

Violence, Care, Cure

Self/perceptions within the Medical Encounter

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Touching matters of care

A visual approach to care and violence in
Dr Marie Stopes' birth control campaign

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1 Touching matters of care

A visual approach to care and violence in Dr Marie Stopes' birth control campaign

Nora Heidorn

Care and violence can co-exist ambivalently, woven together in the same stories, objects, or personalities. I learnt this after setting out to find material things that speak to how the marker of race has historically impacted the broad field of sexual reproduction. I undertook this research as part of a practice-led PhD in collaboration with Birth Rites Collection, a unique contemporary art collection focused on the theme of childbirth. The British-based collection featuring international artists speaks to a range of experiences – mostly maternal – of fertility, pregnancy, birth, and parenthood. In my eyes, the interdisciplinary field of study and artistic work around sexual reproduction require an intersectional approach that goes beyond the traditional focus of white feminisms on gender. It is particularly crucial to address how other identity markers such as race, class, and ability impact experiences of sexual reproduction and healthcare provision in the wake of the MMBRACE studies of recent years, which consistently found staggeringly different rates of post-partum maternal mortality for Black, Asian, and white women in the UK's public health system (MMBRACE-UK 2019, 2020).

As a researcher and writer with a background in curating contemporary art, I knew that my inquiry would depart from existing material things that instruct and direct my learning about this field. An initial search for the terms 'reproduction' and 'race' in the online catalogue of the Wellcome Collection, an interdisciplinary gallery about health and medicine in London, returned an image of the 'Prorace' cervical cap, a barrier contraceptive from the 1920s (*'Prorace' cervical cap, England, 1915–1925* n.d.). The cap was trademarked by Dr Marie Stopes, instigator of the birth control movement in Britain, a feminist pioneer as well as an ardent eugenicist – hence the trademark 'Prorace'. Over the next months, this object taught me about the concomitance of care and violence.

The 'Prorace' cervical cap is a small, brown rubber object that is easily overlooked in its display case in the vast Medicine Galleries at the Science Museum in London, where many of the Wellcome Collection's holdings are on long-term loan (Figure 1.1). The mass-produced barrier contraceptive of rubber, used to cover the cervix to prevent pregnancy, is similar to the diaphragm.¹ Being aesthetically and materially rather uninteresting, the cap is not an obvious candidate for a research practice that works with visual and artistic strategies. And yet, the 'Prorace' cervical cap raises crucial questions about an eugenic agenda in a white

