The Case for Contraception
Medicine, Morality and Sexology at the Catholic University of Leuven (1930-1968)

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Informed by personalist ideas, a sizeable contingent of Catholic moralists and physicians pushed for the loosening of church doctrine on issues of sexuality and reproduction during the 1950s and 1960s. Now often overlooked because of their ultimate failure, these cautious reformers looked towards science in search of compelling arguments in favor of limited forms of birth control that could make such practices compatible with church teachings. This article will zoom in on the lines of reasoning developed by several internationally influential Belgian doctors and theologians who found themselves at the forefront of a wider effort to modernize the Catholic church as they championed a more permissive attitude towards marital sex and/or assisted in the perfection of periodical abstinence and ‘the pill’ as acceptable tools of menstrual regulation. Directly or indirectly, they all had ties to the Catholic University of Leuven, the church’s intellectual headquarters in Belgium.

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The story of twentieth-century Western sexology has often taken on the form of a very secular and secularist narrative. In this story, Christianity primarily figures as a conservative or a reactionary force, working against the changes heralded by a more scientifically sober and a less unassailably sacralized understanding of human sexuality. Margaret Sanger, founder of the American Birth Control League, which later became Planned Parenthood, was famously at odds with her organization’s religious “arch-enemies” who, “ceaselessly active and openly determined” hindered “the progress of enlightenment”. According to Sanger one enemy stood out as a particularly formidable foe. “The seat of this opposition”, she wrote in 1923, “is to be found in the Roman Catholic Church”.

There is no denying that the Vatican was, for much of the twentieth century, the main source of opposition to the liberalization of birth control, and certainly the best organized and long-armed one. The Catholic church also had its reservations about the development of sexology more generally, at least part of which it suspected—and still suspects today—of acting as a vehicle for radical ideas to be rolled in under the guise of scientific fact. Sexology was, of course, always and inevitably a mixture of both science and activism, a discipline as well as a movement. Alfred Kinsey’s famous research, like that of so many others, was born in no small part from a frustration with the highly limitative sexual mores of his time; mores that were informed by religious tradition rather than a scientific engagement with the problem of sex. Throughout the century, sex was political by default, and so was sexology.

In the 1960s, 1970s and 1980s the pioneering historians of sexology were frequently activists themselves, or if not that, then at least sympathetic to sexual liberalization and/or sexual liberation. Partly because of this, the antagonism between the secular advocates of sexual reform and the religious guardians of tradition has commonly come to be represented—intentionally or not—as a central dialectic of sexuality’s modern history, with science in a starring role, clearly on the side of the progressives. Even in the less activist or triumphalist histories of more recent decades this has produced a tendency to pay only fleeting attention to the religious engagement with sexology, and to portraying

1 | Unless indicated otherwise, all translations in this article are my own.
2 | Margaret Sanger, “Facing the New Year”, Birth Control Review, 7/1, 1923, p. 3-4, p. 3.
3 | Ibid.
6 | Conversely, of course, there has also been plenty of historiographic attention for the darker side of twentieth-century sexology in the form of eugenics etc.
that engagement as one of undifferentiated hostility. Especially in continental Western Europe, where the historical predominance of Catholicism allows for a level of generalization about the relations between religion and sexuality that would be more difficult in, say, the United States, this historiographical trend has been quite marked. Moreover, the sexually reactionary papacies of John Paul II and Benedict XVI, spanning the long period from 1978 to 2013, have done little to contradict this master narrative among those of us who have grown up during the last four decades.

But however understandable the trajectory of sexology’s historiography may be, its central framework does eclipse some important aspects of history that are increasingly at risk of being forgotten. At mid-century, for example, many in the Catholic church were not as opposed to sexology, reproductive science and birth control as collective memory generally recalls. In fact, during the 1940s, 1950s and 1960s, several ranking clergymen were active proponents of sexological research into contraceptive methods with the express purpose of facilitating birth control among Catholics. It is this latter point that will be the focus of the present article. Of course, in looking for ways to reconcile doctrine and reform, these Catholics could and would never be as radical as left-wing campaigners were, but their efforts were substantial nonetheless. They led to important new scientific insights and almost to a revolution within the church. Belgium, still Northwestern Europe’s most Catholic country aside from Ireland during the early Cold War era, was a key site where a Catholic sexology emerged during this early postwar period. It is on the dynamics of this Catholic science of sex in Belgium, its importance, justifications and its ultimate frustration, that the following pages will zoom in.

