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Dianne Dodd

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THE CANADIAN BIRTH CONTROL MOVEMENT:  
TWO APPROACHES  
TO THE DISSEMINATION OF CONTRACEPTIVE TECHNOLOGY\*

Dianne Dodd\*\*

Until the very recent past, feminist theorists have portrayed birth control technology as the material base for women's liberation.<sup>1</sup> The 19th and early 20th century movement to legalize birth control was seen as essentially a feminist movement, motivated by women such as Margaret Sanger and Marie Stopes, who sought to free women from unwanted pregnancies, give them control of their sexual and marital relationships and enable them to enter the public realm on a basis of equality with men.<sup>2</sup> With the arrogance of a modernist bias, and without the insights gained from a serious study of birth control practice in pre-industrial societies, birth control was assumed to have been a recent development. It was thought that this liberating technology came to us only through the enlightened leadership of the medical profession, assisted by modern science, in the 19th and 20th centuries.<sup>3</sup>

Recent research into the birth control movement in Britain, the United States and Canada has cast considerable doubt on this interpretation. First of all, birth control is not a new development, born of modern medical science, but a very ancient practice, and women may take considerable credit for the development of this technology, which in an improved and modified form is still in use today. Secondly, and perhaps most importantly, it has been found that the birth control movement of the late 19th and early 20th centuries was not motivated solely by feminism. The desire to control the quality and quantity of population increase was also a strong impetus behind the movement. In my research into the Canadian birth control movement I have found two distinct approaches to the dissemination of birth control information.<sup>4</sup> Both are motivated by 'political' considerations -- one by a 'feminist' desire to give women better control over their reproductive lives and the other by a political desire to reduce the fertility of certain marginal and socially undesirable groups. In applying the term feminist to these women birth controllers, I have rejected any dichotomy between 'maternal feminism' and 'equal rights feminism,'<sup>5</sup> maintaining that women who demand rights for women as mothers,

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\*\* Department of History, Carleton University, Ottawa, Ontario.

within the home, are no less feminist than those who demand rights for them in the public sphere. The development and dissemination of birth control technology has been influenced as much by political considerations as by technological limitations.

Dr Norman Himes, a physician who was active in the American birth control movement of the 1930s, outlined in his classic work, *The Medical History of Contraception*, the long tradition of birth control technology, going back as far as 1850 BC and spanning literally continents and millennia.<sup>6</sup> Himes showed that birth control, from the primitive to the more sophisticated, has been practiced almost universally. Many pre-'scientific' cultures were aware of effective means of preventing conception and/or of interrupting pregnancy, presumably discovering them through trial and error.

For example, the practice of *coitus interruptus*, or withdrawal, was very common in most of the societies he studied. Both infanticide and abortion were found to be common and infanticide particularly so in nomadic societies. In addition to these traditional methods of fertility control, Himes also found evidence of the use of many modern contraceptive methods. For example, condoms, which were manufactured from the intestines of animals, were used both for protection against venereal disease and the prevention of pregnancy. There is also evidence of the use of pessaries, that is, any barrier device, solid or soluble, inserted into the vagina prior to sexual intercourse which acts to prevent sperm entering the cervix. These were sometimes saturated with spermicides. Douches were often used to cleanse the vagina of sperm immediately after intercourse, and again some of the douching solutions contained effective spermicides. Abortifacients, or drugs intended to induce miscarriage, were used by some women, and there were even some primitive intrauterine devices (IUDs) in use.

In many pre-industrial cultures, abortion was surgically performed by midwives and women healers. The use of 'slippery elm' and various other instruments inserted into the uterus in order to dilate the cervix and thus cause miscarriage was probably the most effective means of abortion, if perhaps less widely known.<sup>7</sup> Such knowledge would have been monopolized by midwives and healers.