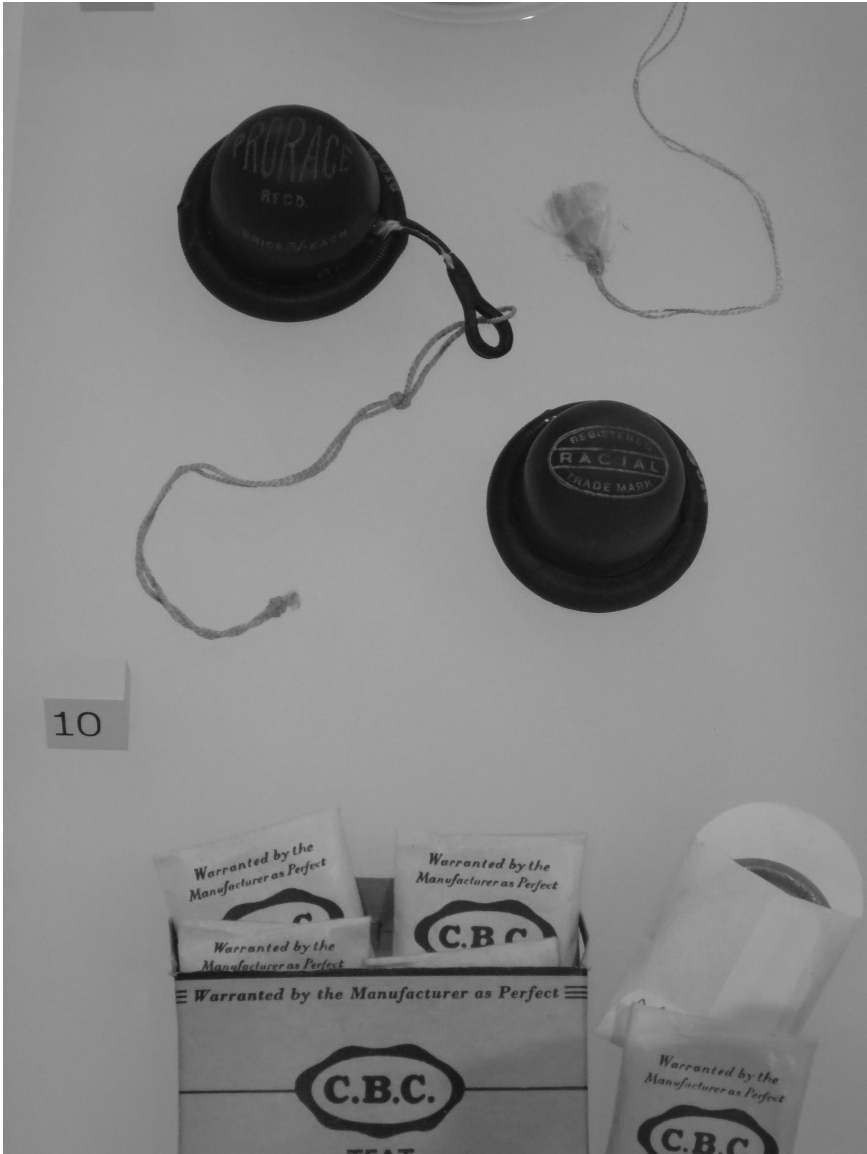


Figure 1.1 ‘Prorace’ and ‘Racial’ brand cervical caps and condoms associated with Marie Stopes’ Society for Constructive Birth Control (CBC) on display in the Medicine Galleries, Science Museum, London. Photograph by the author.

feminist struggle for reproductive healthcare and female sexual pleasure in Britain’s burgeoning modernity, and more broadly, about how ideology is imbued in (healthcare) technologies.

My practice-research was concerned from the beginning with how to mediate the complexities of the ‘Prorace’ cap for other people: to ask questions about it, to

start a discussion, and to encourage others beyond specialist circles care about it. Using artistic research methods and drawing upon new articulations of the experimental humanities and the critical medical humanities, I stage the ‘Prorace’ cap as a matter of care: a thing that exists in the world and requires critical and caring attention (Puig de la Bellacasa 2017).

Throughout this chapter, the reader will find short interjections taken from letters from working-class women and men all over the UK who wrote to Marie Stopes for advice on sexual health and contraception during the 1920s. I selected particularly poignant and emotive fragments from hundreds of letters collected in Ruth Hall’s book *Dear Dr. Stopes: Sex in the 1920s* (1978).² These letters give a visceral sense of both public and intensely private conversations around sex, contraception, health, and maternity in 1920s Britain. They highlight that there was a desperate need for effective contraception and that access to reproductive health-care was, above all else, a class issue.

This correspondence importantly shifts the attention from Stopes (whose complex personality and multiple feuds have fascinated biographers and preoccupied scholars) to the people who read her books and magazine columns, attended her clinics, wrote to her for advice, and were the (potential) users of the ‘Prorace’ contraceptives. These fragments are not used conventionally as primary sources within the academic argument; rather, they appear as glimpses of the lived realities of Stopes’ working-class correspondents and contraceptive users. The letters are transcribed in Hall’s book uncorrected, and I too transcribed these fragments as printed.

Marie Stopes and the birth control campaign

Dr Marie Stopes was a highly educated upper-middle-class woman who began her birth control campaign after earning a PhD in palaeobotany. In 1918, she published the first of her books, the ‘epoch-making marriage manual’ *Married Love*, which was read across Britain and the Empire (Hall 1998, 108). Its practical sex instructions and insistence on female pleasure in marriage were ground-breaking. Stopes went on to found Britain’s first birth control clinic in North London in 1921 and subsequently established a network of clinics across the UK through her Society for Constructive Birth Control and Racial Progress (Neushul 1998, 247). The clinics provided contraceptives and sexual health advice to married women of all classes.

*Your book came up for discussion in
our psychology class and the Dr said
it was a very good thing to have in
the hands of Drs and Scientists but*

*he strongly advised none of us to
read it which of course made us all
very keen*

The cervical cap was Stopes' contraceptive of choice, which was promoted throughout her birth control campaign and represents perhaps the most important material artefact remaining from her legacy. Stopes did not herself invent new methods of contraception but collected data about the efficacy of different contraceptives in her clinics and made improvements on the design of the cap. The cervical cap was an ancient method that the German gynaecologist F.A. Wilde had revived in the early nineteenth century (Neushul 1998, 255). The historian of science and technology Peter Neushul notes that users found the cervical cap difficult to use (in comparison with the more straightforward diaphragm), and that it required familiarity with the anatomy of the vulva and cervix, which many women lacked (Neushul 1998, 248, 252).

*I cannot understand how to place
this cap inside to make it safe and
firm fitting*

It is important to note that when Stopes first started, the medical professions in Britain and the USA had little knowledge of or interest in contraception, so she 'had no medical model on which to base her clinics and no established body of literature on birth control technology' to draw on (Neushul 1998, 247). The historian of medicine Claire Jones explains that at this time before WWII, 'the medical, charitable, and commercial sectors involved in birth control occupied the hinterland of respectability and the lines between business, charity work and medicine were often blurred' (Jones 2020, 9–10).

