



BOOK REVIEW

Natasha Szuhan. *The Family Planning Association and Contraceptive Science and Technology. Medical and Biomedical Sciences in Mid-Twentieth-Century History*

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According to Philip Larkin, sexual intercourse began in 1963—which was rather too late for him. Larkin dates the birth of sex in Britain to the end of the ban on *Lady Chatterley's Lover*, and the release of the Beatles debut LP, but his new age of sex is also intimately tied to the availability of the contraceptive pill, which was authorized for prescription on the NHS from December 1961. The NHS decision came a few months after the medical advisory committee of the Family Planning Association (FPA) had made the cautious recommendation that the Pill could be administered through its clinics. Much has been written about the impact of the Pill on British society by historians of sexuality including Simon Szreter, Kate Fisher, Jeffrey Weeks, Hera Cook, and others. However, the arrival of the Pill is not the start of Natasha Szuhan's narrative, but rather the coda to a story that begins three decades earlier, with the formation of the National Birth Control Association in 1931, the forerunner to the FPA. The philanthropists, activists, and doctors behind the FPA appreciated that sexual intercourse was a central fact of British life well before 1961, and were committed to delinking (marital) sex from the perils of childbirth, and allowing couples to find emotional fulfillment in sex in the context of a companionate marriage. The men and women—and, as Caroline Rusterholz has recently documented, a disproportionate number of them were indeed women—worked often in tandem with eugenicists and population scientists, but their goal was not to manage women's reproductive choices in the interest of the nation, but to ensure women autonomy to make their own reproductive decisions. To that end, the association strove to become “leaders in medical contraceptive provision, scientific research, application and advocacy, the creation and delivery of education, advice and therapy; and networking and lobbying for the acceptance and oversight of contraception by officials, both medical and governmental” (2).

The activity of the FPA in these spheres forms the subject of Szuhan's book. Effectively, her argument is that the FPA recognized that the majority of the medical establishment did not perceive contraception as within the purview of respectable medicine, with the result that GPs and gynecologists would not prescribe contraceptives to married women seeking to manage family size and spacing. The FPA thus sought to fill the void by opening clinics to provide these services to women, on a sliding costs scale intended to make contraception affordable to women of all class backgrounds. (At this point, the contraceptives in questions were principally diaphragms or so-called caps used in conjunction with spermicides. Condoms were also widely used, but as the FPA treated women patients, were not distributed at its clinics.) Female doctors, including Helena Wright (who gets a full chapter in the volume), Joan Malleon, and Margaret Jackson, were central to this mission, as was Marie Stopes. Stopes, although not a medical doctor herself, pioneered the establishment of

birth control clinics in London, before being marginalized by the FPA leadership, which was determined to stamp birth control with the imprimatur of medical authority. The marginalization of Stopes was linked to the FPA's broader agenda. Beyond running their own contraceptive clinics, the FPA was committed to bringing contraception into the medical and social mainstream. To that end, they successfully lobbied the Ministry of Health to permit (but not mandate) the provision of contraceptives in local authority health clinics. They also sought to create a standardized and replicable model of clinical care and provision that could be both exported to regional FPA clinics, and ultimately, hopefully, taken up by local authorities and hospitals if and when they decided to introduce contraceptive care. They worked with scientists and chemical and rubber goods producers to institute standardized testing of contraceptive products and create an informal (and ultimately unenforceable) regulatory framework that could offer reassurance that those contraceptives which had received FPA approval were safe and fit for purpose, and then lobbied the government and medical establishment to formalize and mandate their framework. And they worked with educators and religious groups to produce a national sexual education curriculum.

None of this work, Szuhan argues, was successful in legitimizing contraception in the eyes of the medical community before the development of the Pill. And, when the Pill arrived on the scene, the FPA was initially unenthusiastic, exhibiting significant (and ultimately prescient) anxiety about its possible long-term side effects, and hesitating to prescribe it in clinics, preferring to continue with diaphragms and IUDs (which receive comparatively little discussion in the volume). Nonetheless, Szuhan's argument appears to be that the groundwork laid by the FPA was important in facilitating the embrace of the Pill by the medical community in the 1960s.

This piece of the argument is tenuous, and the discussion of the Pill in the final two chapters is the weakest part of the book. Further, given my own research on infertility, I wish that Szuhan had said more about the FPA's subfertility work and research, on which the organization expended considerable resources in part with the aim of establishing their medical and research *bona fides*. That said, the chapters that focus on the advocacy and testing work of the FPA in the 1930s through the 1950s are strong, and an important scholarly contribution that sheds light on how non-governmental organizations operate to exert influence on other state and non-state actors.