As Linda Gordon has pointed out in her book, *Woman's Body, Woman's Right*, 'most attempts at reproductive control were invented and practiced by women,' largely through trial and error.<sup>8</sup> Abortion techniques, abortifacient drugs, pessaries and douches would clearly fall into this category. However such methods as *coitus interruptus* and condoms were obviously developed by and controlled by males, and in many pre-modern societies where infanticide was legal, males controlled this primitive method of fertility regulation.<sup>9</sup> Where birth control was prohibited, infanticide was practiced as a desperate act by individual women and formed part of the female underground of illegal fertility control which was the consequence of its prohibition.

It is no doubt true that many of these early methods were extraordinarily ineffective, and that prior to the 20th century, there was no scientific means of determining which methods worked and which did not. Birth control was often surrounded by superstition and folklore. For instance, some cultures believed that a bride, riding in her wedding carriage, should sit on one finger for every year of pregnancy-free marriage she wished to have. Very often effective methods were used alongside magical remedies. The ancient Greek physician, Aetios, prescribed well-constructed pessaries to be used along with wearing as an amulet the tooth of a child. Papuan women who wear a rope around their waists in order not to conceive also wash their vaginas carefully after intercourse.<sup>10</sup>

The late 19th and early 20th centuries saw great improvements in contraceptive technology; however, no new methods were developed until the contraceptive pill appeared in the 1950s. Technological improvements did make birth control less expensive and more widely accessible. For example, the vulcanization of rubber in the late 19th century, a process which makes rubber thinner, softer, more supple and eliminates its unpleasant odour, made both condoms and diaphragms easier and cheaper to manufacture, as well as more pleasant to use.<sup>11</sup>

Gordon has observed that while birth control technology existed prior to these improvements, political and religious prohibition, intended to bolster patriarchal rule, restricted its use, confining the technology largely to the private realm where it could only be disseminated through women's networks.<sup>12</sup> For centuries birth control was forced underground, passed on from one woman to another and it is hardly surprising that the technology remained in a rudimentary state of development.

Massive economic and demographic growth in the 17th and 18th centuries, culminating in the industrial revolution, tended to weaken the prohibition on birth control. The standard of living improved, mortality rates dropped and the need to reduce the rate of population increase was perceived. In an industrial economy, large families tend to be a financial liability, whereas in an agricultural society, they had been an asset. The first group to reduce its fertility was of course the urban middle class.<sup>13</sup> Coincident with this decline was the emergence of a birth control movement in industrialized nations, beginning with the early Malthusians who attributed poverty to the fecundity of the poor, and sought to control their fertility by forcing late marriage upon them. This group was followed by the neo-Malthusians who also associated poverty with high fertility, but who adopted birth control as a means of controlling the reproduction of the poor.<sup>14</sup>

At the turn of the century, groups dedicated to the legalization of birth control emerged in the United States and Great Britain. The two high profile leaders of these movements, Margaret Sanger in the United States and Marie Stopes in Britain, have been perceived as feminists, and thus birth control has come to be seen as a feminist movement. This perception is not entirely accurate. Although Sanger and Stopes did at least begin with feminist convictions, the movements they represented

came to be dominated by eugenists, who were less concerned with women's freedom than with racial purity and lower taxes.<sup>15</sup>

In the early part of the century, there was considerable concern -- one might even call it panic -- over the declining birth rates in industrialized nations. This was especially alarming as the rate among the native born (white, Anglo-Saxon protestant) was falling at a faster rate than that of such perceived minorities as the working class, immigrants, blacks in the US, French Canadians in Canada, as well as the mentally and physically ill, criminals, the feeble-minded and socially dependent.<sup>16</sup> There was a general belief that the race was deteriorating in quality and that socially undesirable elements would overrun the 'good stock' if something were not done. In the beginning eugenists denounced birth control because it threatened to reduce white, middle class fertility. However, by the 1930s, they were coming to accept it as inevitable and sought instead to encourage its use among those deemed racially or socially inferior. And in this way, they hoped to reduce the fertility differential between classes and ethnic groups.<sup>17</sup>

In Canada, birth control was legally prohibited in 1892. The Canadian Criminal Code states that

Everyone commits an offense who knowingly, without lawful justification or excuse, offers to sell, advertise, publish an advertisement of, or has for sale or disposal any means, instruction, medicine, drug or article intended or represented as a method of preventing conception or causing abortion or miscarriage.