The point here is not to rehabilitate the church, nor to somehow recondemn its conservatism via some alternative route. My central aim is merely to point out what those who lived through the early postwar decades may see as the obvious, namely that a distinctly Catholic sexology began to emerge as early as the 1930s, that its cultivation was fueled by mounting divisions among Catholics about the dangers and wholesomeness of sex, and that a Catholic strain of sexology became a key instrument of reform wielded by a majority movement of Catholics. Their growing momentum was brought to a sudden halt by a spasm of papal authoritarianism in the form of the (in)famous encyclical *Humanae Vitae*, promulgated precisely half a century ago this year. I will begin by briefly laying out Belgium’s historically important role in Catholicism’s twentieth-century preoccupation with matters of the flesh, before moving on to how the question of sex became an

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increasingly scientific one from the 1930s onwards. The article’s main emphasis, however, will be on the marriage of moralism and sexology among scholars of the Catholic University of Leuven in the course of the 1950s and the early 1960s.

Abstinence after Ogino

During the interwar period, periodic abstinence became much more reliable as a contraceptive technique than it had been previously due to major improvements in the scientific understanding of the menstrual cycle. Knowledge about the so-called Ogino-Knaus-method was first developed in Japan in the course of the 1920s, but it quickly spread across the West from the end of the decade onwards. Some of the method’s main popularizers among Catholics came from the Low Countries. The Dutch physician Johannes Smulders, a former seminarian, published an enthusiastic and often reprinted book On Periodic abstinence Within Marriage: The Ogino-Knaus Method in 1930, which gained a huge readership in Europe after being translated into German and French with the church’s imprimatur. Another influential author on the issue was the Belgian obstetrician Raoul de Guchteneere. Though mainly a rant against the abuse of contraception, his work on La limitation des naissances from 1929 raised awareness of the calendar-based rhythm method in French-speaking countries and in North America, where it appeared as Judgment on Birth Control in 1931.

One of the main works on periodic abstinence in the U.S., moreover, was The Sterile Period in Family Life from 1933, co-authored by the American physician James Walsh and the Belgian canon Valère Coucke. Some highly influential clergymen fiercely opposed the publicity given to periodic abstinence. Among them was the Jesuit Arthur Vermeersch, the man behind the Belgian church’s internationally pioneering campaign against

contraception which began in 1909.\textsuperscript{12} Called to Rome after the First World War, Vermeersch became “the most influential moral theologian of the first part of the twentieth century” and the main architect of the encyclical \textit{Casti Connubii}, which was promulgated in 1930.\textsuperscript{13} This document famously declared “any use whatsoever of matrimony in such a way that the act is deliberately frustrated in its natural power to generate life […] an offense against the law of God and of nature, and […] a grave sin”.\textsuperscript{14} While proclaiming procreation unambiguously to be the primary end of marriage, \textit{Casti Connubii} nevertheless recognized that there were secondary ends too, such as “mutual aid, the cultivating of mutual love, and the quieting of concupiscence [i.e. the satisfaction of sexual desire] which husband and wife are not forbidden to consider as long as they are subordinated to the primary end and so long as the intrinsic nature of the act is preserved”.\textsuperscript{15} Marital sex, in other words, could be enjoyed for its own sake too so long as nothing was done to actively prevent conception. Thus, sex during the infertile period of the menstrual cycle was permitted.

