

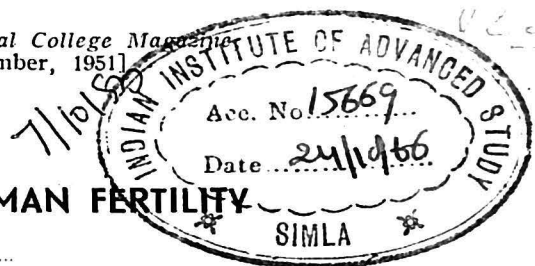
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PROBLEMS OF HUMAN FERTILITY

BY

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India is a land of paradox. Here we find, living almost side by side, the Nizam of Hyderabad one of the richest men of the world and the humble man who finds it difficult to make both ends meet. Here we find babies in arms being given away in marriage while on the other hand many adults do not contract a marriage till as late as 40 or even 50 years of age. Only the other day we found, in Calcutta; Dr. Abraham Stone, who came on invitation, talking on the subject of family planning with a view to checking over-population; while a few days later another speaker, Lt. Col. V. B. Green-Armytage, also on invitation, speaking on the opposite subject of sterility. One thus wonders as to what really is our problem then? I believe that both over-fertility and sub-fertility are our problems at present, although it may appear rather strange at first thought. These two subjects deserve serious attention of, and study by, all concerned—the people of the country, leaders of thought in the fields of politics, economics and various resources of the country and, perhaps most of all, by medical men who, as has been aptly pointed out recently by one of our leaders, will have to engage themselves more and more in the problems of man and his environments and thus take even increasing role in improving not only the physical but also the mental well-being and upliftment of the people in general. The tasks ahead of future medical men of our country will be different and difficult, they will not only have to look after illnesses

when they occur, but in addition, must have to educate the public in matters concerning health and create healthy public opinion in order to pull up the nation from the present very poor standards of health.

Medical men and students are often confronted with problems of lowered fertility—commonly termed “sterility” of various grades. Sometimes the husband brings his wife or the patient herself takes the initiative, at other times the mother brings her daughter or the mother-in-law brings along her daughter-in-law to the physician (or to the hospital) with a view to find out as to why a baby is not coming forth. Such alleged *prima-facie* cases of sterility may be of several types, most of them have had no conceptions before, but a few patients are found to have one or more pregnancies before—after which a variable period of time has gone by without any pregnancy. Moreover, the previous pregnancies might have ended in abortions or might have resulted in full time live births. Such patients are variously labelled as “cases” of primary, secondary, or sometimes also as of relative sterility. But before such cases of “sterility” are undertaken for investigation and treatment, many other factors have to be taken into account, and some observations on these will not perhaps be out of point.

Sterility is an abstract term meaning incapacity to procreate. Extreme forms of congenital or acquired defects, either in the wife or in the husband, so as to preclude any possibility of a conception, do occasionally

occur but are not so very common as sometimes thought; and hence a more scientific, and a much kinder term of "lowered fertility" is perhaps more justifiable while referring to such patients. Although child-marriages are not rare, particularly in the rural areas, their incidence is steadily decreasing; and on the other hand, owing to increasing cost of living, economic depression and much delay in getting established in life, the average age of marriage for men and women are steadily on the increase. The result inevitably is that, amongst the enlightened and educated public, 20 to 25 years is the average age at which women nowadays have an opportunity of bringing forth their first offsprings. Like the western countries this age-group is likely to go up higher and higher if the present state of things continue. We have to consider several side-effects of this rise in age of marriage. In years gone by, with girls married at much younger age, it was usual to wait for 3 to 4 years after marriage before consulting the doctor for problems of sterility. But with modern late marriages it would be unwise to wait for so many years without welcoming the first pregnancy or seeking medical advice to improve fertility. For otherwise, the lady may come in as an "elderly primigravida" with all its dangerous potentialities, or it may be too late to improve upon the status of fertility of the couple. While it is the duty of medical men to stress on these points, the parties concerned are usually found to drift into the opposite way. It is a common thing to find such couples to secure advices on, and methodically pursue, contraceptive practices. Moreover, when such women ultimately do conceive they often suffer from pregnancy-toxæmia and other disabilities during pregnancy, and bring very trying anxious and troublous times (for all concerned) through childbirth and puerperium. Due to inexperience, and often due to absence of elderly