However, the clause also stipulated that

No one shall be convicted of any offense in this section mentioned if he proves that the public good was served by the acts alleged to have been done and that there was no excess in the acts alleged beyond what the public good required.<sup>18</sup>

In 1936/37, an important trial occurred in Eastview (now Vanier), Ontario in which a social worker was acquitted of the charge of distributing contraceptive materials on the grounds that she had acted in the public good. Her employer, Alvin R. Kaufman of Kitchener, Ontario, convinced the court that the dissemination of birth control, especially among the poor, served the public good. He did this by bringing in a large number of prestigious witnesses to argue the economic, eugenic and social benefits of birth control. Feminist arguments for birth control were scarcely heard and had no decisive influence on that decision.<sup>19</sup>

It is clear that within the Canadian birth control movement two approaches to the dissemination of birth control technology can be observed, and a comparison of these two approaches will serve to highlight the mixed motives of birth controllers. On the one hand, the movement contained many feminists; in fact, they did much of the day-to-day work of birth control

dissemination on the local and individual level. Yet, on the other hand, there was a strong political impetus to use birth control for its alleged economic and political benefits. Alvin R. Kaufman, a Kitchener industrialist, best typifies the male-dominated, politically active, eugenist birth control movement, while Mrs Hawkins, a Hamilton widow, saw birth control, as did other women birth controllers, as a woman's right within marriage. Because of their differing political orientations, these two individuals chose to emphasize certain birth control methods over others, and used different techniques to reach the women they hoped to serve.

Kaufman began his birth control work in 1929 when he discovered, through an investigation of seasonal workers laid off from his footwear factory, that poverty was greatest among the unskilled and that many of these workers had large families. He then concluded that the most constructive help he could offer was birth control. As a result of this investigation, a number of sterilizations were arranged in families where 'feeble-mindedness' allegedly existed.<sup>20</sup>

Kaufman's political philosophy was simple, yet it blended well with the political climate of the Depression period when massive unemployment put thousands on relief and taxed the resources of governments at all levels. He believed that marginal social groups, the poor and dependent, were reproducing at a faster rate than the responsible, tax-paying citizen whose reproductive capacity was curtailed by the financial burden of supporting the growing number of 'reliefes'.<sup>21</sup>

Kaufman, in a letter to his American friend, Dr Clarence Gamble who did similar work in the United States, summed up his view of the importance of birth control work:

We must choose between birth control and revolution. We are raising too large a percentage of the dependent class and I do not blame them if they steal and fight before they starve. I fear that their opportunity will not be so long deferred as some day the governments are going to lack the cash and perhaps the patience to keep so many people on relief. Many of these people are not willing to work but I do not criticize them too harshly for their lack of ambition when they are the offspring of parents no better than themselves.<sup>22</sup>

Kaufman saw social problems, ranging from infant and maternal mortality to venereal disease, prostitution, alcoholism, crime, feeble-mindedness, juvenile delinquency and so on, as the result of the excessive fecundity of misfits and social degenerates. These social problems in turn caused poverty, unemployment and, of course, higher taxes. To Kaufman's mind, birth control and sterilization would solve the problem. A member of the Eugenics Society of Canada, Kaufman believed that sterilization was the best method of ensuring that the diseased, mentally deficient and socially disabled would not reproduce. He argued that many of these people were neither responsible nor

intelligent enough to use birth control methods properly.<sup>23</sup>

The eugenicist view, which placed responsibility for the poverty and social problems of the Depression on socially marginal individuals rather than on the economic system, was obviously attractive to many conservative members of the middle class looking for an easy panacea for social unrest. Birth control was here being used for a decidedly political aim -- it served as an easy technological solution to poverty and unemployment.