Throughout her campaign, Stopes emphasised the use of contraception as a modern and scientific solution to both personal and societal problems, advocating for 'joyous and deliberate motherhood' (Society for Constructive Birth Control and Racial Progress n.d.). She believed that access to contraception would make mothers happier and healthier, and improve marriage, childhood, and family life – strengthening the family as the integral unit of the nation. She made special efforts to reach working-class mothers, whom she believed needed access to contraception most, to limit their number of pregnancies for economic and health reasons.

*I am wonderfully surprised at the
homely unobjectionable manner
your pamphlet deals with the subject*

Today, Stopes is primarily known as a feminist pioneer whose work improved the reproductive choices of British women, but her campaign was also motivated by an eugenic agenda to improve the ‘fitness’ and genetic makeup of the population. Her eugenic beliefs are apparent in works such as *Wise Parenthood* (1918), where she introduces lay audiences to the ‘racial and national necessity’ of contraception for ‘the greatest of the steps humanity can take in its next evolution’ (Stopes 2007, 35). Here, she explains to married couples that ‘the world needs the products of sound and beautiful love’, but not ‘children from unsound stock’ (Stopes, 2007).

*I think that I have done my duty to
my Country having had 13 children
9 boys and 4 girls and I have 6 boys
alive now and a little girl*

Historian Philippa Levine explains that in the early twentieth century, ‘anxieties over depopulation *and* overpopulation became associated with an eugenics movement concerned that the “wrong” people were reproducing most and that the quality of ruling elites might be degenerating’ (Levine 2018, 490). Questions around the health, strength, and vigour of populations were tied to prevalent nationalist and colonial interests. Scientists became preoccupied with how states could manage the overall ‘fitness’ of their populations by applying ‘scientific eugenics’. The discourse of population efficiency, which applied ideas and vocabularies from animal breeding, was also adopted by social reformers and birth control advocates, such as Stopes or the American family-planning campaigner Margaret Sanger (Wilmot 2018).

‘Prorace’: Branding, ideology, and biopolitics

Scholars working on Stopes often make clear that she was an eugenicist but focus their studies on a different aspect of her work. For example, Peter Neushul’s paper examines the establishment of Stopes’ clinics and her preference for the cervical

cap over other contraceptive technologies, Claire Jones' book investigates the commercial aspects of the birth control movement, Paul Peppis' article is concerned with language and modernity in Stopes' writing, and Susanne Klausen's chapter studies Marie Stopes' influence across the British Empire, in particular in South Africa (Neushul 1998; Klausen 2002; Peppis 2014; Jones 2020). My research on the 'Prorace' cap, branded as it is with the eugenicist trademark, required a more in-depth study of Stopes' ideology and how she used the contraceptive as a means of disseminating her message alongside the more traditional communication channels of books, pamphlets, and advertising.

The 'Prorace' brand creates in the user's mind an immediate association between contraception and the theories of eugenics. Not only is the trademark stamped onto the dome of each cap as an ideological loading of the product, it can even be considered a very condensed instruction for users. I believe that Stopes intended it to act in a practical sense as a reminder, especially for women, of their responsibilities as reproducers, not just towards their own families but also as 'citizen-mothers' whose 'civic responsibilities were tied to motherhood' (Levine 2018, 496). The trademark was not only ideological but also pedagogical in function, much like Stopes' books, articles, and plays on sex, marriage, and contraception.³

*I am under notice to leave my house
owing to my large family*

As a white feminist living in Western Europe, I had no prior knowledge of a connection between feminist activism and eugenics in the early twentieth century. In fact, it seemed incongruous to me at first that this suffragette and advocate of female sexual pleasure was also an eugenicist. Writing about Stopes' American counterpart Margaret Sanger, historian of science Alison Bashford (2018, 507) clarifies that feminism and eugenics were not at odds: 'although often assessed as conflicting ideologies, feminism and eugenics [...] were easily and widely reconciled as programmes for progressive human transformation, at individual and population levels'. This agenda of 'progressive human transformation' also inspired Stopes' campaign and the trademark 'Prorace'.

Stopes' Society for Constructive Birth Control and Racial Progress used a birth control slogan that invoked the notion of race: 'JOYOUS AND DELIBERATE MOTHERHOOD – A SURE LIGHT IN OUR RACIAL DARKNESS' (Society for Constructive Birth Control and Racial Progress n.d.). The eugenic narrative lifted motherhood out of social and economic invisibility and from the private to the political realm, casting it as a noble task of crucial importance to the evolution of the human species. This slogan simultaneously idealises the mother figure and burdens her with the impossible responsibility of birthing and rearing ever more

perfect and productive humans. The racially loaded metaphors of light and dark are employed to create a contrast between a bright, wholesome future for motherhood and the vague invocation of ‘racial darkness’, the perceived threat of population decline.

