

English Women Doctors, Contraception and Family Planning in Transnational Perspective (1930s–70s)

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Abstract: This paper explores the influence of English female doctors on the creation of the International Planned Parenthood Federation (IPPF) and the production and circulation of contraceptive knowledge in England and, to a lesser extent in France, between 1930 and 1970. By drawing on the writings of female doctors and proceedings of international conferences as well as the archives of the British Medical Women's Federation (MWF) and Family Planning Association (FPA), on the one hand, and *Mouvement Français pour le Planning Familial* (MFPF), on the other, this paper explores the agency of English female doctors at the national and transnational level. I recover their pioneering work and argue that they were pivotal in legitimising family planning within medical circles. I then turn to their influence on French doctors after World War II. Not only were English medical women active and experienced agents in the family planning movement in England; they also represented a conduit of information and training crucial for French doctors. Transfer of knowledge across the channel was thus a decisive tool for implementing family planning services in France.

Keywords: Contraception, Birth control, Women doctors, Transnational, Family planning

This paper explores the influence of English¹ female doctors on the creation of the International Planned Parenthood Federation (IPPF) and the production and circulation of contraceptive knowledge in England and, to a lesser extent in France, between 1930 and 1970. The inter-war years witnessed the creation of birth control clinics in various Western countries. Scholars have explored the mapping of these clinics from a national and local perspective. The opening of the British clinics resulted from increasing concerns

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¹ I use the term 'English', although some of these women were British, to emphasise the fact that they were practising in England during the period under study.

around population issues. Historians have analysed the discourse behind their creation, emphasising the interplay between the neo-Malthusian, eugenic and feminist arguments, though daily practices at the clinics tended to marginalise eugenic ideas.² In comparison, France was late in opening its first family planning centre in 1961.

Yet, beyond the aims and specificities of these national branches and their local ramifications, surprisingly little is known about how contraceptive knowledge circulated within and between countries. This paper addresses this issue. It tackles the connections and circulation of contraceptive knowledge, thanks to English female doctors, at the international and national level between 1930 and 1970. This focus is nurtured by a previous research that showed how English women doctors were decisive agents for the medicalisation³ of birth control at international conferences during the inter-war years. Their involvement in birth control resulted from their assignment to fields of medicine that were supposedly in line with their ‘feminine nature’ and to more precarious positions within the medical hierarchy (women predominantly worked in public and community health) as well as their own desire to help women.⁴

Thus, this article focuses on a specific group of women doctors, namely, Helena Wright, Margaret Jackson, Joan Malleson and Gladys Cox. While recent feminist historiography has critiqued the medicalisation of the female body by male doctors,⁵ it is timely and important to take women doctors’ contributions seriously and to re-examine how they contributed in crucial ways to the production of contraceptive knowledge. By integrating the productive role played by female doctors, I will re-evaluate the medicalisation process and show that women doctors took an active role in it. Their involvement, I argue, should be perceived as a strategic move that gave them scientific credentials. Therefore, women doctors deserve to be recognised as leading actors in birth control issues.

² Melanie Latham, *Regulating Reproduction: A Century of Conflict in Britain and France* (Manchester: Manchester University Press, 2002); Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: University of Illinois Press, 2002); Sofia Kling, ‘Reproductive Health, Birth Control, and Fertility Change in Sweden, circa 1900–40’, *The History of the Family*, 15 (2010), 161–73; Cornelia Osborne, *The Politics of the Body in Weimar Germany: Women’s Reproductive Rights and Duties* (London: Springer, 1992); Clare Debenham, *Birth Control and the Rights of Women: Post-Suffrage Feminism in the Early Twentieth Century* (London: IB Tauris, 2013); L.A. Hall, ‘Marie Stopes and her correspondents: personalising population decline in an era of demographic change’, in *Marie Stopes, Eugenics and the English Birth Control Movement: Proceedings of a Conference Organised by the Galton Institute, London*, (1996), 27–48; Audrey Leathard, *The Fight for Family Planning: The Development of Family Planning Services in Britain, 1921–74* (London: Macmillan, 1980); Deborah A. Cohen, ‘Private Lives in Public Spaces: Marie Stopes, the Mothers’ Clinics and the Practice of Contraception’, *History Workshop Journal*, 35 (1993), 95–116; Pamela Dale and Kate Fisher, ‘Contrasting Municipal Responses to the Provision of Birth Control Services in Halifax and Exeter before 1948’, *Social History of Medicine*, 23 (2010), 567–85; Claire Davey, ‘Birth Control in Britain During the Interwar Years: Evidence From the Stopes Correspondence’, *Journal of Family History*, 13 (1988), 329–45; Emma L. Jones, ‘The Establishment of Voluntary Family Planning Clinics in Liverpool and Bradford, 1926–60: A Comparative Study’, *Social History of Medicine*, 24 (2011), 352–69.

³ Medicalisation means ‘defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem or using a medical intervention to treat it’: Peter Conrad, ‘Medicalization and Social Control’, *Annual Review of Sociology* 18, 1 (1992), 211.

⁴ Caroline Rusterholz, ‘English and French Women Doctors in International Debates on Contraception (1920–35)’, *Social History of Medicine*, 31, 2 (2018), 328–47. On women being assigned to precarious positions, see Mary Ann C. Elston, *Women Doctors in the British Health Services: A Sociological Study of their Careers and Opportunities* (Diss. University of Leeds, 1986).

⁵ Nelly Oudshoorn, *Beyond the Natural Body: An Archaeology of Sex Hormones* (London: Routledge, 1994); Rosemarie Tong, *Feminist Approaches to Bioethics: Theoretical Reflections and Practical Applications* (Boulder: Westview Press, 1997).

Drawing on the proceedings of international conferences on contraception and family planning, the archives of the Medical Women's Federation (MWF), Family Planning Association (FPA), *Mouvement Français pour le Planning Familial* (MFPF) and female doctors' publications, this paper shows the agency of English female doctors from 1930 onwards at the transnational level. I consider them as leaders in contraception (i.e. the mechanical and chemical means to avoid pregnancy) and argue that they were influential in legitimising birth control (i.e. the use of any practices, methods and devices to prevent pregnancy) within medical circles, though this is not to suggest that male doctors played no part in this process. The following analysis is organised thematically and geographically according to English women doctors' spheres of influence.

The first section explores the role of English female doctors in the reconfiguration of the international movement for birth control into an international movement for planned parenthood at the dawn of World War II and afterwards. While male scientists were highly visible at the first post-war international conference (1948) dedicated to this subject, as a way to provide credentials to the movement, English women doctors were influential since they were in charge of the practical and organisational aspects of the event. During this international conference and those that followed, contraception became increasingly defined as a human right. The second section lays out the many ways through which English female doctors contributed to the production of scientific knowledge on contraception at the national level between the 1930s and 1970s. I contend that they drew on their practical experiences in birth control clinics to inform and train their medical colleagues regarding contraception. In the last section, I turn to their influence on French doctors after World War II. I argue that English women doctors played a crucial role in establishing birth control clinics in France. English medical women's experience and expertise in birth control constituted a fundamental and essential example for the French medical establishment. Not only were English medical women active agents in the family planning movement in England; they also represented an important channel of information and training for French doctors. Thus, the transfer of knowledge was a decisive tool for implementing family planning services in France.

1930–70: Towards the International Planned Parenthood Movement

The agency of English women doctors is noticeable when one analyses on an international level. This section addresses their involvement in the establishment of an institutionalised international planned parenthood movement. Between 1920 and 1930, English female doctors were increasingly active in the international movement for birth control that emerged after World War I. This international movement gathered scientists, doctors and activists – the majority of which were male – and advocated the use of birth control, though on different grounds. Alison Bashford has argued that population, food security and world resources were central motives behind the participation of the famous scientists in this movement.⁶ Women were also present, and chief among them was the American birth control activist Margaret Sanger. The English women who took part in these international conferences held strong feminist stances and envisaged birth control as a means to improve women's health.