Kaufman established the Parents' Information Bureau in the early 1930s, and by 1936 the Bureau employed more than fifty nurse/social workers in a number of Canadian cities and towns. These nurses visited the poor with birth control information,<sup>24</sup> giving the woman of the house the opportunity to apply for contraceptive assistance. Women whose applications were approved, and almost all were, were sent a free box of contraceptives. Subsequent supplies were sold at cost. Because of the very high mark-up on contraceptives at this time, Kaufman's prices were considerably lower than prices charged at the local drug-store.<sup>25</sup>

The contraceptive method which Kaufman supplied was contraceptive jelly, inserted into the vagina with a nozzle applicator and used on its own. Although he also supplied condoms, Kaufman assumed that they were seldom used because he believed working class men to be 'too selfish and inconsiderate' to use them.<sup>26</sup> Contraceptive jellies rely for their effectiveness both on the physical properties which impede sperm movement and their spermicidal qualities which kill the sperm by creating an acid environment.<sup>27</sup> This method was not usually recommended unless used in conjunction with the condom, as the cervix will not necessarily be covered with jelly without a diaphragm to hold it in place. Studies have shown that the diaphragm method when used consistently with contraceptive jelly is about 97% effective.<sup>28</sup> The jelly-alone method which Kaufman offered showed less reliability---most studies suggest no more than 70% effectiveness.<sup>29</sup> Despite its lower effectiveness, Kaufman used this method because he believed that most poor women would not or could not use a diaphragm properly, even if instructed. He also reasoned that even the most effective method was useless if used improperly and/or inconsistently.<sup>30</sup> Kaufman did operate two birth control clinics in Toronto and Windsor but closed them after a few years of operation after coming to the conclusion that the Parents' Information Bureau method of distributing simpler methods of birth control through the mail was cheaper and that it reached greater numbers of the very poor.<sup>31</sup> He was primarily interested in reaching relief recipients.

A study done at the Toronto clinic showed that the working class women who attended the clinic were often able to use the diaphragm properly. For example, the success rate of those women who came to the clinic and could later be traced using the vaginal pessary (diaphragm) was 89.37%, and for those using the cervical pessary (cervical cap) a success rate of 91.07% was noted. It is also clear that the women preferred this method as over 70% of clinic patients were fitted with one form or the other of the diaphragm.<sup>32</sup>

The clinic attendees contradicted Kaufman's conception of the poor even further by being neither totally ignorant of birth control use nor excessively fecund, in his terms at least. The study showed that 72% of the women attending the clinic had used one or more method of contraception prior to their visit.<sup>33</sup> Withdrawal, douching and condoms were the most popular methods, and there was also evidence of extensive use of abortion as a contraceptive method.<sup>34</sup> Among the clinic patients who were clearly working class and more than half on relief,<sup>35</sup> there was an average of 2-1/2 years of married life per pregnancy, including both full-term and lost pregnancies.<sup>36</sup> Clearly this did not correspond to birth controllers' rhetoric which held that poor women were forced, by lack of birth control, to have a baby every year. Approximately 12% had families of 6 or more children.<sup>37</sup>

Despite the clinic's having filled an obvious need, Kaufman concluded from his experience that the clinic method reached the wrong type of women and was too expensive. He believed that the Parents' Information Bureau method reached a greater number of those excessively fecund relief recipients who would or could not come to a clinic and needed cheap and simple birth control methods. He seemed to believe that he could overcome the motivation problem by using door-to-door and direct mail methods.

Kaufman's preferred method of birth control for the poor and socially dependent was sterilization and he arranged a number of these operations.<sup>38</sup> Both on his own and through the Eugenics Society of Canada, he was active in lobbying for the legalization of eugenic sterilization, another popular cause in the 1930s which attracted the support of many influential individuals.<sup>39</sup> He was also very active in political propaganda for the promotion of birth control, orchestrating the arrest of one of his Parents' Information Bureau workers in Eastview, in order to clarify the ambiguous legal position of birth control dissemination in Canada.<sup>40</sup> Choosing a town with a large, poor French Canadian and Catholic population, he deliberately exploited anti-catholic and anti-French prejudice, as well as the perception of excessively high fertility among this group, successfully using the trial as a forum for promoting the political and economic benefits of birth control.<sup>41</sup>

