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## **Fertility and Contraception during the Demographic Transition: Qualitative and**

**Quantitative Approaches** The repeated decline in national fertility throughout Europe and North America during the last two centuries remains a source of seemingly endless fascination. The nature of the phenomenon suggested to earlier generations that this was a subject ripe for systematic, comparative elucidation—a problem made for demographic research. However, after more than a century of continuous scientific study, demography can make no claim to a full historical understanding of this mysterious transformation.

Throughout the same period, beginning with the explosion of interest in human sexual variation and behavior in the 1890s, sexologists began to explore systematically the sexual side of the demographic transition. Many of the sexologists—Sigmund Freud and Richard Von Krafft-Ebing among them—created a new medically sanctioned discourse that directly and indirectly helped individuals and societies to take a more effective and self-conscious control of reproduction. An irony of modern sexology is the extent to which sexologists' effort to enlighten the public about the dangers of deviating from the procreative ideals via, for example,

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contraception, also furnished people with information about how to delay or avoid pregnancy.<sup>1</sup>

Though demographic students of fertility decline and sexologists alike have been studying human society's highly variable relationship with its own reproduction, their very different purposes and scientific languages made it difficult to locate a meeting ground between these two approaches that would explain the persisting mystery of fertility decline. However, during the last two decades or so, demographers have turned to the findings and methods of cultural history and of anthropology to clarify the complex demographic patterns that they have found. They have become increasingly aware that the question of how and why fertility change occurs is intimately connected to the changing meanings of reproduction within the populations that they study. Meanwhile, historians of sexuality abandoned the biological and "scientific" understandings of such pioneers as Freud, Krafft-Ebing, and Havelock Ellis in favor of a more historically informed approach to professional discourses and sexuality devoid of any a priori assumptions about the human psyche and its relationship with reproduction, sex, and gender. Historians are just as interested nowadays in popular belief and popular sexual knowledge as they are in "official" medical discourses.<sup>2</sup>

1 See, for example, how Italian, French, and German women used the information from interwar educational campaigns to promote more healthy births to have fewer children. David G. Horn, *Social Bodies: Science, Reproduction and Italian Modernity* (Princeton, 1994), 125–127; Mary Louise Roberts, *Civilization Without Sexes: Reconstructing Gender in Postwar France, 1917–1927* (Chicago, 1994), 200–205; Atina Grossman, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920–1950* (New York, 1995), 14–30.

2 Jack C. Caldwell, Bruce Caldwell, and Pat Caldwell, "Anthropology and Demography: The Mutual Reinforcement of Speculation and Research," *Current Anthropology*, XXVIII (1987), 25–34; Jack C. Caldwell, Allan G. Hill, and Valerie J. Hull (eds.), *Micro-Approaches to Demographic Research* (London, 1988); Anthony T. Carter, "Does Culture Matter? The Case of the Demographic Transition," *Historical Methods*, XXI (1988), 164–169; Susan Greenhalgh (ed.), *Situating Fertility: Anthropology and Demographic Inquiry* (Cambridge, 1995); David I. Kertzer and Thomas Fricke (eds.), *Anthropological Demography: Toward a New Synthesis* (Chicago, 1997); Alaka M. Basu and Peter Aaby (eds.), *The Methods and Uses of Anthropological Demography* (Oxford, 1998); Caroline Bledsoe, Susana Lerner, and Jane Guyer (eds.), *Fertility and the Male Life-Cycle in the Era of the Fertility Decline* (Oxford, 2000). For recent work by historians exemplifying the combined approach of anthropology and demography, see, for instance, Kertzer, *Sacrificed for Honor: Italian Infant Abandonment and the Politics of Reproductive Control* (Boston, 1993); Jane Schneider and Peter Schneider, "Going Forward in Reverse Gear: Culture, Economy and Political Economy in the Demographic Transitions of a Rural Sicilian Town," in John R. Gillis et al., *The European Experience of Declining Fertility: A Quiet Revolution 1850–1970* (Oxford, 1992), 146–174; Schneider and Schneider, *Festival of the Poor: Fertility*

The findings of these methodologically eclectic studies help bring to light the long-running double mystery of changing fertility and sexuality. Many of the individual studies in this special issue explore the way in which contemporary public and professional discourses of birth control may have been at variance with private practices and understandings throughout society.