relatives (as commonly seen nowadays) in the house, such elderly primiparous mothers find it difficult and sometimes are unable to nurse and to manage the young baby; some others again "overdo" the baby's looking-after. Such a state of affairs invariably tells upon the health, welfare and often the life of the baby—a thing which is highly undesirable in view of the usual lowered fertility in these late marriages. Some authorities on Eugenics maintain that offsprings born of pregnancies in later life are usually not so good in health, vitality intelligence etc., as those born of earlier (but not in childhood) pregnancies. Of course there are exceptions to this contention—like late Rabindranath—but perhaps such exceptions prove the general rule. Want of understanding and co-operation is another factor that often prevents an early pregnancy in these women with late marriage, she is perhaps quite keen to be a mother but the other party, may be for economic or for other reasons, is equally keen to avoid a pregnancy "so early" after marriage—little realising that the optimum time for procreation and for raising good progeny is fleeting quickly past.

The points mentioned above should be well appreciated by all medical men, and specially those who come in intimate contact with their clientele as their family physician, and thus help to build up suitable healthy public opinion. When, however, the physician is consulted for alleged sterility, the first thing to do is to take a careful history and specially try to find out the real cause for the consultation as well as the possibility of deliberately preventing conception by some party or the other. This point may be well illustrated by the following cases which came under our care. A young patient was brought by her mother-in-law for investigation of alleged sterility. Enquiry revealed that the couple was practising contraception, obviously unknown to the patient's mother-in-law. A well-directed talk settled the

matter and there have been several pregnancies since. In another case, another elderly lady brought in her "modern" daughter-in-law for alleged sterility where, on proper enquiry, it was found that while the patient's husband was quite healthy, keen and active, she herself was of an "intellectual" type and very much averse to marital relations. Here also the "sterility" was completely cured by a suitable talk with sympathy and understanding. After the history has been taken with due care, investigation and examination should be undertaken in a regular and systematic way. Here it must be kept in mind that just as fertility depends both upon the husband and the wife, lowering or absence of it may also be (and often actually is) due to both. Hence both of them should be properly examined. The general health should be properly checked up, chronic debilitating diseases properly treated if found, and an examination of blood, urine and the B.M.R. undertaken if found necessary. Gross abnormalities of the genital tract precluding pregnancy *e.g.*, absence of the uterus or the vagina, if found, should be properly investigated and carefully explained to the party. It should be appreciated that great tact and sympathy is frequently necessary in such cases and sometimes it is desirable not to hurt the feelings of the wife but rather to explain in detail to the husband. Bilateral non-descent of testes may occasionally be responsible for sterility of the couple, and may often be relieved by appropriate surgery. In the absence of any obvious abnormality either in the history or by the examination of the wife or of the husband, pregnancy has sometimes been achieved by advising the couple to limit their sexual contacts to the 12th to the 16th day of the menstrual cycle—the most fertile period in women whose menstrual periods are quite regular. Genital hypoplasia and defective spermatogenesis of mild degree can often be improved by