⁶ Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth* (New York: Columbia University Press, 2014).

In the 1930 Zurich international conference on birth control, English women doctors, alongside German, Swedish and American women doctors, shaped the debate in favour of the medicalisation of the issue. They drew on their practical experience acquired at the national level to move away from moral considerations on birth control and concentrated on applied scientific knowledge of contraceptive methods. This experience made them skilled for debating the issue at the international level, hence reinforcing their expertise and positioning themselves as experts in these issues.⁷ After World War II, this international movement for birth control gave birth to the planned parenthood movement, where contraception was formally established as a medical issue. Before analysing their contribution to the setting up of the IPPF, this section briefly gives an overview of the change of meaning that went along with this change of labelling from birth control to planned parenthood.

The transition from 'birth control' to 'planned parenthood' rested on a shift in argument. From a focus on the health of the mother – where eugenics, neo-Malthusian and feminist arguments were invoked in international conferences – one can observe the transition to a focus on the right of parents to decide the size of their family as well as the individual welfare of the child. Planned parenthood aimed to improve the environment in which children were born and raised so as to make every child a wanted child. The new concept of planned parenthood also opened the path to a new medical research field focusing on infertility and harmonious matrimonial relationships as instrumental to good child-raising. Women doctors invested in these new fields in great numbers.

This shift found its roots in the inter-war years. In the 1936 leaflet advertising the Birth Control International Information Centre (BCIIC), the meaning of 'birth control' was altered. Created in 1928 by the famous American birth control activist Margaret Sanger and based in London, the BCIIC was aimed at 'disseminating applied knowledge of contraception'⁸ through a network of *women physicians*, social workers and birth control activists. Distinguishing between birth control in the Western world and 'uncontrolled fertility elsewhere',⁹ the 1936 leaflet epitomised birth control in modernity. Accepted by most 'progressive people',¹⁰ birth control was 'one of the greatest achievements of modern science'.¹¹ While parental health, especially that of mothers, had been an essential argument for the legitimisation of the use of birth control in the previous decade, individual responsibility for the well-being of the child was central in the leaflet: 'By making the birth of a child dependent on foresight and deliberate choice, birth control has enabled parents to exercise a civilised regard for the rights of the children whom they voluntarily bring into the world. The knowledge of this power to control conception has heightened the self-respect of men and women, and immensely increased their sense of personal responsibility for the good management of their own lives, and for the welfare of their children'.¹² Framed in the rhetoric of rationalisation typical of the post-Depression area, when the UK and US encouraged economic planning, this quote encompasses all the propositions that would constitute the motto of the IPPF, namely the parent's responsibility

⁷ For the medicalisation of birth control at the transnational level, see Rusterholz, *op. cit.* (note 4).

⁸ 'Birth Control International Information Centre', in PP/CPB/C.2, Wellcome Library.

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ *Ibid.*

¹² *Ibid.*

to decide upon the size of their family, the emphasis on voluntary and rational child-rearing and, most importantly, the right of children to be wanted and to have a good life.¹³ This international movement was halted by the coming of war for a decade, before resurfacing afterwards. The prevailing context was no longer one of declining fertility, but of growth of the global population and intensive population explosion in Asia, Latin America and Africa with fears around shortage of food and resources.¹⁴ As the following section shows, women doctors again played a crucial role in rebuilding and expanding this international movement.

Women Doctors as Creators of the International Movement for Planned Parenthood

Women doctors were instrumental in the creation of the international movement for planned parenthood after World War II.¹⁵ Sweden hosted the first international post-war conference on Sex Education, Family Planning and Marriage Counselling in Stockholm in 1946, organised by Elise Ottesen-Jensen from the National League for Sex Education who has been present at the 1930 international conference.¹⁶ Ottesen-Jensen invited Joan Malleon, gynaecologist (1900–56), member of the executive committee of the FPA, member of the Medical Women Federation (MWF) and psychosexual counsellor at the Telford Clinic in collaboration with Helena Wright, to attend the conference as a representative of the FPA.¹⁷ During the conference, a resolution was passed on the need to recreate an international association of family planning and population professionals. This call quickly came to fruition. Under the auspices of the FPA, an international congress on Population and World Resources in Relation to the Family was held in Cheltenham, England. It gathered scientists from more than twenty-two different countries. Ottesen-Jensen and Sanger were both present. Several English women doctors participated in the conference and played a pivotal role in its organisation. Wright (1887–1982), a gynaecologist, member of the MWF and important birth control activist who worked at the North Kensington birth control clinic, was the chairwoman of the committee and oversaw the organisation. Her aim was that the conference would result in no less than ‘well-considered, powerful action which will eventually change the conditions of the world. We cannot have a bigger aim than that, and we have to prove ourselves worthy of it’.¹⁸

Among the chairwomen of the sessions were Lady Denman, chairwoman of the FPA, Wright, Margaret Jackson, medical officer of the Exeter family planning association clinic that she contributed to setting up, and Malleon. These women had been present at the international conference on contraception held in Zurich in 1930. Thus, they were

¹³ For the rhetoric of rationalisation, see Lara Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (Yale: Yale University Press, 2010), 21.

¹⁴ On the subject of population explosion and its connected fears, see Bashford, *op. cit.* (note 6); Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population* (Harvard: Harvard University Press, 2008).

¹⁵ Recently, scholars have begun to incorporate a transnational perspective into these issues, pinpointing the permanency of arguments and actors before and after World War II. See references in note 14.

¹⁶ Kling, *op. cit.* (note 2).

¹⁷ ‘Letter from Elise Ottesen-Jensen to Joan Malleon, 10 July 1946’, in SA/FPA/A10/10, Wellcome Library.

¹⁸ ‘Proceedings of the International Congress on Population and World Resources in Relation to the Family, August 1948, Cheltenham England’, in PP/EFG/A.46, Wellcome Library.

central to the continuity of the movement of birth control and its reconfiguration into the Planned Parenthood movement.¹⁹ They were not exceptions in Britain; several male scientists, such as London's eugenics leader, Carlos Paton Blacker, who intervened in the 1930 Zurich conference, were present. Male scientists still held highly visible positions in the conference and were in the majority as speakers; they included Abraham Stone, vice-president of the Planned Parenthood Federation of America, Professor Whelpton from the Scripps Foundation for Population Research at the University of Miami and Sir John Boyd Orr, director-general of the United Nations Food and Agriculture Organisation. This situation plausibly reflected the need to gain recognition from the international community. While Wright was supposed to chair the last session of the conference, she conceded her chair to one of her famous American male colleagues, Frank Lorimer, professor of sociology at the American University in Washington. Her retreat is symptomatic of the work carried out by female doctors: practical work that occurred behind the stage yet was essential to organising such an international network. Although women doctors' roles were less visible, they were highly influential, since they were the ones who organised the conference and decided who to invite.

The resolution taken during the conference underlined the fact that 'the wanted children who can be given a reasonable standard of living are the first essential for the building of a happy and stable family life'.²⁰ This led to the creation of a provisional international committee, made up of British (Wright), Dutch (Dr Conrad van Emde Boas), Swedish (Ottensen-Jensen) and American (Margaret Sanger and Abraham Stone) delegates and set up in London, due to the efforts of Wright and Margaret Pyke, secretary of the FPA, in an office provided by the Eugenics Association. The purpose of the committee was to exchange information and foster research on family planning (i.e. contraception, fertility and sub-fertility) by providing contraceptive information to clinics and doctors. It established contact with family planning organisations in over twenty countries. The naming of the international committee gave rise to tensions between Margaret Sanger, a strong proponent of population control who suggested the name 'International Population Planning Committee', and the Swedish, Dutch and British members, who were in favour of addressing the sexual needs of individuals and were sensitive to the diverse attitudes towards sexuality among the peoples of the world. Eventually, they settled on 'The International Committee for Planned Parenthood'.²¹ The ICPP helped to organise an International Congress on Population and Family Planning in India 'to begin definite preparations for a permanent world organisation'.²² This conference resulted in the creation of the IPPF, to which Sanger was appointed honorary co-president.