During the interwar era, when very low birth rates were an established fact of life among the educated classes, the practice of birth control became an acknowledged item of public discourse. In some countries, like France, official policy sought to counter its practice, whereas in others, such as Britain, a middle-class social movement sought to advance it, through clinics and advice manuals. In all cases, a strong assumption of the public discourses was that birth control was—or should be—achieved through the adoption of various appliance methods of contraception. According to this viewpoint, the international decline of fertility had been made possible by the various inventions of the previous 100 years; the extent to which different social groups had adopted them determined how quickly the birth rates had fallen.<sup>3</sup>

In modern Europe and North America, the principal appliance methods commercially marketed during the nineteenth century and the first half of the twentieth century were based on the vulcanization of raw rubber, achieved simultaneously, in 1844, by Goodyear in the United States and Hancock in England. The male condom (animal-skin versions in earlier centuries appear to have been worn to protect against venereal disease), the female cervical cap (invented in the 1830s), and the female vaginal diaphragm (Mensinga's was available in Holland by 1882) began to be made from rubber. The female syringe for washing also became a rubber

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*Dedline and the Ideology of Class in Sicily* (Tucson, 1996). Angus McLaren, *A History of Contraception: From Antiquity to the Present Day* (Oxford, 1990); Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing and the Making of Sexual Identity* (Chicago, 2000); Rudi C. Bleys, *The Geography of Perversion: Male-to-Male Sexual Behavior outside the West and the Ethnographic Imagination, 1750–1918* (New York, 1995); McLaren, *Twentieth Century Sexuality: A History* (Oxford, 1999). The seminal influence was Michel Foucault (trans. Robert Hurley), *The History of Sexuality: An Introduction* (New York, 1980).

3 Three particularly influential interwar studies that championed this technological-diffusionist interpretation were the massively documented *Fertility of Marriage Report Part 2* (London, 1923), compiled by the British government's officials from a special census inquiry of the entire nation in 1911; William H. Beveridge, "The Fall of Fertility among the European Races," *Economica*, V (1925), 10–27; Norman Himes, *Medical History of Contraception* (Baltimore, 1936).

product. All of these devices came to the market in varying forms during the next several decades after 1844, though the quality of such rubber goods remained crude until the “cement” process of manufacture developed in the 1880s. Quality was further revolutionized and price reduced after 1929 with the perfection of latex production. The two other principal alternatives during this period were, from 1885, the soluble quinine pessary (known in Britain as Rendall’s tablets) and various vaginal sponges, often associated with an acidic or quinine spermicide. By the 1920s, the intrauterine device (I.U.D.)—also called the stem pessary, thread pessary, or Graefenberg ring—had appeared on the scene in Germany, the United States, and elsewhere.<sup>4</sup>

Such was the range of methods that early and mid-twentieth-century proponents and opponents of birth control were debating. However, the most important finding of a general nature to emerge from the studies of the various countries in this special issue is that throughout much of the populace, a range of entirely distinct “traditional,” nonindustrial methods of birth control predominated. In particular, the research reported herein finds a remarkable persistence of coitus interruptus as a preferred method in many countries during the period of the modern fertility decline. But attempted abstinence, and reduced coital frequency—associated with menstruation, breastfeeding, and the rhythm method—the use of abortifacients and an extensive resort to abortion were also in evidence. The studies in this collection suggest that these varying forms of birth control were related to varying ideologies of sexual and gender relations within different nations and their diverse social groups. The evangelical birth controllers were misled by the “scientific” sexology of their time into assuming that sexuality, like demography, was subject to general laws of human nature, encapsulated in the latter case by the contemporaneous “theory of demographic transition.”<sup>5</sup>

One country in which the documented fertility decline from the late eighteenth century challenged the validity of such a viewpoint was France. Given that fertility control has always been regarded as an archetypically “modern” disposition by its practi-

4 McLaren, *History of Contraception*.

5 Dennis Hodgson, “Demography as Social Science and Policy Science,” *Population and Development Review*, IX (1983), 1–34; Szreter, “The Idea of Demographic Transition: A Critical Intellectual History,” *Population and Development Review*, XIX (1993), 659–701.