A somewhat different approach to birth control dissemination was taken by Mrs Hawkins, the founder of Canada's first birth control clinic in Hamilton, established in 1932. She was not alone in taking this approach, as the women who founded the Winnipeg Birth Control Society in the 1930s and the women who ran the Windsor birth control clinic shared a similar orientation.<sup>42</sup> Mrs Hawkins did not support eugenic sterilization, and although she used the familiar arguments stressing the economic and social benefits of birth control, she did so only when campaigning for funds or community support. Her main concern seems to have been with the welfare of women and children and she clearly believed in women's right to control their reproductive function within marriage.<sup>43</sup> For example, she was the only expert witness to testify at the Eastview trial as to the unqualified right of married women to control their fertility. She strongly condemned the Catholic church for its doctrine of



placing priority on the life of an unborn child ahead of that of its mother.<sup>44</sup> While Hawkins and her colleagues were not self-consciously feminist and did not demand equal rights for women on all fronts as feminists of the late 20th century have, they did stress the value of women's labour in the home as mothers, and defended women's right to control over that labour. They were 'maternal feminists' to the extent that they focused on women's rights in the home rather than outside it.

Several pamphlets, issued by the Hamilton clinic during the Depression years, highlight the social welfare approach of the clinic toward birth control. To the women who ran the clinic, birth control was a means of reducing the evil of abortion and of ensuring healthier mothers and children. One pamphlet states, for example, that 'birth control is based on love of children who are well cared for, and planned for, fewer and fewer the offspring of exhausted mothers, overburdened fathers and over-crowded homes.'<sup>45</sup> Hawkins stated that she believed no child should be brought into the world who 'hasn't a reasonable hope of a healthy body, a sound mind, decent surroundings and a fair chance.'<sup>46</sup> Her stated aim was to 'control the health and well-being of women, children and families in her community.'<sup>47</sup> Hawkins also showed greater respect for the poor, believing them to be equally good citizens and community members as their more fortunate counterparts in the middle class.

Even though attempts were made to reach a greater number of women in the Hamilton area through the services of a visiting nurse, especially after the legal clarification in 1937,<sup>48</sup> the clinic remained a small community venture and the level of service offered was never compromised. Women who attended the clinic were examined by a doctor and if possible were fitted with a diaphragm to be used along with contraceptive jelly. Women were given a choice of methods; however, many chose the diaphragm because of the greater control it afforded women.<sup>49</sup> This was the most effective means then available and was preferred by the women who ran clinics here and in the United States because it offered maximum protection from unwanted pregnancies.<sup>50</sup> It is, of course, a more expensive method to disseminate, as a medical practitioner is needed for fitting and a clinic is needed for receiving the women. Women who could not use the diaphragm for medical reasons or who preferred another method were supplied with alternative means.

The clinic's methods of birth control dissemination and its indifference to eugenic sterilization say much about its respect for women and for the poor. At a time when many middle class birth control activists were pushing the less effective methods because they believed working class women were too ignorant to use a diaphragm properly and because they wanted to reach a maximum number of the very poor,<sup>51</sup> the Hamilton clinic demonstrated that, with adequate instruction and motivation, most women could use the more effective means of birth control. It also refused to sacrifice the quality of service offered for the sake of reaching larger numbers of women, at less expense.