*if I have any more it might prove
fatal my inside is quite exhausted*

Stopes set her ideal of an eugenic maternity being under the control of women against the harsh reality of involuntary motherhood, a common result of the lack of contraception and abortion care: ‘Slave mothers have produced in the past, and are producing to-day, myriads of weak, inefficient, diseased and miserable lives’ (Stopes 1925, 4). For her, it was evident that weary, overburdened, and poor mothers invariably produced wretched babies (whom she feared would have to be reared at the expense of taxpayers), not the ‘splendid babies’ that would advance ‘the race’ (Stopes 1925, 4). Through her promotion of the cervical cap prescribed in the vast majority of cases in her clinics and the emphasis on women and mothers in her propaganda, it becomes clear that Stopes saw that the responsibility for ‘eugenic evolution’ lay with women.⁴

*The health visitor was disgusted with
me when I asked her about it ... she
said it was very wrong to do any
thing to stop yourselves from having
children*

The ‘Prorace’ cervical cap was not only a technology to manage fertility. It was also intended as a biopolitical technology that would act on a population-wide scale. Like other technologies, it served users’ needs but also shaped their subjectivities. The science historian Maria Rentetzi’s (2011, 377) work shows how healthcare products can act as ‘tools that discipline patients’. Furthermore, the philosopher Paul B. Preciado’s (2013, 191–211) analysis of the contraceptive pill invented in the 1960s shows how contraceptives and pharmaceuticals can condition, choreograph,

and even *produce* the very user they are designed to serve. Similarly to how the compliance package of the pill in the 1960s was designed to remind the user of her daily intake, the ‘Prorace’ cervical cap was intended to remind users in the 1920s and 1930s of their eugenic responsibilities to the nation. The eugenic trademark communicated to users that whether to have babies or not, and how many, were political choices tied to ideas of citizenship and anxieties around the strength of the nation state and Empire. Whether she is swallowing the pill or inserting a branded cervical cap into her vulva, the user literally internalises the loaded technology; she absorbs the object with its ideological dimension into her body. The cap, then, was a necessary cure to the problem of unwanted pregnancy – access to contraception is now a human right according to the United Nations charter – as well as an object inscribed with the violence of eugenic classism, racism, and ableism.

*Its wicked to bring children into the
world to Practicly starve and be a
burden to the ratepayers*

Staging a matter of care

My work on the cervical cap as both a technological and visual artefact is informed by Dr Fiona Johnstone’s *Visual Medical Humanities*, which embraces ambiguity and the suspension of certainty in the interdisciplinary field of the medical humanities. Johnstone (2018) writes that whilst ambiguity is ‘often particularly evident in the case of the art object, it is also suggested by visual forms less obviously open to subjective interpretation, such as clinical objects, medical records or other purportedly documentary or evidentiary materials’. Taking inspiration from this approach and using photography, collage, and interactive digital design, I sought to develop a project that would stage the historical ‘Prorace’ contraceptive as a complex artefact, which sits ambiguously between feminist emancipation and the violence of eugenic ideology, between care and violence.

My thinking about the re-presentation of the ‘Prorace’ cap as a ‘Matter of Care’ is framed by María Puig de la Bellacasa’s care ethics. Her ‘Matters of Care’ departs from Bruno Latour’s concept of ‘matters of concern’, a philosophy of paying attention to the ethical and socio-political dimension of things often considered neutral, such as scientific findings or technologies (Puig de la Bellacasa 2017). Where Latour’s being concerned can remain passive, Bellacasa calls for the more active verb ‘to care’. She argues that caring for things (as a scholar, an activist, an artist, a consumer, etc.) requires us to *do* things: ‘advocating for care complements the respect for things

or Matters of Care with an ethical *doing*: the practical responsibility to take care...’ (Puig de la Bellacasa 2011, 90). The Science and Technology Studies context of her care ethics is coherent with this investigation of the contraceptive cap, but all kinds of objects and artefacts – ‘things’ – could become Matters of Care through caring and critical attention to what they represent and what they do in the world.

*We would like a little pleasure out of
life before it is too late*

With my background in curating contemporary art, it particularly struck me that Bellacasa uses the terms ‘to stage’, ‘expose’, ‘re-present’, and ‘exhibit’ when describing what it takes to *make* Matters of Care (Puig de la Bellacasa 2017, 92, 94, 99). This vocabulary – borrowed from theatrical production and exhibition-making – implies that Matters of Care require being made public in considered ways. Taking care extends to re-presenting things ‘in a way that makes others care for their existence’ (Puig de la Bellacasa 2011, 91). This form of active responsibility was the practical task at hand: to stage the ‘Prorace’ cap beyond specialist discussions on the history of contraception or eugenics.