tioners, how did France, with its largely confessional Catholic populace and its peasant-agriculture economy that persisted even into the twentieth century, become the first modern nation in this most intimate aspect of human behavior? The influence of the French Revolution is definitely not a conclusive answer; the distinct beginnings of fertility decline predated it. In any case, the hypothesis that fertility decline was established through the concept of a republican citizenship after 1789 is hardly convincing in the light of France's continuing dalliance with monarchy, let alone empire. Moreover, despite its revolution, the country of Jeanne d'Arc and bare-breasted *Liberté* was oddly the second to last (Switzerland being the last) in Western Europe to grant women the vote (in 1944).

Elinor Accampo argues that French society throughout the period of fertility decline experienced “no fundamental reconceptualization of womanhood” and “discouraged women from taking an active role in conception.” She notes that the conclusions of her own careful exegesis of the key statements made in the political trial of strength between Nelly Roussel's unique anti-natalist feminism and the conservative opposition to her during the first decade of the twentieth century are consistent with the important recent findings of Sohn regarding the birth-control practices of French couples at the time of these developments. Sohn's research indicates that the male-controlled practice of withdrawal was probably the principal contraceptive technique used in French marriages during this decade.<sup>6</sup>

Kate Fisher and Simon Szreter also find that withdrawal was still the primary contraceptive technique of choice even three or four decades later among the married couples interviewed in proletarian Blackburn, Lancashire. Contrary to France's, Britain's fertility decline is always considered to have been anomalously “late,” given the assumption that the planning of families is somehow umbilically tied to the modernization of society. The first “modern” commercial economy in the world, Britain by 1880 already had more than a century of rapid industrialization, massive urbanization, and marked rural exodus behind it. Yet, its aggregate national fertility was almost as high as it had ever been. However,

6 Anne-Marie Sohn, *Chrysalides: Femmes dans la vie privée (XIXe-XXe siècles)* (Paris, 1996), II, 803–846; *idem*, *Du premier baiser à l'alcôve: la sexualité des Français au quotidien (1850–1950)* (Paris, 1996), 126–135.

from the mid-nineteenth century onward, Lancashire was one of the earliest sections of British society to exhibit reduced fertility in marriage. Indeed, recent research shows that all of the other districts with factory-based textile industries offering nondomestic, wage-labor markets to women exhibited this effect to some extent. It is therefore all the more surprising to find, even in this context, after a century of increasing restriction of family size, a relative lack of confidence in, or familiarity with, any of the “modern” contraceptive techniques that were available at the time.<sup>7</sup>

Condoms—both disposable and re-usable—caps, diaphragms, sponges, and spermicides were all included in the many marriage-guidance books and sex and family-planning manuals that began to proliferate after 1918. Marie Stopes’ two famous trend-setting publications in that year, *Married Love* and *Birth Control*, were the first. However, the strong implication of the oral testimony recorded by Fisher and Szreter is that the well-intentioned, middle-class, educated evangelists who expounded the virtues of progressive birth control and of mutual sexual satisfaction in marriage were living in a different world from the Lancashire working class (not to mention the working-class of most other British towns). Fisher and Szreter find that working-class respondents in Blackburn preferred withdrawal because it was “natural,” and disliked the anticipatory feature of appliance methods on which many in the middle-class prided themselves.<sup>8</sup>

In many Western societies around the turn of the twentieth century, battle lines were drawn within the elite between the cultural forces of social conservatism and the proponents of radical new claims about birth control and sexuality. At stake was the gendered power structure and women’s rights in general. With the apparent exception of Finland, each European country studied herein faced such a dramatic situation, typically with a woman at the center of it: Roussel in France, Aletta Jacobs in Holland, Katti Anker Møller in Norway, and Annie Besant, followed a generation later by Stopes, in Britain (the United States had Margaret

7 Szreter, *Fertility, Class and Gender in Britain, 1860–1940* (Cambridge, 1996), 317, 375; Eilidh Garrett et al., *Changing Family Size in England and Wales: Place, Class and Demography, 1891–1911* (Cambridge, 2001), 384–388.