The London headquarters worked as a central hub for help and advice on family planning for all member countries. At the instigation of Wright, a medical sub-committee was formed in 1954 with the mission to collect and circulate information on family

¹⁹ The London eugenics leader, Carlos Paton Blacker, and the president of the British FPA, Thomas Jeeves Horder, who presided over the Asian conference in 1933, were also both present.

²⁰ 'Proceedings of the International Congress on Population and World Resources in Relation to the Family, August 1948, Cheltenham England', *op. cit.* (note 18).

²¹ On these tensions, see Doris H. Linder, *Crusader do Sex Education, Elise Ottensen-Jensen (1886–1973) in Scandinavia and on the International Scene* (Boston: University Press of America, 1996), 175–82.

²² Vera Houghton, 'Report of Meeting of International Committee on Planned Parenthood', *Eugenics Review*, 43, 3 (1951), 141.

planning services and to set standards of organisation for clinics.²³ Headed by Jackson, it aimed towards 'reaching international agreement on tests and standards for contraceptive products'.²⁴ The headquarters also hosted training courses on contraceptive techniques and received the visit of a French delegation, as made clear in the first report of the IPPF.²⁵ To sum up, the Federation again relied on women doctors to provide and organise the training of foreign members. Wright also travelled around India after the Bombay conference to give training in contraceptive techniques and lectures. In 1960, she undertook a teaching tour in Poland, as did Cecily Mure, of the Walworth branch of the FPA, in Pakistan.²⁶ From 1963 onwards, Jackson, Wright, Eleanor Mears (a gynaecologist, 1917–92) and Mary Pollock (clinical assistant at the Gynaecological and Fertility Department of the Royal Free Hospital) were members of the medical committee of the IPPF region for Europe, Near East and Africa, testifying to the key roles they held in the IPPF.²⁷ Female doctors demonstrated agency in developing the international movement for planned parenthood and were deeply committed to the teaching of contraception to foreign members. In this new paradigm that they contributed to shaping, women doctors could then invest their energy in a different direction which acknowledged contraception as a human right.

Framing Planned Parenthood as a Human Right

This section analyses how planned parenthood became increasingly promoted as a basic human right thanks, in part, to women doctors. At the 1948 conference, four sessions were dedicated specifically to family planning. Study groups were also organised around the medical aspect of family planning, such as sub-fertility, sex education and marriage guidance, revealing the new stance of the family planning movement. In one of the family planning sessions, Jackson underscored the need for a different approach to family planning according to national particularities, namely encouraging birth regulation in England and birth limitation in parts of the world facing overpopulation.²⁸ This call would form the basis of the policy of the IPPF. The IPPF's country-specific approach would increasingly be recognised as the 'proper' family planning policy by policymakers all over the world.

A constitution for the new Federation was finalised at the Fourth International Conference in Stockholm in 1953. It stressed knowledge of contraception as a 'fundamental human right'.²⁹ By referring to contraception as a 'human right', this

²³ 'Letter from Helena Wright to medical members of the IPPF's governing body, 3 March 1955': 'I proposed the setting-up of a medical sub-committee of doctors only, for the purposes outlined in IPPF 35(L). The governing body gave its sanction and at the second meeting of the Medical Sub-Committee I was appointed Chairman', in SA/FPA/A10/8, Wellcome Library.

²⁴ 'The IPPF Medical Committee' in *News of Population and Birth Control*, CXVII (1963), in Vellay 9.5 IPPF, BIUM, Paris.

²⁵ 'First Annual Report, 29 November 1952/31 August 1953, IPPF', in Fonds Dalsace-Vellay, Vellay 9.5 IPPF, BIUM, Paris.

²⁶ 'International Planned Parenthood Federation Region for Europe, Near East and Africa Minutes of the Fifth Meeting of the Regional Council, November 1960', in SA/FPA/A10/8, Wellcome Library.

²⁷ 'Letter from Elstone Secretary of the IPPF to Helena Wright, 8 November 1963', in SA/FPA/A/10/8, Wellcome Library; 'Letter from Elstone Secretary of the IPPF to Mary Pollock, 20 April 1966', in SA/FPA/A10/8, Wellcome Library.

²⁸ 'Proceedings of the International Congress on Population and World Resources in Relation to the Family, August 1948, Cheltenham, England', *op. cit.* (note 18): 210.

²⁹ 'First Annual Report, 29 November 1952/31 August 1953, IPPF', in Fonds Dalsace-Vellay, Vellay 9.5 BIUM, Paris.

constitution pinpointed the international dimension of this right, beyond the individual rights of Western citizens, reflecting also the diversity of ‘human’ beings and therefore the Swedish, Dutch and English members’ opinions towards the respect of individuals with different sensitivities and sexual needs. In addition, this rhetoric diluted the feminist perspective usually linked with birth control in favour of a more ‘gender-neutral’ approach to family planning, where gender specificities were less visible. Another aim was to stimulate appropriate research in the following subjects: ‘the biological, demographic, social, economic and eugenic implications of human fertility and its control: methods of contraception: fertility, sub-fertility and sterility: sex education and marriage counselling’,³⁰ thus broadening the concept of ‘Planned Parenthood’.

This cultural script of human rights became so predominant that one can find it at the international conference in Vienna in 1968, organised by the International Women’s Federation and entitled *The Hungry Millions*, a clear sign that family planning was again being seen through the lens of the ‘population bomb’. Contemporary fears of population explosion and food shortages permeated all dimensions of the proceedings of this conference. Female medical doctors underlined the need for medical responsibility in ‘participating in a variety of methods of family planning which need to be carefully selected for their applicability to the people for whom they are advised’.³¹ Education, rather than imposition, was presented as the best way of spreading family planning. These positions greatly reflected those of the IPPF, strengthening the cultural script spread by the Federation. As suggested by Nikolas Rose and pointed out by Alison Bashford, individual freedom was the cornerstone of reproductive rights, and planned parenthood was to be achieved ‘through the self-government of individual women: the exercise of a “universal” right to reproductive choice’.³²

Women doctors, among them Wright and Jackson, were thus instrumental in creating an international movement of planned parenthood after World War II and were pivotal in providing training. This move towards medicalisation and scientific approach to family planning was also perceptible at the national level. Women doctors won a battle at the international level, since they gained credentials in the practical aspects of contraception from 1930s owing to their involvement at the Zurich international conference; however, the battle was not over and they brought it to the national level to make contraception a legitimate field of medicine. To do so, they used the strategy of being recognised and respected by their peers by publishing and engaging with scientific debates.

English Women Doctors as Producers of Scientific Knowledge in the National Context (1930–70)

Although they comprised a small group, English women doctors engaged with birth control issues earlier than their male colleagues.³³ Marie Stopes opened the first birth control clinic in 1921, which was quickly followed by other clinics across England and the creation of birth control societies such as the Society for Constructive Birth Control

³⁰ *Ibid.*

³¹ ‘Report on the 11th Congress Vienna, 24–25 June 1968’, *Medical Women’s International Journal*, (1968), 66, in SA/MWF/K.8/12, Wellcome Library.

³² Bashford, *op. cit.* (note 6), 330.