Touch, proximity, and hygiene

The images of the ‘Prorace’ cap that have been made by the Science Museum and the Wellcome collection are uniform, professional, and purportedly neutral: the cap was always photographed sitting on its rim with the dome facing up, on its own in front of a grey or white background. In a 3D scan that is available on the Science Museum’s website, it is set in empty black space like a lone planet in the universe (*‘Prorace’ cervical cap | Science Museum Group Collection*, n.d.). The more time I spent with these images of the cap, the more the neutral photographic backdrops and identical positioning of the object began to bother me – this standard museological professionalism seems to create a hygienic zone around the object that implies a matter-of-fact neutrality for the thing itself.

A similar effect is created by museum displays that group objects of the same kind. This taxonomising logic allows easy comparison but forecloses contact with other types of things and their meanings. I felt a desire to disturb the neutral emptiness around the ‘Prorace’ cap in the museum’s photographs. Following this affect, I considered how I might visually put the object in contact with other things, complicating its representation and highlighting the contradictory ways in which it speaks to both care and violence. Would different images of the ‘Prorace’ cap prompt other people to care about this unattractive, easily overlooked thing enough to want to find out what it is, what it means?

*They told me I must have no more
children, and yet when I ask them
how I could prevent it they just shrug
their shoulders and smile*

A different vitrine in the Medicine Galleries at the Science Museum is more interesting than the one holding my object of study. Its display combines a wooden model of a sailing ship, a yellow-and-black flag signalling quarantine, a respiratory mask used in plague times, and a full-body hazard suit used during the 2014 Ebola outbreak. Without purporting to be comprehensive or even geographically or temporally coherent, this assemblage tells stories about colonialism and trade, about contact and contamination, and about disease and the anxieties around purity I recognised from my research on eugenics in the early twentieth century (Figure 1.2).

After collecting materials on Stopes' clinics and the cervical cap in the Wellcome Library and photographing displays in the Science Museum, I began to combine these visual research materials by collaging. For example, the hazard suit with thick rubber gloves from the display reminded me of a guide I had been given in the Wellcome Library, which features photographs of archivists' hands in purple latex gloves, demonstrating how to handle rare books, photographs, and documents. I used these ready-made images of disembodied gloved hands to hold and handle other visual fragments in my research-collages.

Through this visual research practice, touch emerged as a strategy to at once highlight and disrupt the concept of hygiene that was so central to eugenic ideology. Irving Fisher, president of the Eugenics Research Association, explicitly made this connection in 1921:

Hygiene and Eugenics should go hand in hand. They are really both hygiene – one individual hygiene and the other race hygiene – and both eugenics – one indirectly through safeguarding the quality of the germ plasm, and the other directly through breeding.

(Cogdell 2004, 188)

*It is through my weakness of body
that I become pregnant every single
time we submit to Marital Rights*

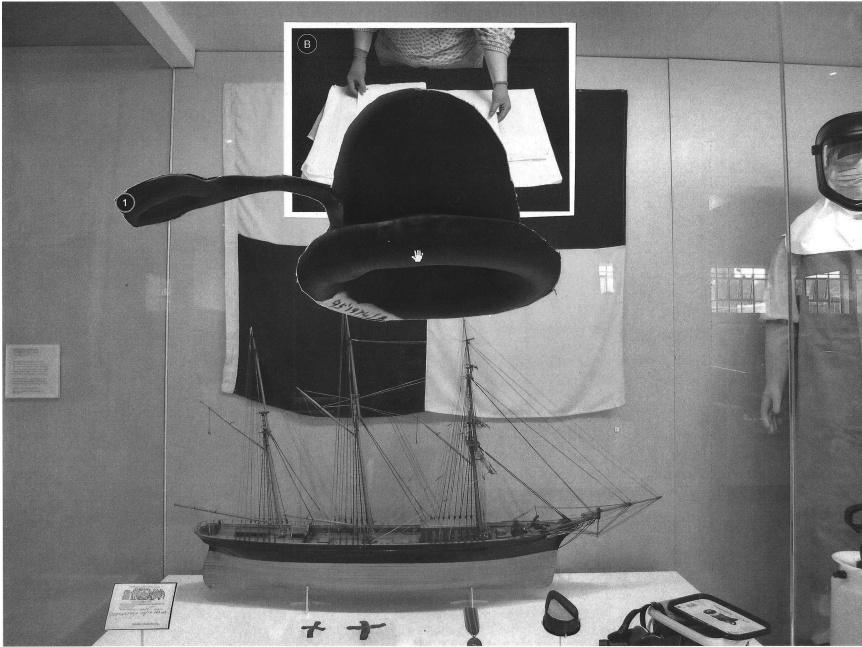


Figure 1.2 Nora Heidorn, research-collage, 2021.