8 John Peel, “The Manufacture and Retailing of Contraceptives in England,” *Population Studies*, XVII (1963) 113–125.

Sanger). Jacobs, Møller, and Stopes each had the satisfaction of seeing some headway made for their cause in their own lifetimes. Accampo explains, however, that the pronatalist national fear of population decline was so strong in France that Roussel was relatively isolated and roundly defeated there. What she lived to see was the French state enacting a law in 1920 that prohibited the advertisement and sale of contraceptives, part of a national reaction to the traumatic losses of manpower in World War I.

Kari Pitkänen identifies the same set of dominant nationalist, pronatalist concerns in Finland—sandwiched precariously between Sweden and Russia—militating against the appearance of any Neo-Malthusian birth-control movement there. Certain geopolitical predicaments could make unexpected allies of progressive elites, worried about the possible consequences of feeble population growth, and the social conservatives that they usually opposed. This situation ramified throughout Europe following World War I as European societies sought to rebuild the “quantity and quality” of a diminished manpower base with whatever tools—eugenic or otherwise—came to hand.<sup>9</sup>

What a nation’s elites thought and debated publicly and what transpired between husbands and wives inside most marriages, however, may have been only tenuously connected. One of the strongest themes to emerge from this collection is the systematic divergence between popular values and practices and those of the tiny minority in the intelligentsia who made birth control and sexuality their business to discuss, investigate, and legislate. In this context, the failure of Norway, the Netherlands, and Belgium to halt the fertility decline, despite laws banning the display, sale, and spread of information about contraception, is telling. Frans Van Poppel and Hugo Röling discovered that although many physicians in Holland strove to maintain professional silence on the subject of contraception if at all possible or, if pushed, extolled

9 Loren R. Graham, *Between Science and Values* (New York, 1981), 217–256; Richard Alan Soloway, *Birth Control and the Population Question in England 1877–1930* (Chapel Hill, 1982); Daniel J. Kevles, *In the Name of Eugenics* (Harmondsworth, 1986; orig. pub. 1985); Greta Jones, *Social Hygiene in Twentieth Century Britain* (London, 1986); Paul Weindling, *Health, Race and German Politics between National Unification and Nazism 1870–1945* (Cambridge, 1989), 305–582; Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain* (Chapel Hill, 1990); William H. Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (Cambridge, 1990); Pauline M. H. Mazumdar, *Eugenics, Human Genetics, and Human Failings* (London, 1992).



only the moral virtues of self-restraint, they tended to be among the most effective birth controllers in the population—even those married to relatively young wives with many years of potential fertility ahead of them. Van Poppel and Röling are surely correct that this studied silence was meant to protect the medical profession's hard-won respectability from contraception's negative association with prostitution, abortion, and venereal disease. As Accampo shows, the scenario was similar in France as well as in Britain, where feminists demanding the vote, and socialists were chary of the birth-control issue.<sup>10</sup>

Van Poppel and Röling suggest in their conclusion that physicians' public pronouncements in favor of self-control may not have been mere cant. Physicians may well have practiced what they preached, or at least attempted sincerely to do so. Foucault has famously argued that the aim of the middle class was not to force asceticism and restraint on others but to affirm it in their own lives that they might better create a "'class' body with its health, hygiene, descent, and race." Kemmer constructed a closely documented argument for this thesis with regard to the late Victorian Edinburgh medical profession. So far as the British professional and imperial upper and middle class in general, and the medical profession in particular, is concerned, the evidence indicates an obsessive preoccupation with personal self-control throughout the second half of the nineteenth and first third of the twentieth century. The regime of character formation and respectability focused intensively on instilling a pervasive anti-masturbation ethic in young men. The rationale for this pre-Freudian, socialization campaign was the putative need for men of true leadership caliber to husband the vital energy resources of their "spermatic economy." It went hand-in-hand with notions about the wisdom of moderation and the virtues of sexual continence in marriage.<sup>11</sup>