This brief look at the Hamilton Birth Control Clinic illustrates the fact that the pattern for women birth controllers

differed from the work of men such as Alvin R. Kaufman and shows the mixed motives within the birth control movement. I have not, of course, based this conclusion solely on these two examples. Mrs Hawkins' approach is similar to women birth controllers such as Margaret Sanger in the USA; in fact, Sanger inspired Hawkins' work. In addition, many of the women who were active in the day-to-day work of birth control dissemination in Canada followed the same pattern. These include a group of women who formed the Winnipeg Birth Control Society which stressed some visitations, visits to a doctor, the diaphragm method and careful follow-up<sup>52</sup> as well as the women who staffed and ran both of Kaufman's short-lived clinics in Windsor and Toronto.<sup>53</sup>

Kaufman's colleagues in the birth control movement appear to have shared his view of birth control as a means of reducing poverty, unemployment and social unrest. Dr Clarence Gamble, with whom Kaufman corresponded for many years, held a similar philosophy and conducted a much larger scale project for reaching poor southern blacks with simple methods of birth control.<sup>54</sup> In addition, Kaufman's Canadian colleagues who testified at the Eastview trial -- social workers, clergymen, economists and so on -- stressed the value of birth control not for its potential to liberate women, an aspect of birth control they strenuously downplayed, but for its economic and eugenic benefits.<sup>55</sup> While Kaufman advocated birth control methods which were female controlled -- though they also conveniently circumvented the medical profession -- he did this out of expediency rather than commitment to women's rights. His main aim was to reduce the fertility of the poor and socially dependent; in order to do this he had to put birth control into the hands of those most interested in using it, *i.e.* women. His own fears--that placing reproductive technology in the hands of women might undermine male authority in the family--were evident at the trial. In fact this was one of the only prosecution arguments which seemed to rattle the defence. Some of the women who testified at the trial stressed a woman's right to reproductive control within marriage,<sup>56</sup> although this was not a major part of the defence's case.

It is also worth noting that the women worked primarily at the grass roots level of the movement by staffing the clinics and taking the message from door to door while the men's involvement was generally at the political level -- through active lobbying and propagandizing. This clearly influenced their perceptions. Nevertheless, the women tended to stress the effective methods in their concern for alleviating the suffering of individual women and had enough faith in women to instruct them in birth control use rather than advocating sterilization. They established strong community ties, worked at the grass roots level, were less concerned with reaching large numbers and generally stayed clear of the political agitation of segments of the birth control movement.

In contrast, men such as Kaufman tended to stress sterilization of the unfit and to promote the use of contraceptive techniques which, although lower in effectiveness, allowed for easy, inexpensive and widespread distribution. Again the difference in

approach stems from their different political motivations. Women advocated birth control as a means of affording women reproductive control which they believed all married women had a right to, while the men had larger political ambitions for contraceptive technology, attempting to use it to alleviate social problems, avoid substantive economic reforms and assure the numerical superiority of their own class and ethnic groups.

There is always a danger, of course, in overstating the case when making any generalization, and certain qualifications must be made. It is true that there were some women eugenisists and in fact eugenics was a widely popular belief in this period among many members of the middle class; women's groups did not hesitate to use such arguments in making their case to the public. There were also some men, principally the medical doctors and some of the social workers who worked closely with families deemed to be in need of birth control, who were concerned about the welfare of individual women and children and some even tentatively suggested that women might have a right to reproductive control, although they were clearly reticent in doing so.

However, the distinction between the two groups remains valid, especially when one looks beyond public pronouncements, at the difference in personal motivation, emphasis, aims and in the methods used to obtain results. Although all birth controllers used all the arguments available to them in their battle to have birth control legalized, some emphasized eugenics at the expense of women's rights, and others emphasized women's rights at the expense of eugenics. As eugenists of an earlier decade had condemned women's use of birth control, especially among the white, Anglo-Saxon middle class as detrimental to the race, it is by no means true that the interests of eugenists and feminists are always compatible. The generalization is also most helpful in explaining why the birth control movement often seems to be going in two very opposite directions at once: the feminist direction and the population control or eugenist direction. At least in the Canadian birth control movement of the 1930s, there are elements of both at work, although the eugenists clearly have the upper hand in giving control and direction to the movement. This is seen in their dominance at the trial.