³³ Lesley A. Hall, ‘A Suitable Job for a Woman: Women Doctors and Birth Control to the Inception of the NHS’, *Clio Medica*, 61 (2001), 127–47.

and Racial Progress, the Society for the Provision of Birth Control Clinics, the Workers' Birth Control Group, set up by women from the Labour Party, and the Birth Control Investigation Committee, which conducted research into methods of birth control. The birth control movement aimed to provide information and access to birth control to every poverty-stricken married woman via maternal welfare centres. Eugenic rhetoric was also part of this narrative, though daily practice at the clinics tended to marginalise these ideas. Female lay activists and women doctors were pivotal in the creation and running of the birth control clinics.³⁴ By 1950, over 90 per cent of doctors in FPA clinics in Britain were women, which explained their essential role in the production of scientific knowledge on birth control methods. While analysis tended to focus on discourses behind the birth control movement, the production of scientific knowledge by those engaged in the birth control movement had attracted little interest.³⁵ Kate Fisher and Hera Cook have written chapters on the issue of the production of scientific knowledge on birth control and their work provides a good starting point.³⁶ While they mention the role played by some women doctors, especially Wright and Malleson, they refer to them mainly as sexual manual writers and not through the lens of scientific knowledge on contraception. Yet, this aspect is central in the following section, so I used the archives of the MWF and FPA and I systematically browsed the main medical journals in England: the *British Medical Journal* and the *Lancet*.

Formed in 1916 by a fusion of local associations of registered medical women, the MWF took an interest in birth control issues from 1921 onwards. Lesley Hall has illustrated the opinions of the different women doctors within the Federation on this issue.³⁷ However, by 1930, they seemed to have reached an agreement on the need for medical training in contraception, as shown by the following resolution, accepted in 1931: 'That instruction in birth control methods with the medical reasons for and against be included in the ordinary gynaecological curriculum.'³⁸ The analysis of their archives also highlights the key roles played by some female doctors in this area, many of whom also took an active part in the international conferences discussed earlier in the first section. As members of the MWF, these women had published extensively on the topic of birth control. Although they were the most vocal, they were not the only women doctors to publicly advocate its benefits. For instance, an anonymous woman doctor wrote to the *British Medical Journal* in 1935 to outline the benefits of birth control in preventing maternal mortality due to attempted abortion:

As a medical woman of some experience, I think I am right in saying that the prevalent response to a pregnancy, after the desired numbers of children have arrived in the family is abortion. (...) Abortion would be reduced to vanishing point if scientific birth control advice were available for the poor, so that they,

³⁴ Debenham, *op. cit.* (note 2); Leathard, *op. cit.* (note 2).

³⁵ Leathard, *op. cit.* (note 2). Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain* (Chapel Hill: UNC Press Books, 2014); Lesley A. Hall, *Sex, Gender and Social Change in Britain since 1880* (London: Palgrave Macmillan, 2012); Lesley A. Hall, *The Life and Times of Stella Browne: Feminist and Free Spirit* (London: IB Tauris, 2011); Lucy Bland and Lesley Hall, 'Eugenics in Britain: the view from the metropole', in A. Bashford and P. Levine (eds). *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2010), 213–27.

³⁶ Kate Fisher, *Birth Control, Sex, and Marriage in Britain 1918–60* (Oxford: Oxford University Press, 2006); Hera Cook, *The Long Sexual Revolution: English Women, Sex, and Contraception 1800–1975* (Oxford: Oxford University Press, 2004).

³⁷ Hall, *op. cit.* (note 33).

³⁸ 'Minutes of the meetings of the Council of the Medical Women's Federation, 8 May 1931', in CMAL SA/MWF/A 11/4, Wellcome Library.

like others, might limit the size of their family according to their means and desire. Why should we, in matters of sex arrangements, give Nature an entirely free hand while in all other departments of life we bend her to our requirements?³⁹

This quotation is interesting insofar as it is representative of the arguments that would become central to the discourses supporting family planning formulated by the FPA members. First, birth control should be dissociated from abortion and should be considered the best way to reduce its incidence for individuals from every class of society. Second, every child should be a wanted child. Third, sexuality should be considered a legitimate field of scientific intervention. Stemming from their encounter with women patients in birth control clinics who not only sought means to prevent pregnancy but also looked for advice on marital problems and infertility, sterility and sexual problems within marriage gained increasing attention from doctors, especially women doctors. Therefore, the 'wanted child' encompassed ideas around over- and sub-fertility.

Spreading Birth Control Through the Medical Body and Lay Public

These women doctors were particularly active in spreading information on techniques of contraception throughout the medical body. Drawing on their private experiences in birth control clinics and private practices that enabled them to present themselves as 'experts', they wrote books and manuals for medical practitioners and the 'lay' public. Four books were specifically written for a readership of professionals, aiming to provide doctors and patients with a better understanding of the different methods of birth control. Two women doctors also used the credentials of famous established male individuals to endorse their books, mirroring the persistent gender dynamic of invisibility within the medical field where women doctors struggled to be considered as experts. Thus, resorting to the credentials of eminent birth control advocates was a way to shed light on women doctors' scientific work. Cox, who graduated MB BS in 1923, published a book titled *Clinical Contraception* in 1933, which was re-edited in 1937. Lord Horder, physician to the Prince of Wales, a 'progressive with impeccable establishment credentials'⁴⁰ and president of the Eugenics Society from 1935, wrote the introduction. He presented the need to address birth control medically as a key new objective of modern medicine. He also underlined the professional experience of the author, deeming her 'qualification for the task therefore undoubted'.⁴¹

Malleon published *The Principles of Contraception: A Handbook for General Practitioners* in 1935. Born in 1900, she undertook her medical training at the Charing Cross Hospital and graduated MB BS in 1926. She then became the medical officer in charge of the birth control clinic in Ealing Borough Council. She was also active in the Abortion Law Reform Association and was a member of the National Birth Control Association that later became the Family Planning Association. In 1938, she became head of the clinic for marital difficulties at the North Kensington Women's Welfare Centre. Specifically dedicated to her medical colleagues, her book referred to her private practical experience as a source of scientific legitimacy: 'having considerable experience of contraceptive work, both in birth control clinics and in general practice, I propose,

³⁹ 'Birth Control in Modern Life', *British Medical Journal*, 3910 (1935), 1182.

⁴⁰ Hall, *op. cit.* (note 33), 109.

⁴¹ Gladys Cox, *Clinical Contraception* (London, 1933).

where authorities differ, to offer my own technique, believing it to be fairly representative'.⁴² Thus, her experience provided her with the credentials among her colleagues to teach them contraception: 'this is strictly a clinical manual, a work on methods that have proved useful in general practice, and that any practitioner can learn easily, and can equally teach to patients'.⁴³ According to Malleson, the role of the doctor is clearly that of a preventer, by broaching the subject himself: 'The practitioner who has knowledge of these important aspects of family life will find what a vast amount of unhappiness is caused by ignorance and sexual maladjustment. It is surprising how frequently help can be given by a little sympathetic and practical advice.'⁴⁴

Wright similarly drew on her medical experience in her many books on birth control and sexuality. For instance, *Contraceptive Techniques* (1950) specifically targeted a medical audience. This book was given a second edition in 1959 with the subtitle *A Handbook for Medical Practitioners and Senior Students*, and a third edition in 1968. In the first edition, she ensured her practical medical experience was central to her argument: 'Every doctor who spends any time teaching patients contraceptive technique develops her own or his own ideas about the choice and type of appliances. This handbook therefore only claims to be the embodiment of the principles and practices I have found effective in my experience over the last twenty years.'⁴⁵

In 1966, Mary Pollock, gynaecologist at the North Kensington Marriage Welfare Centre, edited a book titled *Family Planning: A Handbook for the Doctor*. Lord Brain, president of the FPA, wrote the foreword, while Norman Morris, professor of obstetrics and gynaecology at the Charing Cross Hospital Medical School, wrote the introduction; two influential male allies contributed to acknowledging the scientific orientation of the book. The latter explained that the book 'includes contribution by many distinguished writers, all of whom are well-known experts in their particular subject'.⁴⁶ Out of the sixteen contributors to the book, fourteen were women doctors.⁴⁷ The book's sixteen chapters reviewed four dimensions of family planning: birth control, sub-fertility, gynaecological aspects and psychological aspects, the last dimension including methods of birth control such as the pill and intrauterine devices. These themes testify to the new holistic approach to family planning, where relationship counselling became central. Malleson and Wright's books were positively reviewed in the *Medical Women's Federation Quarterly*, testifying to women doctors' willingness to learn more about the subject. The reviewers stressed the clarity of practical information that enabled doctors to use contraceptive techniques: 'This book is to be warmly recommended to all general practitioners who wish for reliable information as to the best method of birth control now in use';⁴⁸ 'Dr Wright has explained so carefully the method of fitting these contraceptives that it

⁴² Joan Malleson, *The Principles of Contraception: A Handbook for General Practitioners* (London, 1935), 9.