Anxieties about contact and contagion were in the air during my work on this project – after all, it began during the COVID-19 pandemic. Through the protocols that regulate touch, symbolised by latex gloves, I was able to create a visual link between the clinical spaces of Stopes’ birth control centres and the places in which I encountered what was left of them: the museum and the archive. The gloved archivists’ hands in my research-collages came to stand for the practical *doings* that it takes to make *Matters of Care*, a purposeful recontextualising to make things matter to others.

The emphasis of the resulting research-collages on the haptics of archival work echoes my desire to metaphorically touch my research object through my work, to reach for what the artist Onyeka Igwe describes as ‘critical proximity’ with the object and its associated archives, to become involved with it rather than to study it from a supposedly objective distance, and to embrace the partiality of the research and allow the knowledges of affect and instinct to guide this process (Igwe 2020).

*You can imagine my horror when I
felt a movement in the body*

It was important to me that the visual re-presentation of the object should not resolve its complex relationship to care/violence and emancipation/oppression. It should not instruct the viewer in what to think about the ‘Prorace’ cap or Stopes’ legacy but rather propose them as questions to critically consider and care about in the first place.

Touching matters of care

Following an invitation from Birth Rites Collection as part of their initiative to commission digital works, I made the interactive digital project *Touching Matters of Care* (*‘Prorace’ cervical cap, 1915–1920*) that is freely available to use online.⁵ It appropriates the Science Museum’s 3D scan of the ‘Prorace’ cervical cap to stage this object and its attendant history of eugenic feminism as a Matter of Care, a complex thing that speaks of both care and violence, requiring our careful attention.

*My husband who is a Catholic does
not believe in stopping life by any
means when I say I do not want any
more he gets very nasty with me*

Working with the 3D scan of the cap was a natural choice since this online resource was how I had initially approached the object. I began this research in late 2020 during the COVID-19 pandemic, when the Science Museum, where it is on display, was closed. When the museum reopened, it was not possible for me to travel to the UK with any guarantee that I would be able to return home. During this period, my engagement with my research object was purely virtual, which initially seemed like a disadvantage. However, I soon realised that the touch simulated by the interactivity of the 3D scan allowed me a proximity to the object that I did not have when I observed it in its vitrine in the museum.

Moreover, navigating the 3D scan allows for a playful manipulation of the object, such as by flipping and spinning it. Touching or moving the object around would, of course, not be possible at the museum, where artefacts are only handled by certain staff under controlled conditions for reasons of conservation. The interactive digital work thus acts as an invitation for others to become proximate to the ‘Prorace’ cap by digitally handling it. One is invited to touch, spin, swivel, and flip it, with the movement mediated by the mouse, touchpad, or touchscreen of one’s device (Figure 1.3).



Figure 1.3 Scan this QR code to enter *Touching Matters of Care* ('Prorace' cervical cap, 1915–20), interactive digital object, 2022. It may take a few seconds to load.

*I really cant give the children all
they should have to make them fine
and Healthy*

When thinking about how to respond to Birth Rites Collection's commission, I initially worried about highlighting the 'Prorace' cap online, as it is a context where I would have less control over its reception, mediation, and dissemination than in a gallery setting. What if the wrong crowd became interested in the work for the wrong reasons? To my relief, this has not happened since the project has been available online. I decided to proceed with making the project when I realised that, obviously, photographs and the 3D scan of the 'Prorace' cap were already in the public sphere on the Wellcome Collection's and Science Museum's websites. My intervention is not one of making-public; rather, it proposes a different experience of the object online, another type of encounter. Whilst both museum catalogues present it with a one-paragraph blurb in a very matter-of-fact manner, I wanted to provide more context and highlight the complexities of the object, to make it a Matter of Care in a way that both institutions had not ('Prorace' cervical cap | *Science Museum Group Collection*, n.d.; 'Prorace' cervical cap, England, 1915–1920, n.d.).

I made three interventions on the original 3D scan, which were executed by the creative technologist Jinia Tasnin: first, the arrow pointer indicating the cursor location was replaced with a humanoid hand covered by a latex glove, a nod to the hygienic protocols of both the clinic and the archive (see Figure 1.4). Through digitally mediated touch, the user can explore the 'Prorace' cap playfully, but they also come into a direct contact that somewhat implicates them. The playfulness that the digital work invites is intended to create interest, engagement, and (quite possibly) an uncomfortable proximity between users and the object. I hope that this



Figure 1.4 Still from Nora Heidorn, *Touching Matters of Care* ('Prorace' cervical cap, 1915–20), digital object, 2022. Courtesy of Birth Rites Collection.

contact will lead to critical questioning of the meanings of this historical artefact. From my perspective, the exploratory character of the engagement does not negate the seriousness of the cap's entanglement with eugenics. Instead, it is designed to lower the threshold for engaging with that very history.