10 Philip van Praag, "The Development of Neo-Malthusianism in Flanders," *Population Studies*, XXXII (1978), 467–480; McLaren, *Birth Control in Nineteenth-Century England* (1978), 61–77, 157–211; Joseph Ambrose Banks and Olive Banks, *Feminism and Family Planning in Victorian England* (Liverpool, 1964); Olive Banks, *Faces of Feminism: A Study of Feminism as a Social Movement* (Oxford, 1981). See also the revisionist view of the importance of the feminist campaign for male sexual responsibility in marriage (summarized in Szreter, *Fertility, Class and Gender*, 558–564), in the work of Susan Kingsley Kent, *Sex and Suffrage in Britain, 1860–1914* (Princeton, 1987); Carole Pateman, *The Sexual Contract* (Cambridge, 1988); Barbara Caine, *Victorian Feminists* (Oxford, 1992).

11 Foucault, *History of Sexuality*, 125; Debbie Kemmer, "The Marital Fertility of Edinburgh Professionals in the Later Nineteenth Century," unpub. Ph.D. thesis (University of Edin-



The impact of Freudianism and a more outspoken, vote-wielding feminism profoundly modified this ideology during the first four decades of the twentieth century. Fisher and Szreter note that by the 1930s, most marriage-guidance manuals, generally written by qualified medical professionals, were following Stopes' lead in advocating the sexual pleasure of both men *and* women on health grounds and recommending certain contraceptive techniques as best-suited to this purpose. Such manuals were intended for middle-class men, who were invariably instructed to be "the educators and initiators of their wives in sexual matters," but not without due respect for wives' needs and sensibilities, and, inescapably, concern about the dangers of frequent pregnancies to their health.<sup>12</sup>

However, as Fisher and Szreter also show, the vast majority of the working-class population forged its own understanding of sexual pleasure's place in their lives and preferred the most natural forms of contraception, regardless of the copious advice dispensed by the middle-class experts. A practical hindrance like the absence of running water in many homes was a more significant consideration in such preferences.

Sølvi Sogner presents evidence of a similar chasm of perception and practice between the literate educated elites (including physicians) and the laboring masses in Norway. She notes that although certain proselytizers and practitioners advised Malthusian "moral restraint" and abstinence, others considered them unrealistic. A medical enquiry in the mid-nineteenth-century established that the common people were already using prolonged breastfeeding extensively as a deliberate form of birth control, whereas upper-class wives saved their sleep and their figures by eschewing breastfeeding altogether and engaging wetnurses instead, but at the cost of repeated pregnancies.

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burgh, 1989); Alan Hunt, "The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain," *Journal of the History of Sexuality*, VIII (1998), 575–615; Lesley A. Hall, *Hidden Anxieties: Male Sexuality, 1900–1950* (Cambridge, 1991), 130–134; G. J. Barker-Benfield, "The Spermatic Economy: A Metabolic View of Sexuality," *Feminist Studies*, I (1972), 45–74; *idem*, *The Horrors of the Half-Known Life: Males Attitudes toward Women and Sexuality in Nineteenth-Century America* (New York, 1976); Margaret M. Gullette, "Male Midlife Sexuality in a Gerontocratic Economy: The Privileged Stage of the Long Midlife in Nineteenth-Century Age-Ideology," *Journal of the History of Sexuality*, VIII (1994), 58–89; Szreter, *Fertility, Class and Gender*, 558–578.

12 Theodoor H. Van de Velde (trans. Stella Browne), *Ideal Marriage: Its Physiology and Technique* (New York, 1930), 7.

By the twentieth century, the upper classes had stopped employing wetnurses, and the wider populace had begun increasingly to practice withdrawal and abortion in the effort further to restrict the burden of family responsibilities. In the 1930s, abortion was estimated to have reached 10 percent of livebirths. Møller, Norway's radical birth-control campaigner, believed that this practice epitomized the class chasm, describing it in 1917 as a "class penalty" that proletarian women were forced to pay because of sheer poverty and the government's proscription of information about the appliance methods, which, she implied, had become commonplace among the educated elite, anyway.

Nearly twenty years later, Møller's daughter—as one of the commissioners taking evidence for a Ministry of Justice enquiry of 1935—was able to demonstrate that poverty was, indeed, the predominant motive for abortion, though the abortion law did not change until 1960. Sogner concludes that in Norway, the fertility decline happened in spite of, not because of, public discourse and the attitude of the authorities.