⁴³ *Ibid.*, 10.

⁴⁴ *Ibid.*, 25.

⁴⁵ Helena Wright and Henry Beric Wright, *Contraceptive Techniques: A Handbook for Medical Practitioners and Senior Students* (London, 1951), 5.

⁴⁶ Mary Pollock (ed.), *Family Planning: A Handbook for the Doctor* (London, 1966).

⁴⁷ The women doctors contributing to the book were Sylvia Dawkins (medical officer at the Islington Family Planning Centre), Rosalie Taylor, Eleanor Mears, Josephine Barnes, Margaret Moore White, Margaret Neal-Edwards, Mary Egerton, Margaret Blair, Jean Passmore, Elizabeth Draper, Alison Giles, Margaret Pyke and Wright.

⁴⁸ Kathleen Murphy, 'Joan Malleson, The Principles of Contraception', *Medical Women's Federation Quarterly*, (1935–36), 65.

would be possible for doctors unable to attend training for this work, to be confident to fit patients'.⁴⁹

Other women doctors published books for the lay public, such as Wright's *Sex Factor in Marriage* (1930) and *Birth Control: Advice on Family Spacing and Healthy Sex Life* (1935).⁵⁰ In the latter, she strongly underscored the positive side of birth control by highlighting family spacing instead of the limitation of births: 'we want people to have families, but we want children in those families to have their births spaced at such intervals of time that the mother shall be kept in the best possible health and the children therefore have the best chance of a healthy start in life'.⁵¹ This would form the leitmotif of the Family Planning Association. Margaret Moore White, who worked at the fertility department of the Royal Free Hospital and was a member of the Sub-Fertility Committee of the FPA and the MWF, published *Womanhood* in 1947. Her aim was to 'help women to know and understand something about themselves'.⁵² This book was re-edited in 1959 and contains a short chapter on birth control. By imparting information to lay women, women doctors contributed to empowering them with accurate knowledge on contraception. The methods recommended were female methods of birth control, the combination of the cap with a spermicide jelly, since women doctors wanted to give lay women control over their reproductive bodies.

Women doctors also collaborated with each other in order to spread information on contraception. For instance, Malleon and Wright worked closely on many occasions and in her 1935 book, Malleon thanked Wright for 'several years of friendly and instructive co-operation'.⁵³

Women doctors also took part in medical conferences dedicated to birth control. One conference is illustrative of women doctors being considered experts on the question of contraception due to their practical involvement with the subject. In 1932, the National Birth Control Association held a conference in London. Among the speakers were Wright and Cox. The correspondence between Wright and C.P. Blacker, leading organiser of the conference and honorary secretary of the Birth Control Investigation Committee, is instructive of the new expert position of women doctors, which aroused resistance and criticism from male colleagues and experts, plausibly due to fears of competition. Wright was asked to present her results on the Gräfenberg ring, an intrauterine device. She shared her concerns about the possible presence of Norman Haire, who was the other expert on the issue, pointing out that 'last time we met by accident at a public meeting, at which he was only a member of the audience, he took the opportunity to be personally and publicly offensive, to such an extent that the audience protested'.⁵⁴ After hearing her concerns, Blacker made the necessary arrangements to remove Haire's name from the programme, reassuring Wright of the Birth Control Investigation Committee's opinion: 'the general feeling is that official speakers at the Conference whose names appear on the programme should be people in whom the committee has confidence and whose report they regard

⁴⁹ E.H., 'Margaret Moore White, *Womanhood*', *Medical Women's Federation Quarterly*, (1952), 37.

⁵⁰ There was a long tradition of women who had achieved medical qualifications writing handbooks of health guidance for laywomen, who might not be in a position to afford to see a doctor, or who might be shy about discussing womanly ailments with a male medic.

⁵¹ Helena Wright, *Birth Control: Advice on Family Spacing and Healthy Sex Life* (London: Cassell, 1935), 3.

⁵² Margaret Moore White, *Womanhood* (London: Cassell, 1947), 4.

⁵³ Malleon, *op. cit.* (note 42).

⁵⁴ 'Letter from Wright to Blacker, 18 March 1932', in PP/CPB/C/1/16, Wellcome Library.

as trustworthy'.⁵⁵ These words implicitly attributed to Wright greater scientific credit than Haire.⁵⁶

Finally, women doctors trained doctors and nurses at women's welfare centres. For instance, Wright gave evening lectures on physiology and sex at the North Kensington centre in London from 1929 onwards, as did Malleson, who gave advice on marital adjustment.⁵⁷ Cox, Greta Graff and Cecile Booysen, all members of the Society for the Provision of Birth Control Clinics and the MWF, taught medical students, midwives and practitioners between 1934 and 1939.⁵⁸ These women doctors pursued their engagement after World War II. Wright designed a body model on which 'actual caps can be fitted and has a transparent tummy so that trainees and patients can both feel and see how the cap is placed'.⁵⁹ In the leaflet presenting this pelvis model, anatomically correct in shape and proportion, it is underlined that its aim was twofold: 'the demonstration and teaching of contraceptive techniques to doctors, medical students and patients, and the teaching of bi-manual palpation of the uterus of medical students'.⁶⁰ The central portion of the abdomen can be removed, allowing the detailed observation of the placing of contraceptive appliances. By designing such a model, Wright committed herself not only to the teaching of birth control methods but to the *accurate* teaching of the methods. Indeed, with such a model, medical students could train the placing of contraceptive devices, thus avoiding any harmful procedure when done on real female bodies. To summarise, female doctors, drawing on their extensive experience in birth control clinics and private practices, eased the dissemination of reliable information on birth control among their colleagues and the lay public.

Producing Accurate Scientific Knowledge on Birth Control

Fisher and Szreter have shown the inaccessibility of inter-war birth control manuals to women (and men) without secondary school level of literacy.⁶¹ In this section, I argue that this inaccessibility reflects women doctors' will to position birth control as a scientific subject that deserved to be included in the medical field and consequently to present themselves as experts in this new scientific field. Women doctors were willing to contribute to the accuracy of medical information on birth control among their medical colleagues. Simpler information was conveyed in leaflets and pamphlets published by the National Birth Control Association (NBCA) and later the FPA, which were available in birth control clinics. First, female doctors framed their work within contemporary debates on birth control and reproduction, allowing themselves to be essential interlocutors in them. In her 1933 book, Cox quoted research carried out by other scientists and medical researchers.

⁵⁵ 'Letter from Blacker to Wright, 14 April 1932', in PP/CPB/C/1/16, Wellcome Library.