Periodic abstinence posed a problem because it exploited this loophole in church teachings to the full by offering a reasonably reliable method to restrict sexual intercourse to the intervals of infertility. The question, therefore, which the encyclical did not answer, was if the practice of periodic abstinence worked with or against the way God and nature had intended. Vermeersch recognized that the method could be morally permissible in some instances, but that it should only and always be a matter of last resort that was not to be generally condoned, let alone advertised in special books devoted to the subject.\textsuperscript{16} That, for the time being, would remain the dominant opinion among Catholic moralists. But with the matter not clearly resolved and the consequences of the Great Depression making poor Catholics desperate not to have yet another mouth to feed, many confessors quietly turned a blind eye to periodic abstinence in order to prevent couples from reverting to coitus interruptus, condoms or abortion, or to alienate them from the church altogether. After all, choosing the lesser of two evils was an affirmed Aquinian principle under church teachings.

\textsuperscript{12} | On this campaign, see Jean Stengers, “Les pratiques anticonceptionnelles dans le mariage au xixe et au xxie siècles : problèmes humains et attitudes religieuses”, \textit{Belgisch tijdschrift voor filologie en geschiedenis - Revue belge de philologie et d'histoire}, 49/2 and 4, 1971, p. 403-481 and 1119-1174 respectively.
\textsuperscript{14} | Pius XI, \textit{Casti Connubii}, http://w2.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19301231_casti-connubii.html, § 56.
\textsuperscript{15} | Ibid., § 59.
Belgium’s Catholic physicians also equivocated when it came to periodic abstinence, as a conference they held in the wake of Casti Connubii’s publication clearly demonstrated. There was unanimous agreement about the evils of the growing birth and population control movement, which they dismissed as godless Neo-Malthusianism. But highly respected gynecologists from the Catholic University of Leuven such as Rufin Schockaert nevertheless recognized that “a state of disease in the mother or even unbearably heavy burdens” could render imperative the “temporary suspension” of “family growth”. His position was predicated on the highly contentious assumption—rooted in experience rather than in high-minded theory—that complete or even prolonged abstinence was “practically impossible”. Dr Raoul de Guchteneere of the maternity hospital Fondation Lambert in Brussels similarly acknowledged that abstinence was “not something easily achieved within marriage”, and that it should only be resorted to if further pregnancy might prove medically dangerous and if periodic abstinence was poorly reliable due to irregular menstrual cycles.

De Guchteneere, moreover, was annoyed by the uncritically ideological and medically uninformed views that many physicians took in these matters. Freethinking doctors, he felt, were certainly too eager to embrace new contraceptive methods without giving sufficient pause to their moral implications, but many fellow Catholic ones simply assumed that any form of contraception was medically dangerous and inevitably conducive to sin. At the conference he spoke out against opinions that were “the mere translation of a certainty or a belief, the source of which lay outside the realm of medicine”, while calling upon his Catholic colleagues “to resist certain forms of pressure” and not to “run ahead of conclusions a scientist should always derive from the evidence of facts”. With reproductive medicine making huge strides and couples increasingly confused about what was allowed and under what circumstances, there was a growing need for a Catholic science of sex to inform Catholic sexual morals. But for such a science to flourish Rome would first have to give its blessing.

Making love, not just babies

In October 1951, more than two decades after Casti Connubii, Pope Pius XII reconfirmed procreation as the primary purpose of marriage, but in a speech

18 | Ibid.
20 | Ibid., p. 189-190.
to Catholic Italian midwives he now also recognized that “serious motives” of a “medical, eugenic, economic, and social” kind “can exempt for a long time, perhaps even the whole duration of the marriage, from the positive and obligatory carrying out of the [sexual] act”. During another allocution he gave a month later the pope praised large families, but he also indicated that the church recognized “the real difficulties of marital life in our time” with “understanding compassion”. He spoke of the “truly broad” boundaries of a morally legitimate “regulation of births, which in contrast to so-called ‘birth control’ is consistent with the law of God”. An effective endorsement of periodic abstinence like this by the Vatican was wholly unprecedented. Moreover, the pope went on to say that he “hoped” that a sufficiently reliable method would be found to implement such a regulation, and that the church looked toward “science” for its “development”.