In Finland, the issue of birth control never seems to have raised the temperature of public debate as it did in many other countries. Pitkänen attributes this lack of fire to the ubiquitous acceptance there of the nationalist, pronatalist case for a larger population. However, widespread prolonged breastfeeding seems to have been employed there, as in Norway, at least to regulate the frequency with which births arrived. Finland could boast no Roussel, but neither did the Finnish government see fit to ban contraceptives. Statistical evidence indicates that the small Swedish-speaking urban elite were already restricting their family sizes, discreetly and systematically, during the last quarter of the nineteenth century, but others did not do so, beyond the scope of prolonged breastfeeding, until about 1910, the point at which public discussion and advertisement of contraceptives began in earnest.

After 1910 family planning was adopted rapidly by all parties. Surveys report an early prevalence of withdrawal before the 1950s, but then a pronounced shift to condoms. Abortion, however, may have played a much more significant role in Finland than in any of the other countries represented in this issue, possibly accounting for as much as 50 percent of the fertility decline until the mid-1930s (Britain's figure has been estimated at about 10 to 12 percent—more like Norway's). Finnish women's heavy reliance on

postcoital douching, alone, for contraception would help to explain their extraordinary abortion rate, though why such an ineffective method should have been so uniquely popular in Finland at the time remains a mystery. Pitkänen concludes his contribution with a number of hypotheses, but a definitive explanation may require that an oral-history project be launched soon in Finland, before the survivors of older generations are all lost.<sup>13</sup>

Diane Gervais and Danielle Gauvreau's fascinating oral-history study of Quebec's postwar Catholic confessional culture provides an extreme example of division between the elite and the wider populace. This French Canadian society was a special case, in which its elite, the celibate priesthood, was empowered to set the rules of conduct in matters of reproduction and sex and enforce them via the confessional. Celibacy, so vital to the Roman Church in ensuring fidelity to pontifical authority, inevitably separated all but the most sensitive of priests from the daily experiences and cares of the community that they served. Was the late Victorian and early twentieth-century religious, medical, and legal conspiracy of silence about sex in most Protestant societies, a greater "class penalty" than the institutionalized *ménage à trois* that prevailed in the bedroom of pious French Canadians? The oral testimony reported herein attests to the pervasive nature of the Catholic culture's influence on sexuality and reproduction.<sup>14</sup>

Gervais and Gauvreau's interviews portray often intense relationships between confessors and their supplicants in an attempt to negotiate their desire to obey the pope, their desire to satisfy their sexual urges, and their desire to plan their families in accordance with a changing world. These tensions reached a climax in the 1960s, when a virtual craze for the sympto-thermal rhythm method swept the Quebecois flock. As the authors make clear, the method was probably less a practical solution for couples than a temporary balm for the conscience of a priesthood in dire need of a religiously sanctioned, contraceptive method to offer. In this desperate and deteriorating situation, all Catholics waited tensely for six years after 1962 while the Vatican Council deliberated over

13 Szreter, *Fertility, Class and Gender*, 428.

14 The authors note that the 1971 Quebec fertility survey found that 80% of those postreproductive Catholic women (born before 1935) who acknowledged using contraception at all relied on the rhythm method—four times the proportion of non-Catholics of similar age. This had been a distinctive sexual and reproductive culture.

the contraceptive pill. Gervais and Gauvreau convincingly argue that this protracted indecision on the part of the Church during the culturally revolutionary 1960s rendered nugatory its eventual conservative ruling in Quebec. By 1968, priests and believers alike had made up their own rules. Rome's control of French-Canadians' private lives has experienced continuous decline ever since.