*I feel it a great injustice and
unchristian like to think that rich
women should have this knowledge
and a poor woman should live in
ignorance of it*

My second intervention is a backdrop that appears at certain viewing angles, filling the empty black space (Figure 1.5). The plane behind the cap creates spatial depth and a theatrical effect, reminiscent of a stage set. It is covered in historical anatomical drawings: pelvic bones, pregnant bellies, skin peeled back to reveal the reproductive anatomy. As previously mentioned, in every image of the 'Prorace' cap I found, it is shown sitting on its rim, with the dome and logo facing up (Figure 1.6). But within the anatomy of the vulva that it was designed for, the cap would be the other way around: the shape of a cup rather than a dome. In fact, the



Figure 1.5 Still from Nora Heidorn, *Touching Matters of Care* ('Prorace' cervical cap, 1915–20), digital object, 2022. Courtesy of Birth Rites Collection.

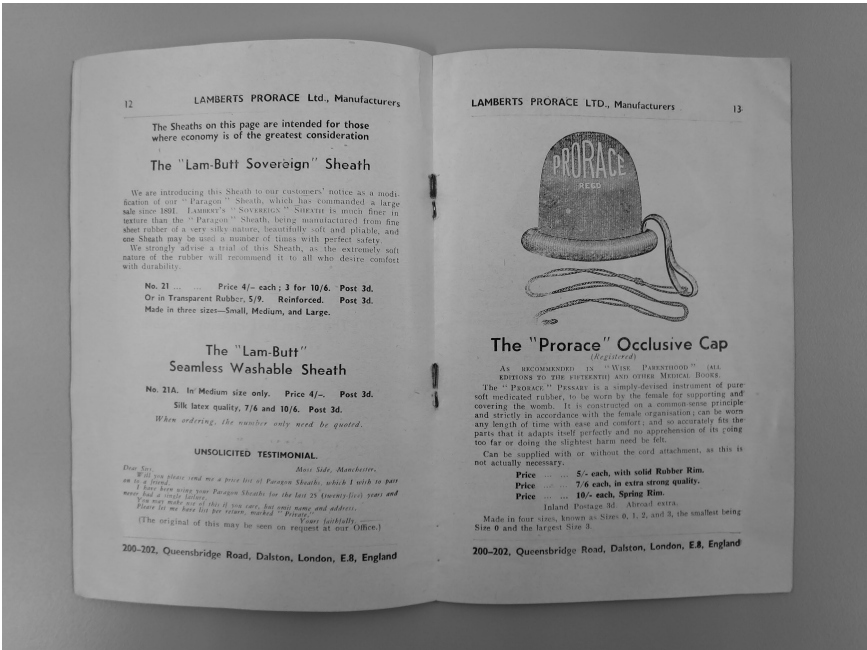


Figure 1.6 Latest price list of approved contraceptive appliances. Lamberts Prorace Ltd, 1946. Accessed at the Wellcome Library, London. Photograph by the author.

standard representations of the contraceptive, from 1920s sales pamphlets to contemporary photographs and displays made by the museum, abstract the object from its relationship with the user's body. Within the 3D space, the user can flip the cap into its functional position inside the body. The anatomical apparitions make an explicit link between the brown dome and reproductive bodies.

My third intervention is to embed on the web page that hosts the digital project fragments of letters from people across the UK who wrote to Marie Stopes for advice on sexual health and contraception. Some of these fragments have appeared in the margins of this chapter, and I have contextualised them in the introduction. In relation to the digital work, I included them because for me, reading Ruth Hall's book of compiled letters and leafing through some of them in the archive boxes at the Wellcome Library gave me a much more well-rounded understanding of the meanings of contraception for people in the 1920s and 1930s.

*I do not like to be used for his
pleasure and then abused when I am
pregnant*

The letters taught me that, in particular for working-class and poor people in Britain, the availability of modern contraceptive technologies was intimately connected to many aspects of their lives. Apart from the obvious domain of sexuality, relationships, and family planning, the (lack of) availability of contraception was brought into relation by the many writers with precarious socio-economic situations (income, housing, mobility, healthcare), with spiritual, moral, and religious considerations, and with the unique and embodied experiences that shaped their lives (disability or ill health, or specific issues and situations in their families or marriages). My insights gained from these most intimate letters crucially contributed an affective and embodied dimension to my research about the 'Prorace' cap and eugenic feminism in the early twentieth century. It is this dimension of the discussions around contraception that I hope to convey, at least a little, through the letter fragments in the margins.

Becoming affected

I chose to work on the 'Prorace' cap due to its complexity: the object speaks ambiguously to both care *and* violence, to emancipation *and* oppression, in experiences of sexuality and reproduction. It acts as a nexus from which to unpack histories spanning reproductive healthcare, feminism, eugenics, and social conditions, and how these specifically affected women, in 1920s Britain. The interactive digital work *Touching Matters of Care ('Prorace' cervical cap, 1915–20)* invites the user to explore the stories that the object holds.