There were at least two main reasons for this breakthrough. The first was demographic in nature. Throughout the first half of the twentieth century, Europe’s birth rates had been in steep decline. Clearly, people were increasingly practicing contraception, and the economic and political crises of the 1930s only served to further deepen the demographic slump. The falling rates had been key to the church’s fast-growing preoccupation with what it called ‘conjugal onanism’, i.e. the sin of wasting life-giving seed. But the “combination of optimism plus free milk” that followed the end of the Second World War produced a massive baby boom, which was to last until about the mid-1960s in Western countries. Meanwhile, the first global demographic studies conducted by the newly founded United Nations projected that the specter of overpopulation rather than that of depopulation was to characterize the second half of the twentieth century. Faced with the problems of unchecked growth both in the ‘Third World’ and closer to home, the fast-changing demographic situation was rending the church’s wholesale rejection of family planning increasingly untenable.

A second reason for the Vatican’s change of course was the growing influence of Catholic personalism. As a form of social and anthropological theory, this elastic body of ideas had come to fruition in the 1930s owing to the French philosopher Emmanuel Mounier, although its intellectual roots stretched much

23 | Ibid., § 17.
24 | Ibid.
further back. With its critique of capitalist individualism and the anti-individualism of totalitarian regimes, personalism offered Centrists and Catholics a more humanistic third way, based on the integrity, the dignity and the fundamentally relational character of the human ‘person’. During the later interwar period, German theologians such as Herbert Doms and Dietrich von Hildebrand had theorized the implications of this phenomenological concern with relationality for the domain of conjugal morality. They had thus initiated a shift from the traditional focus on the (procreative) ends of marriage onto a concern with its (intimately and indissolubly binding) meaning. In 1944, however, the Holy Office had explicitly dismissed reformist theologians’ attempts to argue that mutual love trumped procreation as the primary purpose of matrimony with brio. But the proliferation of personalist ideas nevertheless required a revaluation of marital intimacy, including physical intimacy. Hence, by 1951 a more positive appreciation of sexual intercourse no longer reducible to a purely reproductive goal appeared necessary, if not long overdue.

Combined with a firm renunciation of all other forms of birth control, the conditional embrace of periodic abstinence was supposed to accommodate the faithful and put the matter to rest. Instead, however, many interpreted the pope’s allocation as a mandate to begin exploring the intricacies of conjugal morality more openly and in great depth. The Belgian priest and canon Louis Janssens offers a case in point. At the young age of 34 he had been appointed professor of moral theology at the Catholic University of Leuven during the war. In an appreciative response to the speech that the pope had given only months earlier, Janssens published a long article on Today’s Marital Problems (Huidige Huwelijksproblemen) in 1952. In this essay his attitude to marital sex was decidedly more positive than had been common until then, and he warned against the dangers of abstinence, arguing that it “leads to disaffection, the disruption of marital peace, nervous exhaustion, and even infidelity and adultery”. At the heart of marital life needed to be what Janssens called “virtuous fertility”: a matrimonial life in the service of procreation, but always attuned to and never at the expense of a loving spousal relationship. Any family’s size and growth rate

needed to be well-adjusted to social, economic and medical circumstances.\textsuperscript{32} There was no doubt in his mind that both sex and periodic abstinence were instruments of conjugal happiness and harmony.

At least three things typify Janssens’ many writings on and conception of virtuous fertility. The first of these is that he was hardly a revolutionary. Janssens was no apologist of sexual laissez-faire and staunchly condemned any unwarranted recourse to contraception. In an article on *Morality and World Population* (*Moraal en Wereldbevolking*) he published in 1953, for example, Janssens wholeheartedly supported the church’s dogged—and successful—fight to block attempts made by the World Health Organization to implement UN-funded birth control programs in developing countries.\textsuperscript{33} In similar fashion, he denounced any hedonist pursuit of pleasure among couples closer to home. However, and this is a second characteristic of Janssens’ writings, his maximalist interpretations nevertheless tended to push the limits of how far church teachings would stretch where sexual pleasure and family planning were concerned. Born and raised in a poor, rural hamlet, he had himself been a first-hand witness to the distressing consequences of unchecked family growth and loveless marriages among pious Catholics. Because of this, Janssens, like many of his generation of fellow personalists, strove toward doctrinal relaxation and a less forbidding tone regarding all things sexual. In this endeavor, the third typifying trait of his work was its constant reference and deference to sexological science. By looking to the sciences for solutions to problems doctrine could not solve *ex cathedra*, he clearly shared the concerns of de Guchteneere, whose work Janssens drew upon regularly.\textsuperscript{34}