The rise of the oral contraceptive pill in the 1960s helped both to explode the Vatican's authority over sex and contraception in Quebec and to make this area safe for the medical profession. As respectable citizens and sincere Catholics, most physicians had been only too happy to leave this minefield to the priesthood. But the arrival of a simple oral medication, which required medical prescription, allowed physicians relatively painlessly to supplant priests as the new, less intrusive social gatekeepers of sexuality and reproduction in Quebec.<sup>15</sup>

Gervais and Gauvreau's study of the French-speaking Catholics of the New World harkens back to Accampo's chapter about France for potential comparative insights. Was French Canadian society influenced by the same image of woman as the epitome of nature as France's, or did this still-rural and nonrevolutionary province have far less of an imperative to view womanhood so? Or conversely, did the ubiquitous use of withdrawal in nineteenth-century France, unlike in twentieth-century Quebec, mean that France's Catholic priesthood simply ignored this practice, that its population ignored the priesthood, or perhaps that its priesthood and population managed to cooperate with one another through casuistry? After all, Father Georges Méthot, a Canadian Dominican, taught at his retreats that withdrawal was not a mortal sin. Did the French have a national, and more successful, equivalent?

The demographic study of fertility decline and the historical study of sexuality and sexual variation are in accord about the importance of pooling disciplinary insights with inductive, anthropological, and historical research into the cultural perspectives and practices of a variety of specific groups and communities in the

15 British physicians had the additional inducement of the fees that they could charge for the pill's administration. See Hera Cook, *The Long Sexual Revolution: English Women, Sex and Contraception 1820–1975* (Oxford, 2004); Lara Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven, 2001), 116–137.

past and present. The dialogue between these two traditions holds great promise for further inquiry into the human management of reproduction. The essays in this special issue exemplify this catholic methodological dispensation, embracing qualitative and quantitative approaches.<sup>16</sup>

Accampo's contribution is the most purely qualitative of the collection. She deploys feminist theory and cultural history's methods of textual criticism to great effect in her incisive decoding of the French establishment's vehement opposition to Nelly Roussel's unique antinatalist feminism. The oral-history research of Gervais and Gauvreau in Quebec and of Fisher and Szepter in England is also highly qualitative and closely allied to anthropology. Gervais and Gauvreau invoke the wider context of historical events to explain a changing relationship between Catholic couples' family-planning options and both Vatican doctrine and the confessional practices of different priests. Fisher and Szepter's work is a more ethnographic and microcosmic look at the sexual self-representations and birth-control options of a generation of ordinary townspeople in Lancashire's famous cotton industry.

Using a highly effective combination of both quantitative and qualitative sources and methods, van Poppel and Röling focus on the reproductive ideas and practices of Dutch physicians, an articulate and influential group so far as contraception and sexuality were concerned. Sogner uses a similar array of qualitative and quantitative methods to sketch an informative account of birth control and abortion in Norway. Finally, Pitkänen's study provides another example of the interpretive gains to be derived from juxtaposing detailed quantitative analysis—in this case of fertility trends in Finland's different urban and rural provinces—with qualitative information derived from the public discussion of birth control that occurred in Finland and from small-scale surveys of birth-control practices.

The set of studies collected in this special issue joins the quantitative strengths of demographic history with the interpretive power of cultural and oral history. The former can pinpoint when,

16 All of the studies herein were originally presented at the twenty-fifth Social Science History Association meeting in Chicago, November 14–18, 2001, in a session entitled "Fertility and Contraception during the Demographic Transition: Qualitative and Quantitative Approaches," organized by van Poppel.

where, and among whom significant changes in family formation occurred, but texts and testimonies are indispensable for a more complete understanding of why those changes occurred and what they meant to the groups and communities involved. Clearly, the myth of a monolithic psychological modernity is hopelessly inadequate as a master explanatory variable to account for the dramatic changes in fertility and sexuality that have occurred during the last quarter-millennium. Although all developed societies, and the individuals who comprise them, have become careful birth controllers, they have arrived at their current practices through an enormous variety of pathways. Correspondingly, given this diverse historical inheritance, birth controllers undoubtedly continue to view their relationship to reproduction and sexuality in different ways. The larger agenda posed by these studies is to build a comparative history of international sexual and reproductive cultures that is also sensitive to the many important variations within nations.<sup>17</sup>

<sup>17</sup> See Franz X. Eder, Hall, and Gert Hekma (eds.), *Sexual Cultures in Europe: Themes in Sexuality* (Manchester, 1999); *idem* (eds.), *Sexual Cultures in Europe: National Histories* (Manchester, 1999) for the variety of pathways that different societies took to birth control.