Social Work and Birth Control
BREAD! BREAD! BREAD!
Hungry all the time

BIRTH CONTROL
will help keep the wolves from the door of the world
CONTENTS

The unanimous endorsement of birth control by the National Council of Jewish Women brings a large and influential group into the work. It is reported that opposition was expected from "some of the older delegates," but when the resolution was put to vote it was adopted unanimously. Another forward step is the introduction of the Federal Committee's bill into both the House and the Senate. Hearings before the House Ways and Means Committee and before a sub-committee of the Senate Judiciary Committee are to be held on or about May 10th.

Whatever the outcome, this development will focus the eyes of the country on the birth control issue and bring those lined up for and against the movement out into the open. It is safe to predict that, as in 1931, the opposition will come from the Catholics. In this connection it is well to remember that Catholics are represented at the large birth control clinics in numbers approximately proportionate to their number in the community. At the present time, when public spirited people are engrossed, for the most part, in meeting the Immediate emergency of unemployment and want, such consideration of the birth control case as the forthcoming hearing will evoke is of tremendous importance. It is a fundamental issue which must not be lost sight of.

In mid-May, those most closely and poignantly concerned with economic distress, the social workers, will meet for their Annual Conference in Philadelphia. As it has done for the past several years, the American Birth Control League will hold meetings at this conference as an Associate Group. The implied acceptance of birth control as an integral part of social work is no small indication of progress. But it is at best far from a forthright acceptance. We have tried in this issue to show the relation between birth control and social work. Judge Frear has pointed out the dysgenic effect of social work without birth control, of saving the unfit without preventing their propagation, Professor Mower shows what the contraceptive clinic has to offer the case worker in family rehabilitation. A handful of typical case histories from one clinic record succincly how utterly futile social work may be without birth control advice. Evidence of the active cooperation of social workers is abundant—settlements are housing centers for contraceptive advice, social agencies are referring cases, individual workers of prominence are expressing their opinions. But something is lacking. No large agency dealing with families, no public health service, no community organization of scope has put forward the matter for discussion, much less expressed an opinion or policy. Social work is no pursuit for the interested initiated. It is a public activity upon which much of our social structure is built. Has not the time come when those who chart the course of social work must come to some decision about birth control? Is it a necessity in dealing with family problems? Is it a constructive measure in health work? Is it or is it not a matter of public policy today?
CHILD HEALTH DAY, May 1st, and Mother's Day, May 8th, will doubtless be observed throughout the land with a goodly amount of oratory. Advance press releases give some indication of the flowery heights that will be scaled. One from the American Child Health Association, tells us that child health depends on proper food, adequate sunshine and happy recreation, and that maternal health calls for proper prenatal, natal and postnatal care for every mother. "To attack and conquer difficulties," the article concludes, "is bred into our American blood and bone. Therefore May Day, National Child Health Day, summons us to the conquest of fundamental happiness and security by the preservation of life and health, the life and health of American motherhood." Such fine phrases deserve a few blunt answers. Children cannot have enough milk, fresh vegetables, etc., if there are too many mouths to feed, children cannot have room for growth and development in over-sized families. Mothers cannot preserve life and health if pregnancies come too often and too closely. Child Health Day and Mother's Day will be empty and meanmless occasions until the knowledge of how to space and plan families is put into the hands of all parents.

Julia Lathrop, who died in April, had the distinction of being the first woman to head a United States government bureau as the chief of the Children's Bureau from its inception in 1912 to 1922. The first child labor survey, carried out under her direction, the invaluable data gathered by the Children's Bureau both under her regime and that of her successor, Grace Abbott, are fitting monuments to this effective crusader in the cause of maternal and child welfare. No stronger case for birth control can be made than its obvious relation to all that concerns women and children. The facts gathered by the Children's Bureau, so ably launched by Julia Lathrop, are proof positive of this relationship, and of the role of birth control.

The Population Association of America held its first annual meeting in New York on April 22nd and 23rd. A distinguished group of scholars, headed by Dr. Henry Pratt Fairchild, president, discussed population growth and decline, feeble-mindedness, and other problems relating to population. Dr. O. E. Baker's paper on "The Ratzon of Children Under Five Years of Age to Women of Childbearing Age," and his forecasts about the stationary population of the future, will be seized upon by many as arguments against birth control. In facing the fact that declining birth rates are caused by the ever-wider spread of contraceptive information, we should not jump to the conclusion that the alternative is restriction of such knowledge. In the first place, such a program is utterly impractical, even granting that it would be desirable. There is, fortunately, another way out. The problem, briefly put, is how to achieve an optimum population, both in quantity and quality. We cannot, here, enter upon the complexities of the effects of rising and falling population on production, etc., and must leave to the experts the decision as to just what our optimum population should be. The present regime of semi-knowledge and boot-leg information about contraception is lowering our numbers without improving our stock. Our procedure, whereby only the most enterprising and intelligent can rout out the needed information, while the shiftless and unfit continue to reproduce themselves and continue to fill our asylums and prisons and child-caring institutions, is no solution. Contraceptive instruction for all who want it, and particularly for those who need it most, will help us achieve an optimum population.
Philanthropy of the Highest Type

By Judge Walter F. Frear

Birth control is an immediate problem of individuals, families and groups. Modern science has gathered a convincing array of facts and figures demonstrating its superlative need, especially among those in the lower social and economic strata. "The wise father and mother will plan to have as many children," and only as many, "as can be safely carried, safely born and adequately reared." Each case should be treated on its own facts. In general, both maternal and infant death rates vary, not only with hygienic and economic conditions, but with the number of pregnancies, the spaces between them, and the age of the mother. Properly planned, voluntary parenthood means lower mother and child death rates, fewer abortions (whether criminal, therapeutic or involuntary), ability of the mother to regain her strength between pregnancies and properly nurse her last child and care for the others, less poverty, drudgery, illness and waste of health, more of the comforts of life and leisure for cultural advance, increased efficiency, and opportunity, and earlier, longer, happier and more stable marriage unions.

It has been well said that we cannot empty graves by filling cradles, that we must have fewer births in order to have fewer deaths, and that it is better to have longer lives for self-development and usefulness than a quick turnover—however sound in principle the latter may be in retail trade.

Let us consider the eugenic viewpoint—quality rather than quantity, getting farther away from the brute stage. Limitation of numbers is said to be the first requisite to improving the stock. Naturally, better health, better maternal conditions, more opportunity for cultural activities, longer and happier lives, through birth control, conduce to apparently higher grades. How far these may operate eugenically through heredity and how far eugenically through improved environment, it may be impossible to say with our present knowledge. But, whatever it is, the result seems to be much the same—a higher plane of life. It would seem that for improvement of people, as of cattle and vegetables, there should be not only improved heredity through selective breeding but also improved environment through better food, nurture, training.

Statistics show that birth rates vary inversely with the social, intellectual and economic scale, the lowest rate being found in the highest stratum and the highest rate in the lowest stratum, and correspondingly for the intermediate strata. There is a very marked differential. The psychological reasons for this tendency are not far to seek, but it is made effective largely because the upper classes know and apply contraceptive methods while the lower classes do not to the same extent except in countries like Holland and France. For this reason it is contended by many that birth control is in large measure dysgenic at present in many countries, including ours, and, indeed, that by reason of this differential, if not remedied, the race may be heading downwards to decadence if not extinction. If so, the remedy is to extend contraception to the lower classes so as to secure a proper balance. It cannot be removed from the upper classes, for it is there to stay, nor does it seem possible to persuade those classes to have more children, as they ought to if they can—although in Holland the extension of contraception to the lower classes has led to a higher birth rate among the upper classes.

In speaking of classes, care should be taken not to assume that the socially and economically elite are necessarily the psycho-physically elite. The apparent difference in degree may be merely or largely the result of difference in environment and opportunity rather than heredity.

Further, it is quite as important that the race shall not go backward as that it shall go forward. Elimination of the unfit promotes both objects. Indeed, the great danger lies in the propagation of the unfit. Positive or long-range eugenics through artificial selective breeding may be only a distant hope, but negative or short-range eugenics through elimination or avoidance of the unfit should be much more feasible. Voluntary parenthood through birth control seems to induce a consciousness, as well as to provide a means, for race improvement. It opens the mind to more extended sterilization and segregation of the unfit. It enables the selfish, frivolous, weak and diseased to avoid propagating their kind. Contraception also enables the fit to avoid the excess which results in the propagation of the weak.
or sickly and the neglect of the fit. In short, it furnishes the race with the means of self-rehabilitation. "And so," to quote from Julian Huxley, "man may take up his birthright, which is to become the first organism exercising conscious control over his own evolutionary destiny."

Lastly, philanthropy. As war is dysgenic in that it destroys the fit, so philanthropy is dysgenic in that it preserves the unfit. It not only permits the weak and incompetent of mind and body, the lazy and the diseased to propagate their kind, but it takes special care to nurture and preserve them so as to enable the process to be repeated and multiplied. It permits this among those kept in institutions at public expense as well as among those at large, and this is the face of the teachings of modern science that the elimination or avoidance of the unfit is the most fundamental requirement for the improvement of the stock. We not only do not, as did the cultured Greeks, wilfully kill or expose the unfit, but we do not even let nature operate to this end through the struggle for existence. This, perhaps, is the greatest danger to the race—"self-caused degeneration."

None would question that the altruistic spirit is one of the highest attainments of man, or that its growth in practical application in recent times is one of the finest fruits of our evolution, but there is not the slightest danger of its becoming atrophied, however much distress and misery may be diminished in the world. Its professed object is, indeed, to diminish these evils, although in a broad sense it practically only relieves them temporarily.

We have become thoroughly imbued with the idea of the efficacy and wisdom of preventive measures, and we persuade ourselves that we have passed largely to the case and investigation. But why not really get to fundamentals in preventive methods? Granting that we should not destroy the unfit but even should care for them if and when born, and so negate the beneficial effects of the struggle for existence, even at the ultimate cost of the race, why should we not, so far as may be, prevent the production of the unfit and thus eliminate the destructive struggle for existence itself by rendering it unnecessary?

That would be philanthropy or altruism of the highest kind—preventive of the misery of the unfit by avoidance of the unfit and at the same time promotive of the improvement of the race. The only feasible way appears to be by birth control, which seems destined to remodel and enhance our whole conception of true philanthropy and its methods.