⁵⁶ For a detailed analysis of this rivalry, see Caroline Rusterholz, 'Testing the Gräfenberg Ring in Interwar Britain: Norman Haire, Helena Wright and the Debate over Statistical Evidence, Side Effects, and Intrauterine Contraception', *Journal of the History of Medicine and Allied Sciences*, 72, 4 (2017), 448–67.

⁵⁷ Information collected in MS.9178/3/1 Walworth 70th anniversary historical material, Wellcome Library.

⁵⁸ SA/FPA/A13/85B, Wellcome Library.

⁵⁹ 'Letter from the Secretary of the Clinics Medical Sub-Committee to Dr Evelyn Roberts, 26 January 1956', in SA/FPA/A14/196, Wellcome Library.

⁶⁰ 'Demonstration model of the teaching of contraceptive techniques. Designed to the specification of Dr Helena Wright, approved by the FPA. Produced exclusively by Pytram LTD', in SA/FPA/A19/9, Wellcome Library.

⁶¹ Simon Szreter and Kate Fisher, *Sex Before the Sexual Revolution: Intimate Life in England 1918–63* (Cambridge: Cambridge University Press, 2010).

She addressed the issues of the time of ovulation, the duration of life of the extruded ovum and the effect of orgasm on fertility. These were hotly debated issues at the time. She underlined that ‘no known method of contraception is absolutely reliable’⁶² and that ‘there are periods of maximum and minimum fertility in the menstrual cycle – periods which are probably variable and which in any case cannot be definitely predicted in any individual case: but there is no absolute safe period’. She quoted data collected in London and Cambridge women’s welfare centres to illustrate her argument. This type of data collection and its use as evidence was new in the field of contraception. Following the same method, Malleson also extensively quoted data collected in birth control clinics in England and results from other practitioners. With these references to other works, women doctors showed their awareness of contemporaneous debates on this topic.

Another way of spreading accurate scientific information was to resort to visual illustration of the various methods of birth control and detailed explanations on the advantages and disadvantages of each method. The first page of Cox’s book displays a diagram illustrating the types of mechanical contraceptives available at that time and their proper position within the vagina. She presented every method in detail, elaborating on their advantages, inconveniences and possible harmful effects. The main caps and pessaries available on the market were also presented to the readers as displayed in a photograph. Following the same type of argument, Malleson reviewed each method of birth control and included diagrams that she drew herself – based on her own clinical experience – depicting the right and wrong position of each contraceptive appliances. Wright similarly provided a practical outline on how to fit a cap with the help of drawings and clear diagrams.

Updating their book according to the latest scientific advances in birth control enabled women doctors to show their scientific legitimacy. For instance, in the third edition of *Contraceptive Techniques*, Wright explained how she had integrated two new chapters according to the new advances made since the second edition: ‘Notable projects in research have been mainly along two lines: the inhibition of ovarian activity by the administration of synthetic hormones, and the prevention of unwanted conceptions by the introduction into the uterine cavity of various shapes of inert plastic materials. Details of both these methods are new additions for the book’.⁶³

Not only did women doctors update their work, they also responded to other medical stances that they did not find scientifically accurate. Relying on statistical evidence, which was still a new tool for medical investigation, they criticised the position of the medical opponents of birth control by deconstructing their methodology and their lack of scientificity. This strategy seemed to be particularly dictated by their need to position themselves as legitimate and scientific experts of contraception. The following examples illustrate the achievement of this goal, since male experts engaged with female doctors and in so doing attributed them scientific credit. First, as early as 1930, Jackson, who worked at the first birth control clinic set up in Exeter and was a founder member of the FPA, wrote a letter to the *British Medical Journal* entitled ‘Birth control and the medical opinion’, as an answer to a statement made by a male colleague in the House of Commons in a debate on maternity and child welfare. The male colleague asserted that ‘all medical authority was overwhelmingly opposed to birth control’. Jackson called for the avoidance of emotional arguments, breaking with the feminine stereotype of women’s

⁶² Gladys Cox, *Clinical Contraception* (London, 1933), 10.

⁶³ Helena Wright, *Contraceptive Technique: A Handbook of Practical Instruction*, 3rd edn, S (London, 1968), 5.

emotional reasoning, instead advocating a scientific examination of evidence supporting birth control: 'It is surely time that members of the medical profession should cease to make such rash statements and should weigh this matter from a scientific standpoint unbiased by any personal, ethical or sociological considerations (. . .) any public utterances emanating from doctors should be supported by reliable statistics based on scientific investigation.'⁶⁴

Another example is that of Jackson and Malleeson, who participated in the debate about fertility, sterility and contraception that took place in the *Lancet* and the *British Medical Journal* in 1938 and 1943. They wrote letters to the two journals to rectify statements, made by Green-Armytage at the West London Medico-Chirurgical Society on 7 January 1938 and published in those journals, that 'contraceptive measures in the early days of marriage were inimical to pregnancy later'.⁶⁵ They also reacted to the reply of George Alabaster, published in the *Lancet*, supporting this statement and adding another charge against birth control related to chronic changes in the cervix uteri.⁶⁶ Steering the debate towards medical scientificity, they attacked the lack of evidence for the idea that contraceptives before first pregnancy increase the incidence of cervicitis: 'Mr Green-Armytage has replied to our remonstrance that statistics can be made to prove anything . . . and they are naturally biased. But it is not scientific custom to consult statistics and records in the expectation of finding at least as high a degree of dependability as that gained by the personal impression of an observer? Particularly must this be so when the subject is one such as this, which invites prejudices of a social or ethical nature.'⁶⁷ They based their rebuttal on the pitfall of Green-Armytage's statistical demonstration: 'without a control series of observations on nulliparous women who have used no contraceptives and an estimate of the percentage of newly married couples, using contraceptives, he is expressing no more than a pious opinion'.⁶⁸ In contrast, the data they utilised to support birth control was presented as highly scientific, since it came from 'direct clinical observations of thousands of cases and scientifically conducted experimental work. An effort is being made to arrive at the true facts without prejudice. Methods are submitted to controlled clinical trial; rubber appliances and chemical products are subjected to stringent tests for efficiency and harmlessness before they are placed on the list of approved goods'.⁶⁹

In the same manner, Malleeson replied in 1943 to the statement of Green-Armytage that contraception induced sterility due to lack of semen absorption from the vagina. She urged the use of scientific data collected in birth control clinics to test such a hypothesis: 'Among the contraceptive clinics there are some hundreds of thousands of case records from which part, at least, of the data could be deduced' and offered to carry out 'a statistical inquiry into the advent of pregnancy among couples who have and have not used previous contraceptive measures'.⁷⁰ This strategy of discrediting opponents of birth control by resorting only to

⁶⁴ Margaret C.N. Jackson, 'Birth Control and the Medical Profession', *British Medical Journal*, 3621 (31 May 1930), 1022.

⁶⁵ Margaret A. Pyke, 'Contraception and Fertility', *The Lancet*, 231, 5972 (February 1938), 405.

⁶⁶ George H. Alabaster, 'Contraceptives and Fertility', *British Medical Journal*, 4024 (19 February 1938), 419;

George H. Alabaster, 'Contraception and Fertility', *The Lancet*, 231, 5973 (February 1938), 462.

⁶⁷ Joan Malleeson, 'Contraceptives and Fertility', *British Medical Journal*, 4025 (26 February 1938), 484.

⁶⁸ *Ibid.*

⁶⁹ Margaret C.N. Jackson, 'Contraceptives and Fertility', *British Medical Journal*, 4026 (5 March 1938), 539.