**Enter progestogens**

Combined with the strong interest in the scientific study of sex on the part of personalists such as Janssens, the effect of the pope’s 1951 speech was to spark a productive synergy between leading Catholic moralists and scientists at the Catholic University of Leuven. This is clearly apparent from the pages of *Saint-Luc médical*, the country’s Catholic medical journal founded in 1922 and long dominated by its editor de Guchteneere, which revealed a feverish intensification of publications concerned with reproductive issues in the course of the

\textsuperscript{32} Ibid., p. 341.


\textsuperscript{34} For example in Louis Janssens, “Huidige Huwelijksproblemen [2]”, op. cit., p. 340.
1950s. Meriting much more interest from historians than they had received so far, these included contributions not only from obstetricians and other medical specialists, but from educationalists, psychiatrists, psychologists, psychoanalysts, criminologists, sociologists and demographers as well. The journal addressed issues as wide-ranging as abortion, artificial insemination, eugenics, contraception, the use of anesthetics during labor, prenuptial check-ups, hormonal therapy, impotence, ‘mental hygiene’, population, global development and many more, appearing alongside articles on the moral implications of the latest findings. The Catholic University of Leuven, the church’s intellectual headquarters in Belgium, soon became an internationally influential center of a deliberately multidisciplinary Catholic sexology.

The medical ‘regulation’ of births was at the forefront of this scientific endeavor, not in the least because an entirely new dimension was soon added to the discussion of periodic abstinence, i.e. the discovery of chemical anovulants. In an article for *Saint-Luc médical* from 1953 the Jesuit Albert Snoeck expanded on the successful tests to prevent conception using injections of hesperidin the year before, which he had read about in *Science*. “The new product that we are now presented with is really too simple and too effective not to have a revolutionizing effect on a world afflicted by the cancer of legitimate and illegitimate birth control”, he predicted insightfully. As Snoeck pointed out, the pope had already forbidden all forms of direct sterilization in 1951. Hesperidin seemed to be exactly one such form, although its effects were only temporary and far less intrusive than surgical forms of sterilization were. “In our humble opinion,” Snoeck nevertheless opined, “until more definitive pronouncements or statements are made on the subject by the magisterium, we are presented here with a new form of inadmissible contraception”.

As soon as the latest advances in medicine permitted him to, Janssens dissented from this orthodoxy. By 1957, the American Jesuit William Gibbons had observed that a new product could be used to regulate irregular menstrual cycles. He was referring to an orally ingestible pill based on the sex hormone progesterone. Enovid, as the pill would come to be marketed in the US in 1957, had been tested and improved with great success since 1953 by two Americans, the biologist Gregory Pincus and the Catholic physician John Rock. By June of 1958, Janssens published an article asking: *Is the Inhibition of Ovulation Morally*
Controversially, he did not hesitate in answering this question in the affirmative. After all, progesterone’s primary function was not to achieve sterilization, but to adjust menstrual cycles that were “pathologically irregular”, and it was “obvious” to Janssens that this condition faced couples with serious problems. In these cases, the sterilizing effect of progesterone was merely a secondary one, the lesser of two evils, and only temporary to boot. While it was certainly true that easily mass-produced pills like these were likely to be abused, it could not be denied that the “conscientious physician” would be able to put them to “good and positive” use.

Progesterone, moreover, was not a form of direct sterilization in that it did not ‘kill’ sperm, like hesperidin or post-coital showering did. Nor did it abort the ovum in the way of histamine, by making it impossible for egg-cells to nest in the womb. The new pill had “no destructive effect” whatsoever as far as Janssens was concerned. “It only inhibits ovulation, postponing it until later”, he went on to state that there were cases in which such postponement was medically called for and morally justifiable. One of these was during menopause, when the irregularity of menstrual cycles and a wide range of obnoxious side-effects “can weigh heavily on a woman’s somatic and psychological equilibrium”. Another such case was when women suffered from manifestly abnormal and irregular cycles, as described by Gibbons. Demonstrating his subtle ability to marry medical insights with moral theology, Janssens proceeded to claim a third case on the basis of de Guchteneere’s views about the period of lactation as nature’s own way of spreading pregnancies. As a biological rule, these views held, too quick a succession of new offspring threatened to both exhaust the mother and decrease suckling infants’ chances of survival. Janssens emphasized that this was a “physiological”, “objective and a natural” given. The lactation period’s infertility allowed women to recover from the strains of labor. It also allowed parents to take good care of their newborns, and ultimately more births to occur with fewer complications. But there were many unfortunate exceptions to this biological rule.