_—Excerpt from a paper delivered at the January meeting of the Social Science Association of Hawaii_

**Morals for Tomorrow**

By REVEREND ROBERT WESTON

_The morals of our contemporaries seldom trouble us when they do not inconvenience us, it is the morality of the next generation which plows the furrows across our forehead, Conservatives and liberals alike are troubled by them, for the conservative’s moral system no longer seems to work, and the liberal all too often has not developed a moral system to take the place of the old which he now distrusts. The conservative tries to bolster up his old system by legislative prohibitions and stricter punishments, the liberal puts on a brave face of toleration and amusement to cover up the inner helplessness he feels in a situation which is out of his control as much as it is beyond the control of the conservative._

_Thus the problem of birth control from the moral angle is not a problem of the morals of our generation, we are disturbed about what this liberating knowledge is going to do to the morals of tomorrow. We ourselves have a traditional training which acts as a rein upon our social behavior, youth even in sex relations acts with a seeming carefreeness which we envy them but which gives us alarm. Birth control of some sort for our own generation would probably win the approbation of all, but for the disquieting thought of what youth will do with such_

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*Excerpt from a sermon delivered at the First Unitarian Church of Trenton, New Jersey*
knowledge Insufficient. Incomes, poor health, bad environment, and the tremendous strain which childbearing puts on a woman's health, all these are widely recognized as sufficient causes for limitation of the size of families, and there is a happy sound about the words "voluntary parenthood" which pleases all. But when methods of limitation are considered the disquieting thought of irresponsible youth arises, the conservative retreats from the advanced position and digs in behind his antiquated morality, while the liberal seeks an ineffective compromise.

Only the practice of contraception can provide a method of limiting the size of families which is also harmonious with the ideal of the complete life. Fear and ignorance are not safeguards which will ever permit the achievement of the complete and finest spiritual life, only the development of wholesome respect for life and society, and the consequent ideal of the complete life rather than that of the life of self-denial can safeguard the morals of tomorrow.

Not even the fulminations of the Pope and Mussolini in Italy, nor the impassioned pleas and fanatical legislation of the government in Catholic France have resulted in any marked increase in the birth rate of those two countries, while in this country vigorous sermons by Catholic priests attacking the principle of voluntary parenthood have many times been the cause of withdrawals from the church. Catholic lay-organizations may adopt high-sounding resolutions condemning the use of contraceptives and urging the glory of large families, but their own families show far fewer children per family than those of their parents, and neither priests nor their own people will believe that this decrease is due to ascetic living. The economic conditions of modern life make it vicious to bring into the world more children than can be decently cared for. Whether we like it or not, the present age is forcing upon us a more trustworthy and wholesome method of limiting the size of families than the practice of continence. The old morality is breaking under a strain it is incapable of withstanding. We cannot depend upon it to prevent illicit sexual relations between unmarried youth, for the knowledge of birth control is spreading so widely that they will get it whether we approve or not. The discrepancy between theory and practice among the conservatives insures the ultimate victory of birth control. Young people may take from their elders the idea that birth control is sinful and that knowledge of it is to be kept from others, but they will also take from them the custom of violating the restrictions which they could impose upon those others.

"What will this do to the morals of the next generation?" We must take the risk, and try to meet it, not by protecting and perpetuating ignorance, and encouraging fear, but by trying to build up a public acceptance of the ideal of the completeness of the wholesome life. It is the love of virtue which has protected young people from mistakes, not the fear of consequences. I do not believe that it matters whether those who seek knowledge of birth control are married or not, for somewhere they will get some sort of information. If they wish it for protection from the effects of illicit relationships, it is far better to give them that protection than to subject them to the risk of bringing unwanted unhappy children into the world, for they will take the risks whether they have the information or not.

I believe in marriage, in permanent marriage, for I believe that the deepest and most satisfying love is the result of years of mutual cooperation, years of conscious effort on the part of two people to adjust themselves to each others needs and purposes and ideals. I think light and easily formed attachments outside of marriage, easily broken, have a tendency to reduce all of life to its lowest common denominator, to deprive life of its greatest and most abiding satisfactions, and to prevent the possibilities of ever attaining such heights. But I do not believe that fear ever prevented young people from forming such attachments without also dragging their concept of life down into the mire of the unclean, and that is a much greater injury than can result from an overpowering love which causes indiscretions.

The withholding of knowledge has a tendency to encourage irresponsibility. When children are taught that the sex act is a normal wholesome part of life, that it carries with it great responsibilities.
and is also the necessary condition of the richest and most abiding spiritual union, we may trust them to accept and use that responsibility at least as well as we have done, and probably much better.

Birth control is here. It is here to stay. We cannot prevent youth from obtaining a knowledge of it, therefore it seems wiser to establish clinics where those who desire information concerning it can obtain the best information from wholesome and capable instructors, rather than to keep them in ignorance and attempt to restrain them through fear. There is no substitute for wholesome moral training, and until such training is made possible for children we can only hope that wholesome influences which even now are operating will outweigh the unwholesome in determining their lives. Fear must be counted among the unwholesome influences which corrupt mankind.

Let us then stop hesitating and make our voices count for the establishment of a new and sounder morality, for the repeal of laws which prevent the giving of scientific information of methods of birth control, and for the establishment of clinics to give out such information in all our cities.

Let Power Speak

By JAMES RORTY

It is estimated that between five and six thousand social workers will attend the National Conference of Social Work which meets in Philadelphia on May 15th. These people will represent specialized knowledge in their various fields, integrity, and devotion. But in all fairness it must be said that they represent neither power nor the responsibility which is inseparable from power.

The profession of social work in America is essentially a liaison service between the ruled and the rulers, a liaison officer, much less a liaison private, does not, cannot speak as one having authority. In the present crisis the dilemma of the social worker is this: his is the immediate responsibility. To him the jobless and more or less starving millions of America turn, both for immediate relief and, to a degree at least, for creative dealing with the basic contradictions of our social, economic, and political system. But, again, the social worker is merely a liaison officer. He does not wield power. He must educate power, persuade power to act intelligently, creatively in the general interest and also in its own interest. Pushed to the wall by the sheer desperation of the underlying population, the social worker must pass the burden and the threat of this desperation on up to the seats of power, and social workers are doing just that in the present emergency. At the conung convention, it may confidently be predicted that they will speak out even more frankly, more desperately than hitherto. They cannot meld power, they can and must confront power with the threat of general chaos and demoralization, infinitely wasteful, utterly unpredictable in its ultimate issue.

Where at this moment does power lodge in the American scene? In the hands of business, of finance, of a comparatively small group of powerful individuals. To them the social worker reports, whether he is speaking to the Board of Directors of a philanthropically subsidized relief agency, to the City Council of a stricken industrial city, to a state legislature or to the Congress at Washington. I am quite aware that this is an over-simplified statement of the situation, but in essentials I believe it to be accurate. Its application to the present problems of the birth control movement can be quickly made.

In general it seems neither just, pertinent nor useful to attack social workers for their failure to come out forthrightly and officially for the expansion of contraceptive service as one crucially important means of meeting the present emergency. Unofficially, social workers scarcely need to be educated or convinced, they are not merely convinced, they are acting, they are everywhere and increasingly referring relief cases to the available clinics, sometimes at the very risk of their professional careers and their jobs.

But the Boards of Directors to whom they are responsible are not acting. Not one philanthropically financed relief agency has come out officially for birth control. As a journalist, with no social work connection or inhibitions, the writer is in a position to say that this is stupid, cowardly, and dangerous. Which is more important? The residual debns of our Puritan and Catholic mores, or human life? The powers behind social work must answer, and the tune grows short.
TO BEGIN WITH, one should not confuse contraception, the voluntary use of methods preventing conception, with abortion which is interrupted pregnancy, nor with sterilization which is permanent sterility. Contraception is a family regulation and suggests a definite plan on the part of parents. When instructed in proper methods by a physician parents are able to avoid a too rapid succession of pregnancies which undermine the mother's health and lower the moral standard of the family. It is safe to assume for instance, that eight pregnancies in eight years is too much for any woman even under the most favorable circumstances. Fear of pregnancy and the ensuing tension in family life is a disrupting factor in many homes besides those that have actually been broken for this or other causes. If unwanted pregnancies are avoided there will be greater opportunity for the health and development of each child. It is a new tool in family rehabilitation.

SCIENTIFIC BIRTH CONTROL NEEDED

Fortunately for the social worker most parents under any of the above situations desire family regulation, but have been frustrated in their efforts to secure reliable advice. The use of patent medicines, material picked up at drugstores, the practice of all sorts of methods learned from neighbors and from house to house peddlers, plus the well-known and altogether too frequent abortion, are evidence of this desire. The evidence of the desire is encouraging, but the effect of these experiences is to be deplored, since it has left the majority with the feeling that all methods are fallible, except abortion, which they admit is sometimes fatal. The result is a general feeling that nothing is effective—the common phraseology is “if you get caught, do something.” There probably will never be an accurate check of the harmful effects and fatalities caused by the practice of abortion in America, but social workers know that it exists to an alarming extent. Failure of methods tried and the fact that patients earnestly seeking help from physicians have often been laughed at, has left them with a natural skepticism toward any method of regulating conception. It is this skepticism and lack of information regarding the newer methods now accepted and used by those in more favorable circumstances which make the problem a difficult one for the social worker.

No one should be urged to attend a family regulation clinic unless so urged by a physician for a serious health reason (cardiac, active tuberculous and certain kidney diseases). This is a health service to be used voluntarily and is preferable to the practice of self-induced abortion or other methods of family regulating which are frequently either physically or psychologically harmful. The limitation of a family for economic or social reasons may seem desirable to the case worker but this plan can only be effective when it is the desire of the parents themselves. Whenever possible it should be the joint plan of both parents, and not the desire of one imposed upon the other. The Roman Catholic Church and certain other religious denominations have made voluntary family regulation a moral issue, therefore, it would be a grave mistake to raise a conflict by even suggesting this possibility to clients whose church has taken a definite stand against such regulation.

Notes from the experience of the Maternal Health Clinic of Cleveland give an indication of what can be accomplished when clinic and social agencies work together. At this clinic 761 or 72.7 per cent of the 1,046 patients who used the service between March 1928 and March 1931, were referred by the clinic and health agencies of the city. On June 1st, 1931 there were 831 or 62.9 per cent of the 1,316 patients who used the service. 761 or 72.7 per cent of the 1,046 patients who used the service were referred by the clinic and health agencies of the city. On June 1st, 1931 there were 831 or 62.9 per cent of the 1,316 patients who used the service. This high per cent of success is probably due to three factors: the intelligent referral of patients by the various agencies, the careful individual instruction given by the clinic physicians, with recurring visits as a check-up on the use of method, and follow-up work of nurses in the homes to insure proper understanding of the doctor’s instructions.