There are some general conclusions which can be made regarding birth control from this quick overview of the Canadian movement. Insofar as technology is a means or set of means arrived at through either applied science or trial and error to provide for human survival and/or human comfort, birth control is clearly an important technology with a wide-ranging social and political impact on both men and women. Because of its confinement to the private realm of the family and sexuality, historians of technology have been slow to examine birth control specifically and technological developments in the home generally. At least until the very recent past, there has been a tendency to view technology as an aspect of the workplace or the public realm. Interest in social history and in women's history, however, have now shown that technological developments -- interacting with political and social priorities as they always do -- have made tremendous changes in everyday life and deserve to be taken

as seriously as technological change in the workplace. Birth control affects population control and consequently economic growth, differentials in fertility and consequently class and ethnic relations, religious and political ideology and relationships between the sexes. It almost goes without saying that contraceptive technology can affect the nature and the status of women's work in the home and that consequently it can affect women's role in society.

One is tempted to agree with Linda Gordon in her assertion that the history of contraceptive technology is more powerfully influenced by political considerations than by technological limitations or possibilities.<sup>57</sup> Just as birth control was once prohibited for political reasons because in most pre-industrial societies birth control was seen as a threat to patriarchal authority, industrialized society came to accept birth control for a different set of political reasons: population control and eugenics. One wonders how the persistent sub-theme of feminism has fit into and will continue to fit into practices and beliefs surrounding contraception.

#### NOTES

1. Simone deBeauvoir, *The Second Sex* (New York, 1974), Shulamith Firestone, *The Dialectic of Sex* (New York, 1970) and Mary O'Brien, *The Politics of Reproduction* (Boston, 1981).
2. Linda Gordon, *Woman's Body, Woman's Right* (Harmondsworth, 1977), xii.
3. A modified version of this view can be found in Vern Bullough and Bonnie Bullough, *Sin, Sickness and Sanity* (New York, 1977), 91-117. See, also, Vern Bullough, 'A Brief Note on Rubber Technology and Contraception: the Diaphragm and the Condom,' *Technology and Culture* 22:1 (January 1981), 104-111.
4. Dianne Dodd, 'The Canadian Birth Control Movement on Trial, 1936-37,' *Histoire sociale/Social History* 16:32 (November 1983), 411-28, and 'The Hamilton Birth Control Clinic of the 1930s,' *Ontario History* 75:1 (March 1983), 71-86.
5. Wayne Roberts, '"Rocking the Cradle for the World": The New Woman and Maternal Feminism, Toronto, 1877-1914,' in Linda Kealey, ed., *A Not Unreasonable Claim* (Toronto, 1979), 15-45.
6. Norman Himes, *The Medical History of Contraception* (1936; reprinted, New York, 1970).
7. Gordon, *op. cit.*, 37-9.
8. *Ibid.*, 26-7.
9. *Ibid.*, 33.
10. *Ibid.*, 32.
11. V. Bullough, *op. cit.*

12. Gordon, *op. cit.*, 46.
13. James Read, *From Private Vice to Public Virtue* 4.
14. Gordon, *op. cit.*, 72-91.
15. Read, *op. cit.*, 138; Gordon, *op. cit.*, 130-5.
16. Dodd, 'The Canadian Birth Control Movement;' Gordon, *op. cit.*, 136-58.
17. Gordon, *loc. cit.*
18. Canada, *Revised Statutes*, 1892, Criminal Code, Section 179, Chapter 29, 80.
19. Dodd, 'The Canadian Birth Control Movement,' 411.
20. A.R. Kaufman, 'The Parents' Information Bureau of Canada,' *The Journal of Contraception* (March 1938), 54.
21. Letter from A.R. Kaufman to Dr Clarence Gamble, 21 July 1937. Gamble Papers, Francis A. Countway Library of Medicine, Boston, Mass.
22. A.R. Kaufman, as quoted in Read, *op. cit.*, 217.
23. Kaufman, 'Parent's Information Bureau,' 55; Letters from Kaufman to Contributors to Welfare Organizations, 'Birth Control,' RG10, Series 15, Box 259, Ontario Archives.
24. Kaufman, 'Parent's Information Bureau,' 54.
25. Because of the clandestine nature of birth control trade, there was no public regulation of it and a 400% mark-up on products such as condoms, which were usually untested and often defective, and on 'feminine hygiene' products which could be useless or only marginally effective, was not uncommon. Read, *op. cit.*, 239-40.
26. Unfortunately, Kaufman never tells us how many condoms were sold through the Parents' Information Bureau, although one suspects that they sold well as Kaufman put a restriction on the number--six dozen--he would sell annually to any one client. See 'Examinations, Vol. 1,' File 19, p. B5, Palmer Papers, University of Waterloo Library, Waterloo, Ont. Kaufman, 'Parents' Information Bureau,' 54-5; letter from Kaufman to Gamble, 21 July 1937.
27. Hannah Stone, 'Contraceptive Jellies,' *Journal of Contraception* (December 1936), 209.
28. Effectiveness rates were calculated through a device of '100 Woman years' of use, measured by adding up the months of use by a number of women until 100 years is obtained. The number of pregnancies is subtracted from 100 to obtain the percentage effectiveness. See John Peel and Malcolm Potts,