As early as 1950 de Guchteneere had argued that these exceptions constituted a valid reason to practice periodic abstinence, but Janssens now pointed out that recourse to ‘rhythm’ was often unworkable during lactation because there was

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40 | Ibid, p. 357.
41 | Ibid, p. 358.
42 | Ibid, p. 359.
43 | Ibid, p. 360.
44 | Ibid, p. 359.
no objective way of telling when ovulation would reoccur. Consequently, progestogens offered the first and the only certain way “to support a natural mechanism that is accidentally rendered deficient”. In closing, Janssens admitted that it was too early to draw any definitive conclusions about the moral and medical value of these “new products, the list of which continuously grows longer”. However, he warned, “[i]t would be ill-advised to resist progress or to smother the new problems they raise in a conspiracy of silence”. As John Noonan has rightly pointed out, at no point did Janssens condemn a more general use of ‘the pill’. In fact, the article’s phrasing was highly ambiguous and easily allowed for a reading that suggested a far more expansive interpretation of progestogens’ great benefits. “His note,” in Noonan’s words, “making suggestions rather than developing an elaborate case, had the marks of a trial balloon.”

**Perfecting the pill**

It took Pius XII only three months to respond by shooting down Janssens’s trial balloon in September 1958, signaling how pressing the matter of chemical anovulants had become by then. But the ailing pope died less than a month later, and was succeeded by the more open-minded John XXIII. Meanwhile, the interest in sexology at Leuven had begun taking on a more organized form as the momentum grew for doctrinal aggiornamento regarding conjugal morality. In his inaugural address to the First Catholic World Health Conference held in Brussels in the summer of 1958, Belgium’s suffragan archbishop Leo-Jozef Suenens lamented the suffering of Catholics worldwide in trying to reconcile their faith with the necessity of “spacing births for economic and medical reasons”. He stated that the church did “not have the right to ask [lay] people to respect the law without simultaneously doing everything within its power to render obedience possible; without investing all our energy in clearing a path”. Suenens called upon Catholic universities and physicians around the globe “to seize the initiative” and to “advance research” in these matters.

After the momentous speech of 1951, Suenens had begun encouraging the very progressives he had previously kept in check to actively pursue the study

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46 | Ibid.
47 | Ibid.
49 | Ibid.
51 | Ibid.
52 | Ibid, p. 283.
of sex.\textsuperscript{53} From 1959 onwards he even began hosting the International Sexological Colloquia of Leuven, where leading Catholic experts gathered from far and wide.\textsuperscript{54} By 1961, the year in which Suenens was appointed head of the Belgian church and (thereby) came to oversee the Catholic University of Leuven, a new interdisciplinary Institute for Family and Sexological Sciences enrolled its first students there. As a clear sign of his influence, the professor to teach the institute’s euphemistically named course on moral demography, which really dealt with birth regulation, was Louis Janssens.\textsuperscript{55} Suenens, who was close to John XXIII, became intimately involved in the organization of the Second Vatican Council a year later. The influence that his so-called Squadra belga was to have on this most consequential of events in twentieth-century church history is well-captured by the common quip that described the Council early on as “Concilium Vaticanum II, Lovaniense I”.\textsuperscript{56} This was particularly true where the problems of ‘la pillola’ and family planning were concerned. In April 1963 Suenens requested and obtained permission from the pope to set up a secret pontifical Groupe d’études sur la population.\textsuperscript{57}