What a change there has been in the chance for young babies since the establishment of pre-natal and baby clinics! The time is coming when parents will learn to secure for their children a better herit-
Relief Agency Recognizes Birth Control

The Association for Improving the Condition of the Poor is interested in protecting the health of mothers and babies. As one manifestation of this interest, the Nursing Bureau of the Association has worked out a definite standard which the nurses follow in helping the men and women of the families under health supervision to procure contraceptive information and materials. The organization policy is carefully safeguarded, as the decisions relating to referral to contraceptive clinics rest with the nursing supervisors, under the direction of the A I C P psychiatrist. The matter of contraception is discussed with both husband and wife. If there seems to be any psychological problem involved, the situation is always referred to the psychiatrist for direct action. The organization refers clients to the authorized birth control clinics.

The following is an excerpt from the Manual for Nurses:

"Since the New York State law permits the dissemination of information about contraceptive methods only as a health measure and only by a physician, it logically falls within the province of the nurse (rather than the social worker in the A I C P) to arrange for such instruction when it is considered advisable. Reasons suggested by the birth control clinic include cardiac and renal disease, tuberculosis, syphilis, diabetes, toxemias of pregnancy, general debility and severe anemias, exophthalmic goitre, pelvic deformities, misplacements, tumors, inflammations and lacerations. Nursing baby, nervous and mental disorders. The definition of 'disease' is very broad, and modern medicine emphasizes particularly its 'prevention.'"

"In deciding to refer a woman for instruction in contraceptive methods, it is necessary for the nurse to be sure that the woman is able to make use of it. It is willing to use it, and it is not apt to be plunged into new emotional problems by such use."

"The methods so far devised are not perfect and the woman must have adequate intelligence to understand what she is doing so as not to make errors and so discredit the whole procedure. She must be willing to employ such methods consistently since one bit of carelessness may destroy the carefulness of months. It must be remembered that certain churches forbid the limiting of families by artificial means and that the client's religion must be respected. It is sometimes more harmful for a woman to suffer pangs of conscience than to undergo childbirth. The husband's willingness must be considered, since folk tradition condemns the practice. Since some men consider that knowledge of means of preventing pregnancy would lead their wives to become unfaithful, the husband is as much in need of instruction as the wife if the procedure is to be successful."

"On the other hand, removal of a fear of further pregnancies will sometimes give a family new hope and lead to a much better emotional and economic status. It is a known fact that almost every couple uses some means of limiting the size of their families, and the common methods employed are often harmful to health, both physically and mentally. The practice of inducing abortions, which often results from ignorance of means of preventing conception, is widespread and so dangerous that it needs to be combated by legitimate instruction in better health habits."

Alta Elizabeth Dines
THE importance of birth control in the prevention and treatment of domestic discord grows directly out of the changed conception of marriage and the family in the United States. The historical family was chiefly a status-giving, property-conserving institution. To belong to a family gave one immediately the status of that family in the community. Family pride made the perpetuation of the family name of paramount importance. Sexual adjustment was relegated to a position of minor concern in the pattern of accommodation. Social taboos dictated repression of the sex impulse along with other individual wishes in the interests of preserving family unity.

The emancipation of woman, however, has changed our conception of marriage. It has become not simply a convenient arrangement for the control of sex relations and the support of the wife and children, but a cooperative relationship for the mutual satisfaction and stimulation of the personalities involved. Sex relations are no longer looked upon by many as unclean and exclusively for the propagation of the species. Individuals are coming more and more to feel that they have a right to say how many children they shall have and to determine the interval between births in such a way as to work toward the best interests of the parents as well as those of the children.

And while the newer outlook is not always as clearly formulated in the minds of both those who are marrying and those who are married, much of their conduct indicates that their expectations are not far different. The result is that domestic discord not infrequently develops out of the lack of a satisfactory plan for regulating sex relations in such a way as to successfully control conception.

The giving of birth control instruction is, therefore, not only a preventive of much domestic discord, but it is also a valuable element in the treatment process. If properly given, this sort of instruction makes it possible for individuals in marriage to enjoy the exhilarating effects of the most intimate of marriage contacts without the constant menace of the fear of pregnancy.

Birth control instruction, however, is not to be isolated from other essential elements in both the preventive and treatment processes. It is necessary that instruction go beyond educating the individuals in the mechanics of contraception and include sex hygiene instruction as well. What individuals need to know is that sex impulses are normal and that in their satisfaction is to be found the most sympathetic fusion of two personalities possible in marriage relations. Contraceptive knowledge combined with sex hygiene becomes, thus, a tool in breaking down a host of puritanical inhibitions which are responsible for much conflict.

Birth control, therefore, will in the future contribute much to happier marriage by removing the fear of pregnancy and the economic burden which frequent childbearing is bound to have upon the family. Placed in its proper perspective in a program of sex hygiene, which will teach individuals what to expect in sex relations in such a way as to raise their contacts from the realm of the release of physiological tensions to that of a mutually satisfying experience, birth control will be considered an essential part of the equipment with which each individual enters marriage. In the meantime, however, it will be necessary frequently to fall back upon such instruction as a treatment procedure rather than as a preventive program.
Questions from the Audience

By ALBERT P VAN DUSEN

FOR TWO YEARS I have been lecturing on the various individual and social implications of birth control and have always encouraged questions from the audience Responsiveness, however, has varied Some groups have been unable to allow time for questions In small towns, people are often afraid to ask questions because they dread the whispers of neighbors on the morrow Again, questions have shown a fine spirit of inquiry, a real desire to know, and have afforded an opportunity to unfold the many ramifications of the birth control movement

A sense of humor and an endowment of patience is necessary when the speaker is called upon to answer some inquiries—for some propound the unanswerable For example “How would you reconcile the maternal and paternal instincts with economic conditions?” Or “In so far as God created man—some of whom we regard as detrimental—can we eliminate such?” We leave the interpretation of meaning and the answers to higher powers In a midwestern church, some one sent this query to the platform “Paderewski was a seventh child If birth control limited the family to three, would not the world lose many notable men?” However disappointing such a question may seem, it affords an opportunity to explain the mechanics of heredity, as well as some of the problems relating to superiority and mediocrity

The urgency of the world’s present industrial needs brings many inquiries anent the economic situation “How will birth control help maintain a balance between production and consumption?” “Will birth control, drastically carried out, restore the balance?” Some want the speaker to show that underconsumption is not due to overpopulation, a fact that some birth control advocates need to recognize In this connection one naturally answers that immediate economic relief may be afforded to the family and society by limitation of fecundity, and one may lead on to a careful statement of the age-long significance of the Darwinian formula, “the struggle for existence”

I have been asked about birth control in dealing with unemployment The form of the question varies One asks “Will birth control be necessary to reduce unemployment?” Another implies that we would have no unemployment had birth control been universally understood The answer must steer between Scylla and Charybdis, must make plain that unemployment is due, mainly, to the advance of mechanical invention and the unwillingness of capitalists to depart from laissez-faire principles sufficiently to stabilize production and distribution On the other hand, birth control is needed to afford us relief while we are struggling with the insistent task of reorganizing the whole economic system Birth control will not cure unemployment, it will relieve some of our pain while we search for causes and seek to remove them

“What shall we fight for first,” is frequently asked, “the settlement of our economic conditions or birth control?” A traveling salesman in the audience is convinced that socialist and communist viewpoints have won many adherents in the present period of depression A radical places before the speaker this question “Why not give one’s attention first to bringing in a collectivist economy to replace capitalism, since birth control will follow?”

Another variation of this attitude is “Why not work exclusively for communism? Is not birth control, relative to communism, unimportant?” It is difficult to make these people see that economic reconstruction may be an immediate necessity, while birth control is a never-ending need of society

A goodly number are interested in birth control legislation Here are some verbatim inquiries “What is the Ohio law on birth control?” “What is the status of Margaret Sanger’s work in Washington?” “Is there a law in our state against doctors’ giving birth control information?”

One practical question appears often and runs about this way “How can we get the information to that class of people who need it most?” This affords the speaker several openings He may explain the clinic He may speak of the need of socializing the family doctor and getting him to prescribe for the poor and underprivileged He may show the Importance of undoing the foolishness of Comstockery by modifying the federal obscenity statutes, as Mrs Sanger is now seeking to do

Lest readers think I am too pessimistic in regard
to the value of questions, I quote a few that reveal an enlightened interest

"Why does the Catholic Church oppose birth control?"

"Should not birth control be settled as a world problem?"

"To what extent are the various religious denominations coming to have a favorable attitude on birth control?"

"Should a clergyman talk over sex relationship with young couples before marrying them?"

"Is there not a way to reach Parent-Teacher organizations with birth control ideals?"

"Can you teach the masses to act rationally in regard to birth control if they are entrusted with such knowledge?"

To answer these questions is to deal with more than is ordinarily subsumed under the title of birth control. Indeed, if one is to do educational work in this field, one must reveal the many connections between birth control and other social questions, and impress people with the size of the task.

In our comparatively backward America, birth control is still regarded as a controversial question. Very well, then, let us have your questions. Let us thresh the matter out.

Birth Control Centers in Settlements

By Charlotte Delafield Marsh

In the spring of 1929 the American Birth Control League suggested that some of its younger members start a committee for work in New York City. The following account of the activities of the group, at first called the Junior Committee, now known as the New York City Committee, maps the way to similar undertakings in other cities.

Wishing to be well-informed on the general situation we decided that the logical first step was to make a survey. We visited hospitals and found out that contraceptive information was given, when at all, only to patients already in the hospital, and then only in cases of serious need. It seemed to us better to teach mothers before they reached this point, and we decided to turn to the social workers for help. We interviewed many "hey" social workers and found them sympathetic, but vague as to what they could do. At this time,

The psychology of the unwanted child and the subsequent effects in the home are certainly interesting and important mental hygiene aspects of birth control. Christine C. Robb.

Institute for Child Guidance, New York

1929, there were only two birth control clinics in the city, the Clinical Research Bureau and its Harlem branch.