administration of male sex hormone or gonadotrophic hormone by regular injections. Slight degree of hypoplasia of the uterus, with well-developed secondary sex characters are often benefitted by oestrogen therapy by mouth, by injection and better by crystalline hormone implantation. In cases of more than slight defective development, administration of gonadotrophic hormone occasionally gives very satisfactory results in properly selected cases. Indiscriminate use of these hormones are not likely to succeed and bound to result in discredit to a valuable therapeutic aid and unnecessary waste of time, money and energy. Surgical interference like dilatation of the cervix and insufflation of the fallopian tubes may be undertaken in suitable cases. This serves to furnish us the information regarding potency of the tubes and occasionally serves to open out minor blockages in the tubes. But it must be appreciated that major surgical procedures like abdominal correction of a retroverted uterus (Gilliam's operation) or operations like salpingostomy must never be undertaken before the husband has been fully investigated and found not to be at fault. Moreover, a promise to cure her sterility should never be held out to the prospective patient before undertaking such operative procedures, for the real cause of sterility might yet have eluded the search of the practitioner and thus bring disgrace to him through his unjustified promises.

Patients of the opposite type, that is prolific couples are also quite frequently met with although it is, as yet, very rare that they seek medical advice for this reason. The cause for this state of affairs is not difficult to understand. It is well known that ill-fed, ill-clad, ill-housed poor and unhealthy people breed most, and these people are steeped in so great illiteracy and ignorance that they scarcely give a thought to the repeated reproduction that they continue

to have, and at best accept the newer and newer arrivals in the family as gifts of God wherein they themselves have no control. As a paradox we see the opposite kind where educated healthy sophisticated young men and women nowadays want to put the limit at three or two children and desire to obtain their objective by requests for sterilisation, and ultimately succeed in inducing some doctor to perform the operation. In connection with prolific fecundity, which is so commonly seen in this country, medical men have to, and can, play a great role to improve the conditions of the country—both from the economic and from the healthy points of view. Too early marriages and too many oft-repeated pregnancies are directly responsible for this uncontrolled increase in population which has become a serious problem in India today. The present rate of increase in population in India is indeed very big. This is directly causing widespread overall food shortage and general unemployment on the one hand, and causing degeneration of the health, build, stature, vigour and intellect of the nation as a whole on the other. This rapid increase of population must have to be checked if India is to be built into a strong and virile nation, from the eugenic, national economic and all other points of view; for there is overall shortage of all essential necessities of life, and unlike the United Kingdom, the excess population of this land has no place to migrate to. It has been shown that in order to build a healthy virile and intelligent nation, a couple should have not more than two to four children depending upon the physical and mental capabilities of the parents, as well as their advancement in years and economic resources. Too many children are usually left uncared for, and children born in later years of life are likely to be left behind as orphans. All leaders of thought should put their heads together to bring about a solution of this huge problem; and medical

men should take their due share in shaping public opinion and rendering medical aid as and when necessary. Many people with a selfish and escapist trend of mind seem to think that sterilisation of the wife by ligation of the fallopian tubes, after having 2 or 3 babies is the best way out of the difficulty. But a little thought will convince any one that this cannot be so. Sterilisation of the wife brings on innumerable difficulties in her physical and mental well-being. She is too often almost transformed into a machine for purposes of satisfying the unbridled sex urges of the inconsiderate husband, resulting in her untold suffering chronic pelvic complaints and menstrual disorders. Moreover, the urge to be a mother and having a baby is often re-kindled in the patient after several years; and such a feeling can then only end in a sense of frustration. I have seen the miserable plight of a mother who had got herself sterilised after having three sons, all of whom had subsequently died of various diseases in the course of a year. Sterilisation of males however are not likely to lead to such difficulties, but it is extremely difficult to get them agree to submit to it. Sterilisation, of either the husband or the wife, cannot be a substitute for family-planning or planned parenthood; for the most important point in the latter is the proper spacing out of children whereby the mother can recover her health following childbirth and give her due maternal care and supervision to each child—before the next one is conceived. On the other hand, under the present conditions in our country, it is perhaps necessary to promulgate laws to enforce sterilisation of diseased, infirm and decrepit persons to prevent the birth of unwholesome and unproductive progeny—from the eugenic point of view. In an attempt to help the proper spacing of children and also with a view to prevent serious damage to maternal health consequent upon surreptitious and criminal

interruptions of pregnancies, several countries, notably Russia, at different times, had legalised abortions whereby an undesirable or an accidental pregnancy could be easily disposed of by summoning the assistance of a doctor within the bounds of law. But time has disillusioned the sponsors, and in every land such laws have all been repealed.

