, the male glands that produce the spermatozoa.
Tubes (Fallopian Tubes), two narrow canals leading from the uterus to the ovaries.
Uterus (Womb), a small muscular bag where the impregnated ovum develops into an embryo and then into a baby. During pregnancy the muscular bag grows along with the baby and serves as its cover and protection.
Vagina, the canal that forms the passageway between the external and internal sex organs, the vulva and the uterus. It serves for copulation (the sex act).
Vulva, the external part of woman's sex organs. It surrounds and protects the entrance to the vagina. It comprises the small and large labia and the clitoris, the openings into the bladder and vagina.