⁷⁰ Joan Malleeson, 'Contraception and Sterility', *British Medical Journal*, 4322 (6 November 1943), 587; Joan Malleeson, 'Contraception and Sterility', *British Medical Journal*, 4328 (18 December 1943), 796–7.

scientific consideration had already been used by female doctors to contest the hitherto medically dominant paradigm of menstrual illness and menopause.⁷¹

Finally, the last contribution of women doctors in the production of accurate scientific knowledge was their involvement in clinical trials. Many women doctors carried out clinical trials on new contraceptive products in family planning and private practices. Among them were Wright, Jackson, Graff, Mears, Mary Peberdy, Denise Pullen and Ellen Grant. In 1954, the trials were on new spermicides soon to be available on the market.⁷² In 1959, oral contraception was tested. Controlled clinical trials were instituted under the auspices of the Council for the Investigation of Fertility Control (CIFC), established in 1957 by the FPA (chiefly undertaken by Swyer and Jackson) of some of the available oral progesterone. Large-scale trials were therefore initiated, first in Birmingham, then in Slough, London, Barnet, Exeter, Manchester, Liverpool, Leicester and Brighton.⁷³ These large-scale trials were 'design[ed] to find out how acceptable such a method of birth control is to women in this country, to find the lowest dose which would be effective and reduce costs and side effects and to find the simplest method of administration'.⁷⁴ For instance, Peberdy undertook a clinical trial with 'problem families' in Newcastle upon Tyne in 1963. She prescribed oral contraception and found a high 'acceptability of this method' among her patients, compared to the prescription of caps.⁷⁵ These women doctors followed a strict experimental methodology and were asked to give feedback every month by the CIFC, helping to assess the efficiency and possible harmful effects of contraceptive products. They reported any side effects experienced by patients and accordingly updated trial procedures. For instance, urine tests became mandatory when women doctors realised that oral contraceptives could induce a decrease in glucose tolerance. In doing so, they greatly contributed to the available scientific knowledge of birth control.⁷⁶

To sum up, the development of scientific knowledge on birth control owed a great deal to women physicians who actively participated in adopting a 'scientific' rhetoric and in elaborating rigorous methods and criteria for testing contraceptives.

English Women's Doctors Influence on French Family Planning Centres (1950–70)

The first family planning centre in France opened only in 1961. This French delay may be due to a 1920s law that forbade the sale, distribution and advertising of contraceptive devices (making it punishable by fines and imprisonment), the religious

⁷¹ Julie-Marie Strange, 'The Assault on Ignorance: Teaching Menstrual Etiquette in England, c. 1920s to 1960s', *Social History of Medicine*, 14, 2 (2001), 247–65.

⁷² 'Letter from the General Secretary of the FPA to Greta Graff, 6 April 1954', in SA/FPA/A14/188, Wellcome Library.

⁷³ Eleanor Mears, 'Clinical Trials of Oral Contraceptives', *British Medical Journal*, 5261 (4 November 1961), 1179–83; P. Eckstein *et al.*, 'The Birmingham Oral Contraceptive Trial', *British Medical Journal*, 5261 (4 November 1961), 1172–79; Margaret C.N. Jackson, 'Oral Contraception in Practice', *Journal of Reproduction and Fertility*, 6, 1 (1963), 153–73. See also SA/FPA/A4/A1.3, Wellcome Library; 'Minutes of the fourth meeting of doctors conducting Council for the investigation of fertility control, oral contraceptive trial, 30 June 1964', in SA/FPA/A5/158B, Wellcome Library.

⁷⁴ Eleanor Mears, 'Oral Contraception: The Results', *Family Planning*, 10, 4 (1962), 4.

⁷⁵ Mary Peberdy, 'Problem Families', *Medical Women's Federation Quarterly*, (April 1965).

⁷⁶ 'Letter from Eleanor Mears to all medical officers conducting contraceptive trials, 13 January 1965', in SA/FPA/A5/158B.

ban on contraception in 1931 and the late adoption of women's suffrage in 1945.⁷⁷ The way foreign experience of birth control, especially that of the US, helped to 'legitimate the cause of birth control in France' has been underlined by Bibia Pavard in a brief article.⁷⁸ In the French pro-natalist and familialist context, where contraception and public propaganda on birth control were banned, approaching the subject of birth control through the lens of the Anglo-Saxon debate facilitated the advent of a similar but adapted debate in France. This last section builds upon Pavard's work by showing how the British case constituted a resource and model for family planning in France. Moreover, English women doctors represented a channel of birth control information for French doctors from 1935 onwards. It is worth mentioning that the influence of English women doctors was not limited to France, but also expanded to Spain.⁷⁹

While creating the *Mouvement français pour le planning familial*, French leaders of the movement, such as Lagroua Weill-Hallé and Jean Dalsace, made numerous references to England, presenting it as an example of the standard for which modern medicine should strive. In 1953, in her article published in *La Semaine Médicale*, Weill-Hallé presented the work carried out by US and UK family planning centres. She also tried to translate 'Planned Parenthood' into French, settling on '*maternité dirigée*', a clear refocus towards motherhood. This labelling testifies to Weill-Hallé's aim to adapt the Anglo-Saxon experience to the peculiarity of the French familialist and pro-natalist climate. This was not her only reference to the foreign context. In her speech at the *Académie des sciences morales et politiques* on 'considerations about voluntary motherhood', advocating the diffusion of birth control information as a tool against abortions, she highlighted the French backwardness in terms of reproductive politics as compared with the US or Britain. This speech was reported by the bulletin of the IPPF, revealing that the French situation was closely followed by the IPPF's members, who therefore considered France as a probable future member of the movement. Weill-Hallé urged a change to the 1920 law, arguing that 'the opposition to birth control is unjustifiable in a country which flatters itself on permitting the individual the free exercise of his conscience'.⁸⁰ The French *Association de la Maternité Heureuse* became a member of the IPPF in 1958.

Moreover, Weill-Hallé recognised the key role played by the British FPA in the creation of the French movement in a letter addressed to Margaret Pyke in 1961 for the inauguration of the first centre of the *Mouvement Français pour le planning familial* in Paris: 'We never forget to tell the numerous members of the movement that if British members did not contribute through their concern, help and generosity towards our work, we wouldn't have been able to develop the movement in France. In particular, our doctors know the pivotal role you played in helping them satisfy their medical prescriptions.'⁸¹

⁷⁷ Bibia Pavard, *Si Je Veux, Quand Je Veux: Contraception et Avortement Dans La Société Française (1956–79)* [If I Want, When I Want: Contraception and Abortion in France (1956–79)] (Rennes: Presses Universitaires de Rennes, 2012); Christine Bard and Janine Mossuz-Lavau, *Le Planning Familial: Histoire et Mémoire, 1956–2006* [Family Planning: History and Memory, 1956–2006] (Rennes: Presses Universitaires de Rennes, 2007).

⁷⁸ Bibia Pavard, 'Du Birth Control Au Planning Familial (1955–60): Un Transfert Militant' [From Birth Control to Family Planning, An Activist Transfer], *Histoire@ Politique*, III (2012), 162–78.

⁷⁹ See Teresa Ortiz-Gómez and Agata Ignaciuk, 'The Fight for Family Planning in Spain During Late Francoism and the Transition to Democracy (1965–79)', *Journal of Women's History*, 30, 2 (2018), 38–62.

⁸⁰ 'News of Population and Birth Control', 34 (1955), in Vellay 9.5 IPPF, BIUM.

⁸¹ 'Letter from *La maternité Heureuse*, MFPF, 31 October 1961 to Mrs Pyke', in SA/FPA/A21/8 France 1951–67, Wellcome Library.

Besides the explicit example that England offered for the MFPP, letter exchanges between French and British doctors suggest that French doctors, Dalsace in particular, asked for information on contraception from female British doctors. As early as 1931, Edith How Martyn from the BCIC replied to Dalsace's letter by forwarding him literature on the subject of birth control. In 1934, one year before opening his birth control clinic in Suresnes, Dalsace wrote to Cox and Jackson asking them to describe their work around infertility as he was keen to learn more about this issue. Jackson replied, explaining that she referred patients with possible sterility to hospitals and private medical centres. The aim of birth control clinics 'is providing advice on birth control, such information could not be found in other medical organisations'.⁸² Dalsace seemed to have used this material as resources for the opening of his 'centre' in 1936. This first experiment lasted two years, between 1935 and 1937.