We concluded that the most practical work on hand was to open as many birth control centers as possible near the homes of poor mothers and that settlement houses were the logical places. We found settlements willing to give us the necessary space rent free, and to lend us a trained nurse or social worker. We provided the physician (approved in each case by the medical director of the American Birth Control League) and bought the equipment and contraceptive supplies.

The great day for our committee was when we opened the first Mothers Health Center at Madison House in October, 1930. It was, we think, a great day for the mothers as well. It is hard to imagine the difficulties and fears that haunt poor mothers of large families when they need such intimate help. The settlement to which they are already accustomed to go in time of need is the ideal place to give them this new service, quietly and without publicity. Into the ears of the woman doctor they pour tales of misfortune, knowing that such a woman will understand and sympathize.

The question of charging a small clinical fee arose almost at once. It was finally decided, after conferences with doctors and social workers, that greater cooperation could be secured from the patients if a small fee were charged for supplies and services. But no mother is turned away because she cannot pay.

We have opened six Mothers Health Centers, five of them holding one session weekly and one three sessions weekly. We have a professional field worker to coordinate and carry forward the work. We have also organized an advisory committee of prominent physicians.

A second and important part of our program is educational. Coincident with the opening of each new center we have given a luncheon to which we invited representatives of all the social agencies in the neighborhood. In addition we have been holding similar luncheons in sections of the city not yet
served by a mothers health center, and told the social workers who attended of our aims and plans. More than one offer of settlement space has come as a result of asking for cooperation in this way. Our method of reaching the actual patients has in all cases been through the local social workers, to whom we have given pamphlets for distribution written in English and Italian, Spanish, Yiddish or whatever is the predominant language of the neighborhood.

Our funds have been raised by a yearly theater benefit performance, an idea which may or may not be applicable in other cities. Our hope is that the settlements will eventually take over the responsibility of financing the centers. When the necessity for contraceptive service has been fully demonstrated this will surely come about. We will then be able to use our own funds to start new centers, which will in turn become self-supporting—thus enabling us to enter new fields.

In conclusion the object of the New York City Committee is "to make reliable birth control information accessible to those mothers most in need of it." Our program is:

1 To organize centers for birth control advice in settlement houses and maintain them until their value is proved and the settlements take them over.

2 To secure the cooperation of social workers in making this advice available to mothers in their care.

3 To promote the organization of similar committees in other cities in New York State.

4 To inform the public that the work of the centers is legal.

Our records show that the average annual cost for a center (one session per week) in a settlement house, where rent and equipment is furnished, is $500:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor's salary</td>
<td>$275</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>275</td>
</tr>
<tr>
<td>($1.00 per patient)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$550</td>
</tr>
<tr>
<td>Receipts from patients</td>
<td>$50</td>
</tr>
<tr>
<td>Average cost</td>
<td>$500</td>
</tr>
</tbody>
</table>


Is Contraceptive Advice Necessary?

Ten cases recorded from the Center for Birth Control Adve at the Maternal and Child Health Association, New York City.

Mrs A 39 years old. 13 pregnancies; 6 living children—20 years to 18 months, 2 abortions (last one two months ago), 1 stillbirth; 4 deaths. The last pregnancy terminated with an abortion complicated by a hemorrhage.

Mr A 52 years old, unskilled worker, employed through the Emergency Work Bureau at $15 per week. The oldest daughter was married at 17 to a widower with 3 children by his first wife.

Mrs J 23 years old. 3 children—oldest 2 years, youngest 3 months. Mrs J suffers from chronic bronchitis, malnutrition, and anemia. She is subject to frequent pneumonia. During her last pregnancy she was too ill to take care of her children and they were placed in an institution. The youngest is still at the Hebrew Infant's Home.

Mr J 26 years old, printer, earning $15 per week. Recently lost his job. The family is being cared for by the Jewish Social Service Association.

Mrs K 33 years old. 5 children—13 years to 5 months. Mrs K is post-encephalitic, was ill in 1923. She appears very dull, slow in thinking and acting, incompetent, suffers constantly from headaches and dizziness.

Mr K 38 years old, a presser, works irregularly.

Mrs M 26 years old. 3 children—6 years to 5 months (1 infant death). Mrs M a very bad cardiac case.

Mr M 30 years old, unskilled worker, employed by the Emergency Work Bureau at $15 per week.

Mrs C 25 years old. 3 pregnancies—2 living children, 3 and 2 years old. 1 abortion. Mrs C is under the care of a mental hygiene clinic since the birth of the last baby. Her condition is attributed to fear of pregnancy.

Mr C 27 years old, operator, works irregularly, averages $20 per week.

Mrs H 32 years old. 4 children, 11 years to 5.
How Shall We Start a Clinic?

By CAROLINE H. ROBINSON

One may venture to say that there are now many small cities ripe for the founding of a birth control clinic.

Given a community that is ripe, to take a specific city of 60,000 as an example, a week or so of hearty labor by some energetic person will suffice to see the thing done. However, one essential must always be at hand: This is that a local leader in the medical profession must be, perhaps secretly, quite sympathetic and humanely concerned about the poverty-stricken mothers-of-many who need contraception in his town. It is also probably necessary that at least one well-attended lecture upon birth control shall in the past have been given at such a place as the woman's club.

One just man shall save the city, with ease, if only he be prominent in medicine. It is not at all necessary for him to become very conspicuous in the matter of a clinic. But, it should be remembered, contraception is a specialty which has brought a number of American physicians a solid reputation among all the best people for public spirit, professional progressiveness and unselfish integrity.

The organizer, either self-appointed or imported, should first canvas every wealthy woman and every active woman volunteer in charity. In our city of 60,000, thirty were seen or written to, and all except a few consented to hear more of the matter, and then almost immediately endorsed the idea of a clinic. Some consented to be listed as approving a clinic, without wanting to attend a luncheon meeting to hear about it. The rest consented at the luncheon. These women represented both millions in money and also nearly every philanthropy in town, and the list was imposing when taken to the interested medical leader, call him Dr. A.

His advice was sought as to what physician to approach for active head of the clinic. He suggested Dr. Mary X because she is well-liked, even by usually jealous confreres. Dr. Mary X was shown the list of lady sponsors and asked to furnish a long list of local medical "bigwigs" whose support would give her the necessary confidence to proceed. A letter signed by a medical birth control leader in a neighboring metropolis was then sent to this whole medical list, saying that Dr. A had consented to have anyone interested meet at his office on such and such a day to discuss the matter of a clinic. Scarcely any doctors attended but there was sufficient assent by word of mouth, as the doctors met at their hospitals, etc., from day to day, to encourage Dr. Mary X to proceed.

Social workers had already been interviewed and had promised to send patients quietly (on their personal responsibility and not as from their organization) in the ordinary course of case-work. So it was understood from first to last that there was to be no publicity for anyone. It was also understood from the beginning that there was to be no demand on the sponsoring ladies for money. And no patients taken except the indigent.

In general, financing may be managed as follows: First, and foremost, try determinedly to get quarters and gynecological equipment loaned for one afternoon or evening a week, perhaps from a specialist who does not use his office at all hours...
It is a great pity to get a hastily set-up clinic tied to a rent bill the first thing, and so we find that Dr. Mary X was wisely loaning her own quarters. Second, collect a $3 or $5 donation from each of the interested ladies. Third, look for a single wealthy donor willing to make an annual supporting subsidy. If, as often happens, in a pinch, a doctor can be found to work for nothing, patients can be managed at a cost of $1 per head for the bare supplies. In the city we have been describing, a retired registered nurse has volunteered her services during clinic sessions.

The political boss and other leaders had been approached several times about birth control legislation (and in the end it was the wife of the second in command who chiefly helped found a clinic), a meeting with authoritative speakers had been held for social workers, a $100 lecturer on birth control had been secured for the Woman's Club, and this meeting was carefully publicized in all the county papers, was largely attended, and resulted later in a resolution endorsing the cause. Finally, several doctors were visited and induced to invite medical experts to lecture at a meeting of the County Medical Society, and later certain physicians were invited to a very special medical affair in the neighboring metropolis. Precisely this—which was not a great deal since it was spread over five years, but note there was not one lost motion nor futile gesture in the lot—had made the city "ripe." Every bit of this effort had been planted, no social worker, physician or club woman, so far as I know, had voluntarily pushed the matter. But, on the other hand, scarcely one failed "to come across." Such is the inherent strength of our cause.

To sum up, after the initial ripening work, three simple steps in procedure were required to secure a clinic. For these steps, two interested persons made two and a half dozen calls, gave a day to the luncheon and some hours to another meeting, and sent out four sets of letters.

Of course there will be discouragements—even in this movement which ought to lift such burdens of future charity from the shoulders of the tax payers, and which certainly seems salvation today to those poor mothers whom it reaches. One sometimes thinks of the verse of Scripture in which it is told how He tried to gather them as a hen her chickens under her wings—"And they would not." People are often slow to grasp what is so much for their benefit. But in the end they do

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**Social Agencies in Detroit**

**Summary of a Questionnaire Sent Out by the Birth Control League of Michigan to Twenty-Eight Social Agencies**

1. **Do you ever refer persons to a birth control clinic?**
   - Yes: 20
   - No: 2
   - (one of these refers patients to physicians in its own institution)

2. **Are there any groups whose members you do not refer to a birth control clinic? Name such groups.**
   - No exceptions: 10
   - No policy: 3
   - Basis of exception stated: 8
   - No answer: 7

3. **How far do you encourage clients? Do you insist until they ask for advice or do you suggest visit to a birth control clinic?**
   - Agency takes the initiative: 7
   - Agency takes the initiative except with Catholics: 4
   - Agency takes the initiative except with clients who have family physicians: 1
   - Clients must ask for advice: 2
   - Agency prefers to wait until client asks, but makes suggestion when necessary: 3
   - Decision left to medical staff: 1
   - No policy: 2
   - No answer: 8

4. **For what reason do you make the suggestion?**
   - Economic, health, social: 10
   - All three: 3
   - Health only: 4
   - Economic mostly: 4
   - Health and social: 1
   - Any or all at the request of the client: 4
   - No answer: 8

5. **Do you automatically refer those families where the wage earner is unskilled and where there are more than a given number of children?**
   - Yes: 4
   - No: 14
   - Yes, except where religious groups or private physicians object: 1
   - Not automatically, but we make a special effort in cases of this kind with two or more children: 8
   - No answer: 8
Population Expansion in Japan*

By HAROLD G. MOULTON

**W**hile in the nature of the case reliable data are not available as to the population of the Japanese islands during the early centuries, a number of estimates have been made for different periods. In the seventh and eighth centuries, A.D., following the period of expansion that came with the extensive migration of Chinese and Koreans to Japan, the population has been variously estimated to have been from 5,000,000 to 8,000,000 or 9,000,000. Since early in the eighteenth century the data are much more reliable. Beginning with the year 1721, population figures were compiled practically every sixth year until 1846. The number of people and houses in every village, town, and country was calculated with the co-operation of the temple priests who maintained registration for religious purposes. The recording was in many respects defective and there were numerous omissions. Accordingly, the total population, as calculated, is clearly understated, Japanese scholars estimating that this understatement probably amounts to something like 10 per cent.