This study group, which would later become the famous Commissio pro studio populationis, familiae et natalitatis, held its first meeting in Leuven rather than in Rome. Its proceedings were influenced by the fast-growing body of literature on sexuality and birth control from across the globe, but not in the least also by Belgian research regarding the pill, which was then at the cutting edge of science. The problem with the American Enovid, as de Guchtneere rightly noted in an article from 1959, was its heavy dosage and many “disagreeable side-effects”.\textsuperscript{58} Because of these side-effects, 37 per cent of women had spontaneously stopped using Enovid during a two-year trial. The race for a more chemically balanced, medically sound and commercially appealing compound was in full swing by the end of the decade. Spearheading this effort was a gynecologist

\textsuperscript{55} | Ibid, p. 48.
called Ferdinand Peeters, who lived and worked in the same Catholic region where Louis Janssens had grown up. Himself a devout Catholic, the rural population’s blind compliance to their duties of producing large families dismayed Peeters when it endangered women’s health, and there is anecdotal evidence of his fury at husbands who had recklessly got their aging or medically unfit wives pregnant again. In articles he wrote for *Saint-Luc médical*, Peeters drew explicitly on Janssens’ work to underline that his own research merely sought to encourage and to enable “virtuous fertility”.

During the late 1950s Peeters was busily experimenting among his local patients with synthetic progestogens provided to him by the West-German pharmaceutical company Schering. By late 1959, he, his assistant Marcel Van Roy and the biochemist Luc Van Roey had a major breakthrough by successfully preventing any conception or significant side-effects among a cohort of women using a mixture of pills that amounted to a monthly intake of only 85 mg of progestogens. In comparison, women taking Enovid were ingesting 206 mg of hormones every month. Soon clinical trials conducted by Schering among a cohort of 2,433 German women confirmed the lighter compound’s effectiveness, as did similar tests in Britain, Australia, Japan and the US. By December 1960 Peeters’ results were published in the German gynecological journal *Geburtshilfe und Frauenheilkunde* and some 50,000 offprints of the article were requested worldwide. On 1 February 1961, his pill went over the counter for the first time in Australia as Anlovar. US companies scrambled to put out similarly lower-dosed, but still considerably heavier pills of their own, such as Conovid and Enovid 5.

Since 1957 the Leuven-based obstetrician and endocrinologist Jacques Ferin had also been experimenting with the progestogen lynestrol together with the Dutch chemist Max De Winter who worked for Organon, a company based in the Netherlands’ Catholic south. By 1960, Organon used lynestrol to produce Orgametril, an effective anovulant but unsuited for long-term use due to its anabolic side-effects. By 1962 the compound was improved on the basis of the formula used for Anlovar, and it appeared for sale as the highly successful anovulant Lyndiol. The year before Ferin had developed an outrageously clever line of reasoning in support of anovulants’ use among Catholics. If allowing

60 | Ferdinand Peeters, “Rond een hygiënische en moreel-verantwoorde geboortespreiding”, *Saint-Luc médical*, 34/2, 1962, p. 251-266, p. 266; id., “Het probleem der geboorteregeling”, *Saint-Luc médical*, 36/2, 1964, p. 33-53. In the abbreviated French version of the text, the direct quotes from Janssens are even more explicit and lengthy.
61 | Ibid., p. 91.
62 | Ibid., p. 79-80.
63 | Ibid., p. 149-150.
nature to run its course is the measure of morality concerning sex, the argument went, women should bear a child roughly every fifteen to eighteen months, with the period of lactation determining the length of each interval. As happens among other mammals, women would be impregnated again before their cycles returned, immediately after ovulation was resumed. As ‘nature’ would have it, in other words, every egg-cell would be fertilized and none would ever be lost. Allowing women to have their periods and cast out an unfertilized egg-cell each time therefore ran against nature’s intent. In this respect, Ferin claimed, “menstruation is an absolutely exceptional phenomenon”. It therefore appeared to him that “periodic abstinence, like all other methods of contraception, whether mechanical or chemical, sustains an ovarian function that one could effectively qualify as pathological”. The implication was that only those contraceptive methods that merely suspended ovulation, i.e. the use of progestogens, could qualify as morally legitimate.