*Textbook of Contraceptive Practice* (Cambridge, 1969), 45-8, and *Our Bodies, Ourselves* (New York, 1971), 185.

29. Stone, *loc. cit.* This study shows only 51% effectiveness with jelly alone. Studies of foam used by itself show a better success rate, but actual use produces only about a 70% effectiveness rate. See Dr Lydia Allen deVilbiss, 'The Effectiveness of the Foam-Powder and Sponge Method,' *Journal of Contraception* (January 1938). See also *Our Bodies, Ourselves*, 185.
30. Read, *op. cit.*, 218-22.
31. Kaufman, 'Parents' Information Bureau,' 54-5.
32. Lucy Ingram Morgan, 'An Analysis of 2126 Cases Registered at the Toronto Birth Control Clinic Between October 3, 1933 and December 20, 1934,' p. 67, Gamble Papers.
33. Morgan, *op. cit.*, 55.
34. *Ibid.*, 47.
35. *Ibid.*, 8.
36. *Ibid.*, 31.
37. *Ibid.*, 34.
38. Kaufman, 'Parents' Information Bureau,' 55.
39. 'Sterilization, 1933-1940,' RG29, OHS, Ontario Archives.
40. Dodd, 'The Canadian Birth Control Movement.'
41. *Ibid.*
42. Dodd, 'The Hamilton Birth Control Clinic;' Dianne Dodd, 'The Canadian Birth Control Movement, 1929-1939,' (Unpublished MA Thesis, OISE, University of Toronto, 1982), 130-9.
43. Dodd, 'Hamilton Birth Control Clinic,' 75-6.
44. Dodd, 'The Canadian Birth Control Movement,' 418-19.
45. 'An Outline of Work and Aims of the Birth Control Society of Hamilton, Indicating the Social, Economic, Political and Religious Aspects of the Subject,' (published by the society, n.d.), Uncatalogued papers, Hamilton Planned Parenthood, Hamilton, Ont. This is a collection of clippings, correspondence and miscellaneous material from the Hamilton Birth Control Clinic, approximately 1930-60, hereinafter cited as 'Hamilton Papers.'
46. Thomas Melville Bailey, *For the Public Good: A History of the Hamilton Birth Control Society* (Hamilton, 1974), 21.

47. 'Declares Aim is to Control Family Health,' *Hamilton Spectator*, n.d., Hamilton Papers.
48. Interview with Thelma Will, 22 January 1982. Mrs Will acted as the clinic's nurse for 33 years, beginning her work in the 1930s.
49. Ibid.
50. Read, *op. cit.*, 220.
51. Ibid., 248-308.
52. Winnipeg Family Planning Association, *Annual Reports*, 1939-65.
53. 'Essex County Maternal Health League,' n.d., Hamilton Papers; Lucy Ingram Morgan, *op. cit.*, Gamble Papers.
54. Read, *op. cit.*, 226-35.
55. Dodd, 'The Canadian Birth Control Movement.'
56. Ibid.
57. Gordon, *op. cit.*, 46.