The stationary population following 1720 must be primarily attributed to the inadequacy of natural resources—under the economic organization then existing—to support a larger population. The condition of the masses of the people was utterly deplorable, with starvation a constant menace. Since peace prevailed throughout the Tokugawa era the casualties of war did not serve as a check upon population increase. While famine and accompanying pestilences played an important role in restricting the growth of population, the practices of abortion and infanticide were almost universal. The Japanese word for infanticide, mabiku, means thinning, and we are told that the rank and file of people, in the big cities and in the country alike, "thought no more seriously of infanticide than of rooting out vegetables or herbs.

In Kyushu there was a custom to kill two of five children born to their parents, in Tosa Province one boy and two girls were considered a maximum number of children to be brought up in one family. In some other districts practically all the babies whose births were reported to the local authorities were boys. Again, in Hyuga Province, only the first-born was allowed to live, all other babies being killed as soon as they were born. By penalties, rewards, and educational propaganda, the Shogunate endeavored to prevent the restriction of the growth of population but without success. The harsh law of economic necessity governed.

In the first decade of the Meiji era, that is, from 1870 to 1880, the increase was only about 5 per cent. In the eighties, it was somewhat more rapid, amounting to approximately 7.6 per cent. In the next decade it was approximately 10 per cent, between 1900 and 1910 it was about 12 per cent, between 1910 and 1920 it was nearly 13 per cent, while in the decade 1920 to 1930 it was about 18 is.
per cent. Expressing this growth in terms of the Increase per thousand of population, we find that the Increase prior to 1895 typically ranged from 5 to 9 per thousand, from 1895 to 1920 it averaged about 10, and since 1920 it has averaged approximately 13 per thousand, reaching a high of 14.5 per thousand in 1928.

It will be seen that this increase of population roughly parallels the growth of the country economically. It was relatively slow in the first two decades of the Meiji era, then more rapid as Industrialization got under way, following first the China-Japanese and then the Russo-Japanese War, and still more rapid during the expansion era that began in 1915. The slowing down of economic growth since 1926 has not, however, been accompanied by a decline in the rate of increase of population, on the contrary, the line of growth has again moved upward.

Since pre-war years there has apparently been some decline in the fecundity of Japanese women, and the marriage age is also becoming later. The following table shows the number of births per 1,000 married women between the ages of 15 and 44 years at intervals beginning with 1903:

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth per 1000 Married Women</th>
<th>Index Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1903</td>
<td>269.9</td>
<td>100.0</td>
</tr>
<tr>
<td>1908</td>
<td>284.7</td>
<td>105.1</td>
</tr>
<tr>
<td>1913</td>
<td>283.0</td>
<td>105.2</td>
</tr>
<tr>
<td>1918</td>
<td>272.1</td>
<td>101.1</td>
</tr>
<tr>
<td>1926</td>
<td>248.4</td>
<td>92.3</td>
</tr>
</tbody>
</table>

A movement for birth control is also gaining headway. The question is frequently discussed in public, and there is a magazine devoted to the subject. The problem has been given consideration by a government commission on food and population, and city officials of Tokyo have recently sponsored investigations regarding the feasibility of introducing the practice of birth control among the masses of the people. The dissemination of birth control propaganda is, however, illegal, and it is opposed by the Emperor, hence the movement develops but slowly.

It will be of interest now to compare the recent growth of population in Japan with that in other countries. The birth rate is much higher in Japan than in any of the other countries selected, and nearly double that of France and Great Britain. Notwithstanding the high death rate, the excess of births is substantially greater in Japan than in Italy, and very much greater than in other countries of Western Europe. Dr. Robert R. Kuczynski, in connection with his studies of the balance of births and deaths in the leading countries of the world, has computed fertility rates for Japan for the period 1921-25. He finds that according to fertility rates then prevailing an average of five children would be born to each woman passing through the child-bearing age. The rate in Japan is now apparently exceeded only by Russia.

It is altogether improbable that Japan can maintain a rate of economic expansion within the next 20 years comparable to that of the last 20 years. We have seen that the World War served as a tremendous stimulus to industrial growth, and that in consequence of easy credit and high dividend policies and earthquake reconstruction activities, the rapid expansion continued but a short interruption until 1926. The repetition of such a combination of stimulating factors is clearly not to be expected.

Furthermore the effects of an increasing population do not fully manifest themselves immediately. While from the standpoint of mouths to feed and bodies to clothe, the results of an increase in population in a given year manifest themselves to an appreciable extent immediately, from the standpoint of the employment problem, the effects are delayed from 15 to 20 years.

Those who contend that the population problem is not particularly serious in Japan have been too greatly impressed with the mere figures of production and population growth. They have failed to appreciate the adventitious character of much of the economic expansion of the period from 1915 to 1926, and have apparently been unaware of the deferred effects of population increase. The truth is that the effects of the rapid increase in earlier years were obscured by the abnormal business expansion of the war and early post-war period, and that in the years which lie just ahead increasing numbers of people will annually come into a labor market which at the very best cannot be expected to expand at a comparable rate.

+Compiled for the writer by Dr. Shiroshi Nasu of Tokyo Imperial University
JUDGMENT ON BIRTH CONTROL, by Raoul de Guchteneere. Macmillan, New York 1931. $2.00

One is left with the impression after reading this book that the author, like a certain prosecuting attorney, set out to give the prisoner a fair trial and then hang him. Moreover, one notices a total lack of sympathy for those who differ with him. Having set out to indict birth control, he concludes in doing just what he proposed—altogether the book gives the impression that it was written in a vacuum, and does not take into consideration that ever-changing stream of tendency which "makes ancient good uncouth."

Why, for example, invoke Malthus and his neatly formulated doctrine of overproduction? Is there any credited protagonist of birth control who still glories in this antique? And as for the chapter on eugenics, here again the author is wide of the mark when he spends most of his time discussing the folly of trying to eliminate poverty by eugenics. No one contends that poverty and feeblemindedness are synonymous. But why does he refuse to discuss the Jukes family and its ghastly indications? It is however in his last chapters, "Birth Control and Morals" and "The Catholic View of Birth Control" that the author begs the question. He begins with the major thesis that the life-germ is the most sacred thing on earth, and that the one basic purpose of the individual is to reproduce himself. Thus frustration of the process of reproduction is immoral, and therefore a sin. Yet in a previous chapter he states that sexual relations between husband and wife are permissible when conception (supposedly) is not likely to occur. Is this not a deliberate frustration of the purpose for which the act was intended, and is not the couple who thus indulge guilty of fouling the will and purpose of God? Again the author offers another "natural" preventative, namely the period during which the mother nurses her child, which he states is at least ten months. If the act should never be performed save for the purpose of reproduction, why allow it in this instance when, conception, presumably, is less likely to occur?

Thus in either case he violates his fundamental premise, and makes void his entire argument. Moreover, if according to his position the child is of primary importance, then other factors must be considered, as for example its opportunity to develop to the fullest its latent possibilities. And here we enter that very complex matter of what constitutes a standard of living which shall assure the individual the greatest possible realization of potential selfhood. It does not seem at all reasonable to suppose that in man's present stage of development his one and only duty is to reproduce himself as often as possible. Surely a great crime is committed when children are deemed their fullest development because of the insufficient opportunities the parents can provide. If the purpose of evolution is to produce "first that which is natural, then that which is spiritual," it would seem to imply that our concern as human beings is twofold: first, the physical child, second, the spiritual child. And since the spiritual must grow out of the material, it implies that unless the material means are available it will be impossible to achieve the spiritual end.

This book has not much to offer to those who wish to act as intelligent human beings, to whom it was commanded—"prove all things and hold fast to that which is good."

W Waldeamar W Argow


This moderately sized volume, one of the "philosophy for the Layman" series, suffices to give the reader who will make a little effort a well-balanced notion of the vast aspects of evolution, or, as the author prefers to term it, of evolutionism. By evolutionism he means a discussion and explanation of theories concerning evolution, which is a process "said to occur in the world." Evolutionism has always been the view of minorities, but even here it has often been held
only within the field of some special science, chiefly biology, rather than in the general field of metaphysics. It is the reviewers' opinion that the subject in its broad ramifications can be best presented by the philosopher, as in this case, in distinction to the scientific specialist.

Life is but one of the main divisions of an evolving world, matter and mind being the other two. The evolution of culture would doubtless be classed under the last-named. The breadth of the author's discussion should enlighten the many who see in evolution only a biological theory aimed at creationism. Evolution concerns itself neither with beginnings nor with endings but with processes of change. To tell of these and whether they do occur or do not occur is the object of the book.

Neither naturalism nor supernaturalism can be proved, the most one can do is not to prove but to approve, or not to disprove but to disapprove. Evolution, as far as it is concerned with the problem of the origin of biological species, may represent a kind of compromise between supernaturalism and naturalism, it breaks with creationism by emphasizing inherent causes, but, if any one insists, it still has a place for supernaturalism by its admission of the open possibility of a supernatural initiating cause.

One can point to integrations and differentiations in the field of psychology as well as in the physical and biological realms. But here again, no one can exclude all possibility of the operation of intervening causes. No one can be sure that God or some other supernatural agent has not intervened to make the neuropsychological structures and processes of the man different from those of the same individual when he was a child. But it appears here as elsewhere, that while intervening causes cannot be ruled out as impossible, the more economical operation of inherent causes may be plausibly inferred. In other words, evolution offers the simplest known statement of the facts of mind development.