Janssens heartily approved of what Peeters and Ferin were doing. In a hugely provocative article from 1963 he drew very explicitly on their work and on work by de Guchteneere and Rock to make an unequivocal case for the pill’s acceptance under church teachings. The article appeared alongside a similarly themed one by Ferin in a clear sign that he and Janssens worked closely together. It caused a major uproar among conservative Catholics, especially in the United States. When asked by American reporters what he thought about the controversy, Suenens replied to the Vatican’s chagrin that scientists were working on a pill that would allow Catholic families to engage in family planning without violating church teachings. Time magazine’s Robert Blair Kaiser, who interviewed Janssens immediately after the publication of his article, later remembered how the experience had strengthened his own impression that a shift in doctrine was actually conceivable in Northwestern Europe, while it was not yet elsewhere. The reporter recalled how the “charming little” and “cigar-smoking” priest had

65 | Ibid.
66 | John Rock’s shock-publication The Time Has Come. A Catholic Doctor’s Proposals to End the Battle over Birth Control from 1963 was still hot off the press at that time.
had “a twinkle in his eyes as he summed up his argument”, which had left the journalist with the sense that “he was playing a little game”.

But the game was nearly up. Pope John XXIII had died in June 1963 and the series of Catholic dignitaries who openly approved of the pill was beginning to mobilize conservative hardliners on the question of conjugal morality and birth control. Paul VI allowed himself to be persuaded by those who abhorred any doctrinal change, with Karol Wojtyla, the future Pope John Paul II, prominently among them. Despite the fact that the former allowed the Commissio to expand and include liberals such as Suensens and Ferin, the new pope ultimately ignored its final report in favor of reform. While personalist in tone and design, the encyclical *Humanae Vitae* that Paul VI published on the subject of birth control in the summer of 1968 condemned “as always unlawful the use of means which directly prevent conception, even when the reasons given for the latter practice may appear to be upright and serious”.

Despite Janssens’ and others’ best efforts, the pill was once more implicitly rejected as a direct form of sterilization. In a letter he wrote to the pope, Suenens let it be understood that this uncollegial decision had plunged the church into “the largest religious crisis in its history”. For his part, Dr Peeters, who had had cause for hope after having been granted an audience by the dying John XXIII in May 1963, was similarly crestfallen. “We should go to the pope and ask him to produce a new encyclical”, he told a friend in exasperation, suggesting it be entitled “Pacem in Utero”.

I have written elsewhere about the ways in which *Humanae Vitae* only deepened a major crisis of confidence in Belgium’s clerical authorities. Such distrust had everything to do with the partitioning of the Catholic University of Leuven into two linguistically separate institutions. The encyclical’s disregard

73 | Quoted in *De Pil van Dokter Peeters*, documentary written by Bart Beckers and Karl van den Broeck, directed by the former, produced by Screensavers and first broadcast on Canvas on 6 March 2012.
for scientific opinion and for lay concerns was widely criticized and further increased the already fast-rising numbers of Catholics who ceased practicing. The same was true in many other Northwestern European and North-American countries.\textsuperscript{73} For at least a decade it had seemed that the development of a Catholic sexology might help adapt the church to a swelling tide of change in attitudes and practices among the faithful which no reaffirmation of stern principles could hope to turn. Suenens, like many others, had embraced science and sexology as a means of facilitating moderate reform. He had been keenly aware of what was at stake when he addressed the Second Vatican Council on the subject of conjugal morality in 1964. “I beg you, my brother bishops,” he had implored at the time, his voice echoing ominously in the vastness of Saint Peter’s Basilica, “let us avoid another Galileo affair.”\textsuperscript{76}

\textsuperscript{75} On Europe, see Alana Harris (ed.), \textit{The Schism of ’68}, \textit{op. cit}. For global responses to the encyclical, see John Horgan, \textit{Humanae Vitae and the Bishops. The Encyclical and the Statements of the National Hierarchies}, Shannon, Irish University Press, 1972.

\textsuperscript{76} Robert Blair Kaiser, \textit{The Encyclical that Never Was}, \textit{op. cit.}, p. 97.