Mass education is urgently necessary in order to check the rapidly increasing population pressure as also to build up a healthy virile nation. Medical men can, and should, help a great deal in this nation-building aspect of preaching for health and virility in the next few generations by spreading amongst our clientele the knowledge about limitation of birth of offsprings and family-planning with a purpose. Every day of our life in the Eden Hospital we come across with several women who conceive at least once a year, are in shattered health through repeated childbearing, come to the verge of death with profound and progressive anæmia, and yet have not got the slightest idea that these things are preventable and need not necessarily be meekly submitted to or taken for granted as "gifts of God". It is no doubt true that illiteracy, ignorance, superstition shall have to be removed, education made broad-based and compulsory in the primary stages; food shelter and clothing for the masses have to be provided for, before any tangible improvement can be brought about. But, we as medicos should also play our part and exert ourselves for the widespread dissemination of health-informations. Our women, particularly of those who breed most, are so very illiterate, ignorant and callous that they very often do not know their ages and rarely remember the dates of their menstrual periods. Obviously, such patients are entirely unsuitable for a trial of the "Rhythm method" of Family Planning advocated by Dr. Abraham Stone and based on the theory of Knaus and Ogino that the 12th to the 16th day of menstruation (in a

regular 28-day cycle) is the most fertile period, allowing for slight natural variations of ovulation-time, the period of fertilisability of the ovum and the period of fertilising capacity of the sperm cells. Moreover there are fallacies and possibilities of error even in the above mentioned theory and the Rhythm method. Only the other day a learned speaker (V. B. G. A.) told us here that a small (about 20) per cent of pregnancies have been found to occur even in the so-called "safe" period.

In order to beget a well-planned family, a couple must first assess their economic, health and other resources, decide about the number of children they can, and should, raise; and then space out the conceptions to intervals of 3 to 4 years or otherwise according to convenience, avoiding too small or too big a gap between consecutive conceptions and childbirth. The next problem is—how to attain the desired objective thus decided upon. A widely practised method—withdrawal—deserves mention only to be condemned, as this brings in its trail endless complications, physical and mental, specially in the wife.

Regarding the various methods for spacing of pregnancies that are practised or are available to the public, it is unfortunately a fact that no method can be regarded as perfectly safe giving a 100% guarantee against conception—except of course the advice for celibacy or abstension which is not a practicable suggestion for obvious reasons. Mechanical appliances put into, and kept inside, the uterus are sometimes advocated in foreign lands but are unsuitable and cannot be recommended for the illiterate and ignorant masses of our country who need to restrict growth of family most of all. It may be said however that a combination, of some mechanical obstruction along with the introduction of some viscid chemical to interfere or intercept (and perhaps kill) the spermatozoa, is usually reliable and gives

the best of success with most of the people. The actual details vary, and there are numerous indigneous practices in various countries with the same object in view. Detailed instructions must always be had by careful consultations with a qualified medical practitioner. The efforts of the Bombay Municipal Corporation, in this respect, are commendable. There they have opened family-planning clinics in poor and slum areas and are reported to be making good progress with larger and larger attendances every month. It appears reasonable that such clinics should remain attached to a big maternity hospital having gynæcological,

antenatal and also postnatal out-patients' departments. As matters stand to-day; the rich, educated, sophisticated and upper-middle strata of urbanised population are gradually heading towards slow extinction by economic pressure and excessive practice of contraception while the country's population is increasing at a very rapid rate through unchecked breeding and over production amongst the poor, illiterate and ignorant teeming millions over the countryside. It is high time that medical men should take up their serious responsibilities in educating the public and supplying the medical help wherever necessary.

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