In a study of culture, evolutionism is not so easily discernible. Even serial arrangement of dates is difficult. There is little of any actual evidence for the view that transitions occur from one stage to another, and even if one such sequence could be found and authenticated, this would not mean that developments elsewhere were uniform with it or similar to it. But biological or social structures, such as families, tribes, etc., seem to afford indications of integrations or differentiations or both, and to be fairly enough interpretable in terms of evolution.

Perhaps evolution's greatest value is that of a correlating principle, whereby the data of physics, chemistry, astronomy, geology, biology, psychology, and sociology begin to exhibit more or less orderly relations of structures and processes in time.

The chapter on "Some Philosophies of Evolution" gives brief and useful summaries of the contributions of Huxley, Haeckel, Bergson, Lloyd Morgan, Boodin and others to evolutionary thought.

On the whole the book is clearly written and as temperate as one could wish. There is but a single illustration, Haeckel's series of vertebrate embryos intended to demonstrate the recapitulation theory. It is time that this famous figure be discarded for something nearer the truth.

C. G. and Eva Hartman

COMMON SENSE AND THE CHILD, by Ethel Mannin. J. B. Lippincott, Philadelphia 1923. $2.00

This is a book of half truths put forth with religious zeal. Personally I am not one to believe that much good is accomplished by merely replacing old faiths with new or substituting a pseudo-science for an outworn theology. This is among the many popular books which must be peculiarly irritating to competent workers in psychoanalysis since the theories of Freud upon which it pretends to base an educational philosophy are absurdly oversimplified, misunderstood and misapplied. Miss Mannin belongs to the Rousseauan school of thought which believes that human nature is essentially noble, intelligent and sane if only interfering and perverted adults would leave it alone.

She starts with a decidedly appealing quotation from Browning:

"Go practice if you please
With men and women, leave a child alone
For Christ's particular love's sake!"

Oh, make us happy and you make us good!"

Her method of making children happy is strictly laissez faire (not such a bad tip for many over-solicitous parents). This means complete non-interference in a child's spontaneous activities.

That over-repression of normal sex activities
and interests in childhood often gives rise to maladjustments and neuroses in adult life. It is a modern scientific discovery of the utmost importance that parents and teachers are always responsible for neuroses as quite another matter. Thus, however, Miss Mannin speaking of sexual maladjustments in later life.

The pity of it is that it could all be so easily averted. A sane sex education calls only for honesty and frankness in dealing with the child's natural curiosity, and after that—non-interference. It is interference—the interference of attempted moral training—which corrupts natural curiosity into prurience. It has been shown by analysis that perversion in adults is merely infantile sexuality which has suffered "arrested development."

Much as we want a sounder understanding, or, better still, unconsciously sound attitudes concerning sexuality on the part of those who are entrusted with the guidance of children, we are forced to doubt that unhappiness is ever "easily averted" and honest psychoanalysts rarely find perversion, "merely" anything.

It is unfortunate that Miss Mannin's theorizing is so uniformly bad, she offers many good practical suggestions. Her procedure with the child who discovered that a woman may become pregnant without wishing to, was admirable.

I replied that the doctor had examined Mrs X and told her she was going to have another baby, and she did not want to have another baby. The child immediately asked, looking up in surprise, "Then what did she get mated for? They know it will make babies?" I said, not necessarily, and explained birth control to her. The child digested this information for a few moments in silence, and then she said, "Isn't that a good idea? I think that's an awfully good idea." I agreed and we dropped the subject.

What seems to me the fundamental flaw in Miss Mannin's case is her failure to perceive the child's spontaneous need for a security which is emotional as well as physical. Such security is based not only on a sense of fair play from adults, but more profoundly on the sense of an authoritative element in his life which, when it is kindly, is often more liberating than "freedom."

Anna W. M. Wolf

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**NATIONAL ORGANIZATIONS FOR BIRTH CONTROL**

**AMERICAN BIRTH CONTROL LEAGUE**

152 Madison Avenue New York City
Mrs. F. Robertson Jones, President
Alice C. Boughton, Ph.D., Executive Director

**NATIONAL COMMITTEE ON FEDERAL LEGISLATION FOR BIRTH CONTROL**

17 West 16th Street New York City
Mrs. Margaret Sanger, National Chairman
Mrs. Alexander C. Dick, Secretary

**STATE ORGANIZATIONS AFFILIATED WITH THE AMERICAN BIRTH CONTROL LEAGUE**

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**NEW JERSEY BIRTH CONTROL LEAGUE**

854 Broad Street Newark
Mrs. Zachariah Belcher, President
Mrs. Henriette Hart, Executive Secretary
News Notes

THE National Council of Jewish Women adopted the following resolution in favor of birth control at their Triennial Convention held in Detroit, March 27th—April 1st.

Whereas, there has been a gradual awakening as to the need and necessity for more information on the subject of birth control throughout the country, and

Whereas, birth control is nearing the status of recognized procedure in preventive and curative medicine, and it is believed by many authorities that there exists in this country a very urgent need for providing, under proper auspices, effective contraceptive advice and treatment to women of all classes, especially those who are suffering from organic diseases of the heart, lungs or kidneys, or from other physical weaknesses, to whom pregnancy is likely to be fatal or, at least, permanently injurious, and

Whereas, the present law classes information relating to the prevention of conception with obscenity, pornography, indecency, and abortion, and

Whereas, Sections 211, 245 and 312 of the criminal code of United States, and Section 305 of the Tariff Act of 1922 must be amended before physicians may no longer be restricted from giving written information or sending such advice through the mails, or medical schools, medical societies, journals, reprints or books of a scientific character may be permitted to publish and circulate such information.

Therefore Be It Resolved That the National Council of Jewish Women endorse the principle of amending the Criminal Code of the United States so that it would permit the dissemination of information through the mails relative to the prevention of birth control by the properly authorized agencies.

The National Conference of Social Work will be held in Philadelphia, May 15-21. The American Birth Control League, as an Associate Group, will conduct three meetings.

TUESDAY, MAY 17TH

8 15 P M Round Table for Social Workers
Stanley Bright, vice-president, Public Charities Association of Pa., Chairman

6 00 P M Dinner Symposium of Four-Minute Speakers
Mrs. F. Robertson Jones, President, American Birth Control League, Chairman

World Interdependence and Birth Control
Elizabeth C. Watson, exhibit director, World Interdependence Exhibit, Chicago World’s Fair, 1933

Religion and Birth Control
Reverend Frederick R. Griffin, First Unitarian Church, Philadelphia

Juvenile Delinquency and Birth Control
Mary Edna Muckrury, Referee, Juvenile and Marital Relations Court, Cincinnati, Ohio

The Building Trade and the Shrinking American Family
Carol Aronovici, Consultant on Regional Planning and Housing

Child Welfare and Birth Control
Mary Moran, executive secretary, Association of Day Nurseries, New York City

The Taxpayer and Birth Control
James H. S. Bossard, professor of Sociology, University of Pennsylvania

Birth Control as an Aid in Establishing Proper Marital Relations
Mrs. Stuart Mudd, director, Marriage Counsel Service, Philadelphia

Prerequisites of a Happy Married Life
Frederick H. Allen, M.D., director, Philadelphia Child Guidance Clinic

Intercommunication and Population Control
Robert A. Lesher, consultant on Port and Terminal Facilities

Birth Control and Social Sanctions
Alice C. Boughton, executive director, American Birth Control League

Federal Legislation
Mrs. George Dunning, secretary, Pennsylvania Birth Control Federation

THURSDAY, MAY 19TH

8 30 P M Public Moss Meeting
Dr. Joseph Stokes, Jr., Physician-in-Charge, Children’s Hospital, Philadelphia, Chairman
Frank H. Hankins, professor of Sociology, Smith College
Rabbi Edward L. Israel, chairman, Social Justice Commission, Central Conference of American Rabbis

The Federal Committee reports that it has interviewed 222 members of the Senate and House with the following results.

183 Representatives Favorable 100
Non-committal 61
Opposed 22

39 Senators Favorable 25
Non-committal 8
Opposed 6
Representative Frank W. Hancock of North Carolina has introduced a birth control bill (H.R. 11082) into the House for the National Committee of Federal Legislation for Birth Control. Senator Henry D. Hatfield, M.D., has introduced a similar bill (S. 4436) into the Senate. Hearings will be held on or about May 10th.

Margaret Sanger urges legislative action for the following reasons:

1. Because there are the actual laws on the statute books that should be repealed or amended. No matter how ridiculous these laws are—especially such a law as Section 312 of the Criminal Code which makes it a crime for anyone in the United States, or any of its territories, to have in his possession any article which will prevent conception—nevertheless an adult grown-up population of intelligent men and women should make every effort to change these laws in the way provided by our form of representative government.

2. These federal laws do keep many doctors from informing themselves and disseminating information not only in their private practice but in any institutions with which they may be connected. They also affect the doctor in his connection with the public institutions of any community. No reputable physician likes to be compelled to resort to bootlegging or to surreptitiously receiving supplies, thereby placing himself in possible jeopardy of the law, or to give some of the opposition (or his political or professional foes) a weapon which they can use for any purpose. I have had this explained to me on several occasions by prominent, outstanding members of the medical profession. As long as the federal laws remain unchanged, public institutions, hospitals, dispensaries, etc., will be the last to give contraceptive information, although it is to these institutions that the poor people go.

3. As long as there is a strong religious opposition, which is constantly increasing in its power and dominance in institutions, there will be a reluctance on the part of medical colleges and universities to teach contraception, even as a minority, they are powerful and do not hesitate to use the weapon of the law where it suits them, and public institutions, colleges, etc., cannot risk revocation of their charters. If the federal laws were changed, the ban would be raised almost immediately in such a large number of places that the establishment of clinics would soon be a reality.

4. There is no better way of educating the public than by and through the changing of laws. Such agitation arouses interest, awakens forces that have been sleeping or apathetic and creates a new attitude not only toward government but toward our part in bringing about constructive changes in obsolete and vicious laws.

California: If straws show the direction of the wind, the results of a recent student questionnaire at the University of California is worth recording. All members of the senior class, both men and women were asked "Do you believe in birth control?" About one-third repulsed, 302 answering "yes" and 24 answering "no." Twenty-eight members of the faculty repulsed in the affirmative.

Illinois: The Illinois Birth Control League held its annual meeting on April 4th at the Chicago Womans Club. Professor T. V. Smith of the University of Chicago spoke on Birth Control and Adversity.