*I have had 9 and 6 are boys, I don't
think I have done so bad*

Rather than presenting a single, authoritative interpretation of the 'Prorace' cap, I employ artistic research to contribute to making it a Matter of Care: a thing that we should consider with critical attention. Avoiding a didactic mode typical of interactive museum screens, this project hopes to engage users to grapple with the historic object's entanglements.

Touch is both a method and a metaphor in this work, which complicates the representations of the 'Prorace' cap and questions Marie Stopes' legacy. The imagery of gloved hands refers to eugenic anxieties about the contamination of individual bodies and populations through sexual reproduction. Touch and its attendant risk of contamination resist the eugenic obsession with hygiene.

This practice of researching/touching/writing/image-making hopes to, as Puig de la Bellacasa (2011, 98) writes, 'trouble the critical distance typical of scholarly work' in order to 'transform the affective charge of things, challenging our relationship with the 'objects' of research'. It is about 'transforming things into matters of care [as] a way of relating to them, of inevitably becoming affected by them, and of modifying their potential to affect others' (Puig de la Bellacasa 2011, 99).

*To the men who condemn you, I
would like to give one month as a
mother in a working man's home...
You wouldn't have an enemy, they
would all commit suicide*

With this interactive work and other forms of public engagement with my research, I test artistic research methodologies in the emerging field of the experimental humanities and perform a translation and re-presentation of the 'Prorace' cap between different disciplines and bodies of knowledge. By addressing the uncomfortable history of 'eugenic feminism', this project also performs a caring critique of white feminist legacies. More widely, it aims to challenge the feminism of the 'art of birth' (Winant 2016), which is deeply focused on questions of gender and reproductive labour, to think more intersectionally about how race, class, and ability impact experiences of sexual reproduction.

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Notes

- 1 Whilst the diaphragm is wider, the cervical cap fits snugly around the cervix. It is slightly more difficult to place in exactly the correct position to effectively prevent pregnancy, which is one of the reasons it is no longer commonly in use.
- 2 The letters are referenced in a separate index after the bibliography for this chapter.
- 3 For an analysis of Stopes' 'explicitly pedagogic' plays, see Freshwater (2009, 36).
- 4 Other methods of contraception, such as condoms and sponges, were also available. Stopes tended to only recommend the use of condoms—a male method of contraception—if she suspected venereal disease. The less effective sponges were given to the poorest of women, who could not afford the cap. See Stopes (1925); Neushul (1998, 254–256).
- 5 The interactive digital work was turned into an NFT (non-fungible token) on the Ethereum blockchain by the Birth Rites Collection. It is available for sale on an NFT platform, but it can be accessed and used online without the need to purchase it. The Birth Rites Collection's NFT commissioning programme comes out of its 2021 Blockchain Feasibility Study. Commercial and environmental aspects of the NFT technology are important to consider but beyond the scope of this article. Any proceeds from sales are shared between the Birth Rites Collection, myself, and the British charity Black Mothers Matter. For further information, see Birth Rites Collection (2022).

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Index of fragments from letters to Stopes

The fragmentary interjections throughout this chapter are taken from letters sent to Marie Stopes and her clinics. They were collected in *Dear Dr Stopes: Sex in the 1920s*, edited by Ruth Hall (1978). In the index below, the page number on the left refers to the page in this chapter, followed by the initials of the sender's name, the year the letter was written, and the place from which it was sent. This information is not available for some of the letters, which were taken from a compilation of correspondence from working-class women requesting help, published by Stopes in 1926 under the title *Mother England*. Stopes did not include any identifiers about the senders. The bracketed number on the far right of each line refers to the page number in Hall's book where the letter appears.

- p. 29 Mrs L, 1923, Kettering (25)
- p. 30 Mrs M, 1923, Stockport (25)
- p. 31 Mr GC, 1926, Northumberland (30)
- p. 31 Mrs RGH, 1921, South Wales (17–18)
- p. 32 Mr LE, 1924, Surrey (27)
- p. 33 Mrs NG, 1922, London (19)
- p. 33 Sender not identified (41)
- p. 34 Mrs NG, 1922, London (19)
- p. 35 Mrs BR, 1923, Kent (22)
- p. 36 Sender not identified (42)
- p. 36 Sender not identified (40)
- p. 37 Sender not identified (38)
- p. 38 Sender not identified (41)
- p. 39 Sender not identified (40)
- p. 40 Mrs GA, 1923, London (20)
- p. 42 Mrs SE, 1921, Norfolk (19)
- p. 43 Sender not identified (40)
- p. 44 Mrs RM, 1923, Bolton (21)