After World War II, Dalsace again contacted women doctors. In December 1954, Vera Houghton, executive secretary of the IPPF, sent him leaflets explaining the aims of the Federation and its first annual report. The same letter also testifies to a meeting between Cecily Mure and Dalsace in Paris. While the content of such meeting is lacking, this meeting without doubt provided the latter with practical insights into the running of family planning clinics. Leaflets on family planning were sent to Lagroua Weill-Hallé upon request in 1956.⁸³ Arlette Fribourg from Paris also wrote to Mears asking for information about the contraceptive pill in 1961.⁸⁴

Training and visits to England by many French doctors, as individuals or members of the *Mouvement français pour le planning familial*, also supported this hypothesis of the influence of British doctors on French doctors. In 1957, the report of the IPPF for the region of Europe recognised the significant role of the British FPA in helping the French medical body to develop family planning: 'The number of doctors from France who have called at the regional office, visited the headquarters of the FPA and seen over a Clinic is most encouraging. It indicates growing concern at the present situation in France where the 1920 law forbids any propaganda for birth control or the giving of advice on contraception.'⁸⁵ The same report stated that both Lagroua Weill-Hallé and Evelyn Sullerot had embarked on study trips to London.⁸⁶ During the first decade after the creation of the *Mouvement français pour le planning familial*, such a trip seemed to be an initiation ritual for new doctors joining the movement. For instance, the French women doctors Le Sueur Capelle, Boutet de Montvel and Kahn-Nathan made their way to London to take a practical internship at the Family Planning Clinic in 1961 and 1962,⁸⁷ as did four

⁸² Dossier 11. 1, Fonds Vellay 9.5 IPPF, BIUM, Paris.

⁸³ For exchange of information between England and France, see 'Letter from Vera Houghton, 15 December 1954', in Fonds Vellay 9.5 IPPF; BIUM, Paris.

⁸⁴ 'Letter from Arlette Fribourg to Eleanor Mears, 25 April 1961', in SA/FPA/A21/8 France 1951–67, Wellcome Library.

⁸⁵ 'Report of the March 1957 International Planned Parenthood Federation and accounts for the region for Europe', in SA/FPA/A10/8 1955–66 IPPF, Wellcome Library.

⁸⁶ They were not alone. According to a report from the FPA, Dr Pierre Bertrand, Dr Geneviève Hall, Dr Mato Medeau, Dr Elizabeth Palmer, Mrs Pechabrier (Ministry of Health and Education), Dr Yves Peninou, Evelyn Sullerot and Dr and Mrs Weill-Hallé were all trained in 1956: SA/FPA/A10/8 1955–66 IPPF, Wellcome Library.

⁸⁷ 'Letter from S. Le Sueur Cappel to Eleanor Mears, 11 November 1961': 'I came back to Versailles very happy from my too short sejour in England. I thank you very much for the charming welcome I have found wherever I have been received and all the centres I have seen, [they]were very interesting for me', in *Revue trimestrielle du Mouvement français pour le planning familial*, December 1962, 2.

French doctors in 1963.⁸⁸ Moreover, Suzanne Képès, who was in charge of the training of doctors at the MFPP from 1965, suggested in 1968 that they should hold a seminar on psychology based on the psychology training that the FPA provided to doctors. Képès contacted Jean Passemore (who was in charge of the marital clinic at Cassel Hospital) and Sara Abel, both leading doctors in psychology education. She also spent some time in London to follow a training session and underscored the fact that the doctors present at these training sessions were all women.⁸⁹

The FPA also provided French doctors with contraceptive products. Many letters from private doctors to the secretary of the FPA testify to this mailing of devices. By 1960, the FPA had noticed a dramatic increase in the numbers of French requests for contraceptive devices, as shown by a letter from the medical secretary of the FPA to Nelson-Barette: 'During the past two years orders from patients in France for contraceptives have increased from the occasional one about every six months to an average of ten a day. During 1960, the total value of the orders was approximately 1000 (which includes an estimate for the last two weeks of December). The orders are largely for Durex Dutch caps (on which the profit on the cost prices is 71.4%) and duracreme on which the profit on cost price is 50%.'⁹⁰

Finally, presentations by British members in conferences organised by the French body and contributions to French publications also support the hypothesis of British decisive influence. As early as 1955, in the special issue of *Gynécologie Pratique* on birth control, Horder, president of the FPA, was asked by Dalsace to write an article on family planning in the UK. In June 1960, Cecily Mure was invited by *La maternité heureuse* to take part in a publicity weekend in Paris in favour of family planning. She spoke at two meetings about the work done by the FPA in England.⁹¹ In November 1963, Eleanor Mears gave a paper at the conference organised by Dalsace and Dr Raoul Palmer on contraception. She also spent some time with them and with Lagroua Weill-Hallé while she was in Paris.⁹²

Conclusion

In the context of increasing concerns around birth control where moral arguments were invoked by established scientists as a way of restraining the legitimisation of birth control, English women doctors helped to steer the debate towards scientific considerations both at international and national levels. This was not their sole contribution. They also eased the transition from a focus on birth control to one of planned parenthood, in which individual rights became central. They were instrumental in taking the matter to the international level by recreating a transnational movement after World War II.

⁸⁸ 'Herewith the usual forms and literature for the four who will be attending the lectures and demonstration session in London on Tuesday 12 November: Dr Chatelin (male doctor) Dr Houdville (male doctor), Dr Jacqueline Cahen-Wolff, Dr Branle.': 'Letter to Joan Rettie, 8 November 1963', in SA/FPA/A10/8 1955–66 IPPF, Wellcome Library.

⁸⁹ On training in England, see 'Report of the March 1957 International Planned Parenthood Federation', in SA/FPA/A10/8 1955–66 IPPF, Wellcome Library.

⁹⁰ 'Letter from Mrs Wintersgill to Mrs Nelson-Barette, 13 December 1960', in SA/FPA/A10/8 1955–66 IPPF, Wellcome Library.

⁹¹ 'The FPA Walworth Women's Welfare Centre, Annual Report 1960', in SA/FPA/A13/85B, Wellcome Library.

⁹² 'Letter from medical secretary Mears to Mr and Mrs Dalsace, 15 November 1963'; 'Letter from Mears to Raoul Palmer, 15 November 1963'; 'Letter from Mears to Weill-Hallé, 15 November 1963', in SA/FPA/A10/8 1955–66 IPPF, Wellcome Library.

At the national level, while being assigned to a peripheral position within the medical hierarchy and to fields that were supposedly in line with their 'feminine nature', women developed their scientific credentials by disseminating scientific knowledge on birth control and contraception. They wrote related books based on their extensive personal experience, and they engaged with contemporaneous debates on the side effects of contraception. They conducted trials on new contraceptive methods and published their results in scientific journals. In so doing they became a central channel for well-informed, reliable and scientific considerations on contraceptive methods. This new position within the medical circle made their knowledge particularly attractive to foreign doctors seeking accurate knowledge on contraception. It is thus unsurprising that French doctors turned to their English counterparts to gain insight into family planning issues. In the French national context, where the advertisement of and recourse to birth control methods were prohibited, the experience and expertise in contraception of English doctors constituted a useful and significant example on which to rely. By writing letters, attending training sessions and inviting English women doctors to meetings, French medical circles found the perfect example of a well-organised, efficient family planning movement where scientific considerations replaced moral arguments. Therefore, English women doctors played a pivotal role in the creation of the family planning movement in France.