New Jersey: Miss Henriette Hart, executive director of the New Jersey Birth Control League, spoke at the dinner meeting of the East Orange Business and Professional Women's Club on April 5th. On May 5th a benefit bridge, backgammon and five hundred party will be held in Morristown to aid the clinic of the New Jersey league. Mrs. Murray H. Coggeshall is in charge of the affair.

New York: A testimonial dinner to Margaret Sanger was held at the American Woman's Association, New York City, on April 20th. Dr. John Dewey presided, and the speakers were Stephen P. Duggan, Rev. Karl Reiland, Hendrik Willem Van Loon, Lena Madesin Phillips and Margaret Sanger. In addition to the speakers, Mrs. F. Robertson Jones, Dr. Walter Timme, Dean Annie W. Goodrich, J. Noah H. Skee and John A. Kingsbury sat at the speakers table. Miss Phillips, in presenting the American Woman's Association medal to Mrs. Sanger said:

You have devoted your life to that highest of all pursuits—the betterment of social welfare. You have, by your belief and work, changed the entire social structure of our world. In a sense you have fought your battle singlehanded, for whatever assistance your cause may have had, you still remain the point of the spear head.
And so this medal is presented to you, Mrs Sanger, not to any organization nor even to your cause. But to Margaret Sanger for her own personal achievements. For that vision which in utter darkness saw, for that integrity which stood in stress, for that gallant valor which, forsaking and forgetting all else, pressed ever onward. Your compensations doubtless are rooted deep within yourself and your own experience. May, however, this award, which is made without fear or favor, be unto you the benediction "Well Done."

**MICHIGAN** The Birth Control League of Michigan is distributing a questionnaire to 4005 doctors in the state through the county medical societies, as follows:

1. Are you giving birth control information?
2. If you are not, do you wish any information on the modern methods, as approved by the National Committee on Maternal Health and the American Birth Control League?
3. Are you willing to cooperate with the Birth Control League of Michigan in your district?

Returns already received show great interest on the part of the medical profession. The Birth Control League of Michigan sponsors or assists financially three clinics in Detroit, two in Grand Rapids and one in Royal Oak.

**MISSOURI** The organization of the Maternal Health Association of Missouri was completed on March 24th, when the following officers were elected: Dr R J Crossen, president, Mrs George J Mersereau, Mrs D K Rose, Mrs Isaac H Orr, vice-presidents; Mrs Albert E Taussig, secretary, Mrs Anthony B Day, treasurer. The Board of Directors consists of Miss Edith Baker, Dr David P Barr, Mrs Helen Buss, Dr Frederck J Taussig, Dr Paul Zentay, and the officers. The Missouri representative on the Board of Directors of the American Birth Control League is Mrs George J Mersereau.

The Association has the support of a strong and representative Advisory Council, consisting of Dr Harry L Alexander, Mrs Kerb Ashen, Dr Philip S Astrowe, Dr David P Barr, Dr Willard Bartlett, Dr Walter Baumgarten, Mrs Irving Bettman, Dr John R Calk, Dr Jerome E Cook, Dr Jean V Cooke, Dr Harry S Crossen, Mrs F P Crudden, Dr Anthony B Day, Rev George R Dodson, Dr Hugo Ehrenfest, Mrs Joseph Erlanger, Rabbi Jules Gordon, Dr Don Carlos Duffey, Dr Evarts A Graham, Mrs B Haywood Hagerman, Mrs Frank Hagerman, Mrs George C Hitchcock, Dr Alexis F Hartman, Rabbi Ferdinand M Isserman, Mrs Alexander S Langsdorf, Mrs Harry Hill Langenberg, Dr Gustave Lippmann, Rev John W MacIvor, Mrs George Mackay, Dr McKim Marnott, Mrs Edwin B Meissner, Dr Harvey G Mudd, Dr Samuel E Newman, Mrs Herbert O Peet, Mrs Julius Pitzman, Rev Rufus D S Putney, Mrs Charles B Rice, Dr Dalton K Rose, Dr Grandison D Royston, Dr Ernest Sachs, Dr Llewellyn Sale, Rt Rev William Scarlett, Mrs Charles N Seidhtz, Rt Rev Robert Nelson Spencer, Dean George W Stephens, Dr J Edgar Stewart, Dr Arthur E Strauss, Dean Sidney E Sweet, Dr Albert E Taussig, Dr Frederck J Taussig, Mrs Harold H Tittman, Rabbi Samuel Thurman, Mrs R Van der Woude, Mrs Horton Watkins, Mrs J D Welch, Dr Park J White, Dr Paul J Zentay.

It is planned to open a clinic under the direction of the doctors on the Advisory Council in the immediate future. The Maternal Health Association of Missouri is affiliated with the American Birth Control League.

**OHIO** The Maternal Health Association of Cleveland held its fourth annual meeting on April 13th. Dr Henry Pratt Fairchild spoke on People or Population. He said in part:

The argument is raised that, if we begin to decrease our rate of population growth now, maybe bye-and-bye we will enter into a decline of population, but evidence shows that many western countries are headed for a stationary population in a very short time.

I have no fear of an undesirable or calamitous decrease in the population of my country or any other country. The thing to remember is the widespread adoption of human methods of controlling population will be the means of controlling the quality of the population. An unanswerable argument in favor of this is the unwanted child. I cannot think of anything more inhuman or brutal than any method which allows a child to be brought into the world merely as a result of sexual gratification. The wanted child is destined to a finer career and greater advantages than the unwanted child.
May 1932

CHINA

A letter from Dryden L. Phelpe, principal of the Baptist College, West China Union University

RECENTLY two dramatic things happened here. We were holding a very large and important meeting of church workers from all over the province. Most of the delegates were Chinese, from rural districts. In the middle of the meetings the Business Committee approached me and said that the discussion section on the Christianization of the Chinese Home demanded that time be set aside for the discussion of birth control. Bishop Song, the Chinese Bishop here, said "To talk about the Christianization of the Chinese home, and to leave out information about birth control is utter nonsense." Later, some conservative folks objected to this subject being introduced (for the first time) in such a public conference. But Bishop Song gave them a very stern "talking to," the business committee and the discussion group insisted, and a four hour discussion of birth control was given night in the heart of the program. Among the speakers were Bishop Song, Miss Kuan, the delegate from the National Christian Council of Shanghai, members of our Union University staff, etc. Afterwards Dr. Marion Manly explained actual methods to the married women, and Dr. Tu Hsu-en-te did the same for the married men.

At the annual Convention of the Chinese Baptist Church in Szechuan the Chinese delegates themselves insisted that I present and explain the subject and the methods. One old man whom I thought might be conservative on the subject, having been an ex-Evangelist, and a deacon in our Sufi Baptist Church for some thirty years, was most urgent of all that he be informed.

ENGLAND

A RECENT murder trial has drawn attention to all sorts of morals except the real ones. Mrs. Edith M. Dampier, aged 36, murdered the father of her illegitimate child, when she discovered that he suffered from syphilis and that the child had inherited the taint and was blind. It was shown that the strain of her ordeal told upon her mentality and that she murdered her lover in a moment of insanity. Neither counsel, witnesses, judge nor jury recognized that the outstanding mistake was the conceiving of a child, and that the tragedy lay in ignorance, ignorance of the symptoms and nature of syphilis, ignorance of birth control and ignorance of the duty of human beings not to bring into the world offspring condemned beforehand to undeserved suffering.

Sterilization Proposed in England. The Minister of Health, Sir Edward Hilton Young, recently received a deputation from the County Councils Association, the Association of Municipal Corporations, and the Mental Hospitals Association on the subject of sterilization of mental defectives. The deputation represented that, while the Associations for whom they spoked had reached no final conclusion upon the desirability of stenishing mental defectives, they considered the time had come for a full inquiry into the question in view of its national importance. Sir Edward Hilton Young proposed, as a first step, to arrange for an inquiry to be made by competent persons into the scientific aspects of the question.

The American Birth Control League, Incorporated

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Birth Control Review

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Organizations Endorsing the Principles of Birth Control
(Partial list)

Medical Organizations

National
American Medical Association (Section on Obstetrics, Gynecology and Abdominal Surgery)
American Neurological Association
American Orthopsychiatric Association
Association for Study of Internal Secretions
National Association of Medical Women
National Association for Study of Epilepsy

Local

California
- Los Angeles County Medical Society
- San Francisco Medical Society
- Orange County Medical Society
- Santa Clara County Medical Society
- San Diego County Medical Society
- Ventura County Medical Society
- Riverside County Medical Society
- San Bernardino County Medical Society

Colorado
- Mesa County Medical Society
- Denver County Medical Society
- Colorado Springs Medical Society

Delaware
- State Board of Health

Georgia
- Butts County Medical Society
- State Board Medical Examiners

Hawaii, T H
- Hawaiian Territorial Medical Association
- Honolulu County Medical Society

Iowa
- Adams County Medical Society
- Cedar County Medical Society
- Scott County Medical Society

Kansas
- Bourbon County Medical Society
- Bourbon County Medical Society

Kentucky
- Garrard County Medical Society

Maine
- Aroostook County Medical Association

Maryland
- Calvert County Medical Society

Michigan
- Menominee Medical Society
- Schoolcraft County Medical Society

Missouri
- Jasper County Medical Society

New Mexico
- Chaves County Medical Society

New York
- County Medical Society of Chautauqua
- Medical Society of the County of Nassau, L I

Ohio
- Auglaize County Medical Society
- Delaware County Medical Society
- Jefferson County Medical Society

Philippine Islands
- Cebu Medical Society, Cebu

South Carolina
- Greenville County Medical Society

Tennessee
- Marion County Medical Assn

Wisconsin
- Iowa County Medical Society
- Marinette-Florence Medical Society
- Richland County Medical Society

Wyoming
- Matrona County Medical Society

Religious Organizations

National
American Unitarian Association
Central Conference of American Rabbis
Congregational and Christian Churches (General Council)
Federal Council of Churches of Christ in America (Committee on Marriage and the Home)
Lambeth Conference of Anglican Bishops (London) in which U S Episcopal Church was represented
Laymen's Leagues of Unitarian Church Presbyterians in the United States (Commission on Marriage, Divorce and Remarriage)

Universalist General Convention

Local

California
- Methodist Episcopal Church, Southern California Conference
- Pasadena Presbyterian Church

Colorado
- State Conference of Congregationalists
- Liberal Church of Denver

Connecticut
- Hartford Federation of Churches
- Conference of Congregational Churches of Connecticut
- Ministers Association of Norwalk

Iowa
- State Conference of Congregationalists

Massachusetts
- Federation of Churches (Moral Welfare Committee)

Michigan
- Universalist State Convention

Middle Atlantic States
- Conference of Congregational and Christian Churches
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HOPESWELL Society of Brooklyn.

Solvay Circle of Syracuse.

Speedwell Society of Yonkers.

New York City.

Children’s Welfare League of Jewish Centre.

Civic Club.

Citizens Union.

Eismen Day Nursery.

Federation Settlement.

Finch School Day Nursery.

Gamut Club.

Grand Street Settlement.

Home for Hebrew Infants.

Junior League.

Kips Bay Nursery.

Labor Temple Social Service.

Lenox Hill Hospital Social Service.

Association for the Aid of Crippled Children.

Federation of Progressive Women.

Godmothers League.

League of Women Voters.

Society for Political Study.

University Settlement Society.

OHRIO.

Scripps Foundation for Population Research.

TERRITORY OF HAWAII.

Eleventh Territorial Conference of Social Workers of Honolulu.
In the Magazines

Let Malthus Be Dead By Henry Pratt Fairchild

No other branch of social science is so infused with emotion, tradition and prejudice as the study of population control. The author shows that fear of depopulation as soon as knowledge of birth control becomes widespread is unfounded.

"The population of the world much more than doubled in the 19th century. A continuance of the past and present rates of increase would inevitably bring calamity unimagnable. The simple truth is that society has an enormous power to get what it wants from its individual members. If the time ever comes when actual depopulation threatens, there will develop a host of sanctions in the way of favorable public opinion, social acclaim, and perhaps even awards of a tangible sort in favor of moderately large families sufficient to produce the necessary increments to the population. Today large families are a cause of critical, pitying or dersive comment. In other days they have been a source of pride and esteem. They may easily become so again.

And if this time comes, the very establishment of birth control, instead of being an impediment, will prove an advantage by having placed the whole question of reproduction on the basis of intelligence, forethought, desire, and self-control.

"There can be no doubt that practically every great international war in history has had as a contributing, if not dominating, motive the pressure of population upon the land resources of one people or another, or the craving for the increased matenal well-being that seems to be attainable by aggression upon the territory of less densely crowded nations.

"A century of stationary population would do more to end war than all the peace pacts and disarmament treaties ever penned. The time has come for the advocates of international concord to stop talking about the necessity of large numbers as a provision for, or preventive of, war, and to concentrate their attention on stationary populations as a guarantee of peace.

Wall Birth Control Lead to Extinction? By S. J. Holmes Scientific Monthly, March

It is futile to check knowledge of contraception by adverse legislation. Birth control has created serious problems which cannot be solved by either restriction or laissez faire.

"That the race is at present tending to breed out its brains is possibly only a temporary evil which may be remedied by encouraging birth control in the lower classes.

"There can be no doubt that the quality of the race would be improved if fewer children were produced by the masses of stupid people who are now most given to unrestrained fecundity. And there is probably something in the contention that the reduction of the birth rate in this class would automatically bring about a more rapid multiplication of better endowed individuals.

"Some of the overcrowded countries of Europe might well spare a few millions of their inhabitants and be all the better for the loss. Were it possible to do so it would be desirable to keep the population of every country at that level which is most conducive to the welfare of the people as a whole.

Birth Control in Historical and Clinical Perspective By Norman E. Homes The Annals of the American Family, March

A concise interesting survey of the birth control movement from the 9th century to the present time.

Guidance for Marriage and Family Life By Ralph P. Bridgman TL Annals of the American Family, March

Family and economic instability compel young people embarking upon marriage to seek "guidance in preparing for and working through adjustments required." Maternal advice bureaus are functioning both here and abroad.

Why Children Mesbehave The Literary Digest, April 9th

Excerpt from a recent address by Dr. William Moodie before the English Medical Officers of Schools, in which he contended that the home is responsible for juvenile delinquency.

"Stealing, nervousness, stammering, lying, truculence and lack of concentration often arise from environmental factors —fatigue from loss of sleep due to noisy or overcrowded bedrooms, and anxiety from broken homes, illegitimacy, and marital unhappiness, the kind of home where the child never knew what is going to happen next."
Letters

A CATHOLIC PLEA

TO THE EDITOR

Born in the Catholic Church twenty-six years ago, I remained her loyal supporter until the firm stand recently taken by the Pope on the subject of birth control turned me from her doors. With sorrow, but with no sense of guilt, I left the institution which has played a large part in the enrichment of my life.

I was married two years ago before these open pronouncements of the Church on birth control were made. Neither my Catholic parents, nor the nuns who taught me, nor the priest who married us brought up the problem of the marriage relationship with me, nor had I ever heard a sermon on the subject. The young Catholic married people whom I questioned said that they practised birth control but thought it unnecessary to mention it to the priest in confessional. They regarded the problem as one that was tacitly overlooked by the Church. I followed their example. The publication of the Pope’s Encyclical on marriage, however, gave me two alternatives, either to leave the Church or to become a hypocrite. Since I was convinced of the wisdom of birth control, (not to mention the necessity), there was no third choice.

The Church cannot hold her young people with such a doctrine. They are losing confidence in the wisdom of their spiritual Mother, and in her ability to meet their needs.

I make my plea to the Catholic Church to rise to the newly-felt needs of her people, as she has so many times in centuries past. If she does not, hypocrisy and loss of confidence will undermine and destroy her hold on the younger generation. It is time for the voice of youth to be heard on this problem as on that of disarmament. Just as we would be the ones to pay for the next war, so we are to be the recipients of disastrous doctrines handed down to us by a hierarchy of bachelors “Anon”

PORTO RICO’S REAL PROBLEM

TO THE EDITOR

I have received a marked copy of your March issue containing Rlr Theodore Schroeder’s article “Porto Rico’s Population Problem,” and as a Porto Rican who feels himself a freeman, I cannot help taking exception to some of Mr. Schroeder’s statements.

There is no denying that overpopulation (let us call it so) is at present a problem to us. Mr. Schroeder, however, leaves untouched the main cause of the trouble. He does not tell your readers that it is indirectly at the door of American capitalism that the blame must be laid for everything that is wrong in Porto Rico today. He does not tell your readers that when American intervention was started, while sanitary conditions were certainly not very good, still our people owned their land and the produce they exported. He does not tell that in thirty-four years of American intervention, by a drastic process of legalized assault, and with the cooperation of American-made native and continental legislative bodies, the people have been dispossessed of their land and brought to the condition of paupers (as shown by the statistics he quotes).

This does not mean that I am systematically opposed to birth control. But our real problem lies in the actual control by American capital of practically all our wealth. The real reason why our legislature does not enact a bill authorizing the practice of birth control, is the unconstitutionality of such a bill, inasmuch as the United States statutes apply on the island. We will be able to enact birth control legislation in Porto Rico as soon as American intervention ceases.

Both I and Senor Albin Campos, president of the Nationalist Party, told Mr. Schroeder when he first came to Porto Rico that the only solution was through terminating American intervention, leaving Porto Rico’s problems to be solved by Porto Ricans. We may, and we may not enact birth control laws (I think we would) as soon as the American flag is lowered from our public buildings. The main thing is that it be lowered, the sooner the better.

J. ENAMORADO CUESTA,
Secretary, Porto Rico Nationalist Party

Ponce, Porto Rico

Senor Cuesta overestimates the obstructive nature of the Federal statutes governing territories and dependencies. There is a contraceptive clinic in Hawaii. Furthermore contraceptive service may be initiated without “enacting birth control legislation.”—EDITOR’S NOTE.
Tent Life in California
By PAULINE G SHINDLER

I was a very new social worker in a small town. One of my first cases was a family reported to our agency for neglect of children, living in a tent colony set in a low and swampy lot. It was a sort of improvised commune, which the poor and migratory had found for themselves. Here they could unload the dilapidated Fords and turn the children loose. The luxuries of the place included one water faucet, serving the colony of thirteen tents—apparently the only sanitary convenience.

I found the family I sought established in two tents, the pots and pans hanging in a row along a tent beam, the washing steaming over a stove made from an old oil can. Five scrawny children hung about. Two of them, I learned, were registered in school, but were temporarily on vacation for lack of shoes. Three were babies, one obviously defective. The mother was loyal to her brood, tired and displaced as she was.

"But why do you have so many children," I asked bluntly.

She shrugged her shoulders.

The Medical Woman’s Journal
November, 1931

BOOK REVIEWS

PHYSICIANS’ MANUAL OF BIRTH CONTROL
By Antoinette F Komikow, M.D Buchholz
Publishing Company, New York, 1931 $4.00

A detailed discussion of the various possible methods that are available both with and without the physician's supervision, with conclusions as to the success and failure of each one, a careful presentation of the harmfulness of each procedure both immediate and remote, practical advice from a wealth of experience acquired by personally conducted fittings, and tables illustrating successes and failures and the cause of the failures, make this book a valuable contribution.

Order from your Medical Supply House or Buchholz Publishing Company
11 Keswick St., Boston, Mass.
$4.00 express prepaid

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Please use letterhead or prescription blank in ordering

BIRTH CONTROL REVIEW

"My husband not very bright, not make much money. But he do the best he can. So we live here with no rent. Too bad," apologetically, "some of the children not very bright too."

My training as a social worker had prepared me in only the vaguest way to meet this difficulty. Tentatively I murmured something about voluntary sexual restraint. Her smile was almost scornful, or so I imagined. I spoke of birth control advice, or a possible operation, thinking that the matter could surely be arranged through the county hospital. But I was doomed to shock and disappointment. The hospital was sorry, it was out of their line. There was no birth control clinic in the town, three doctors whom I approached chanced to be timid and unwilling. New and urgent cases forced the tent family off my active visiting list.

Before the winter rains descended, the mother of five was again big with child.

STATEMENT OF OWNERSHIP, MANAGEMENT, CIRCULATION ETC. REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912

Of the Birth Control Review, published monthly at New York, N.Y., for April 1, 1931, State of New York, County of New York.

Before me, a notary public, in and for the State and County aforesaid personally appeared: Sonata Peretz, who having been duly sworn according to law, deposes and says that she is the Business Manager of the Birth Control Review and that the following is to the best of her knowledge and belief a true statement of the ownership, management and circulation of the aforesaid publication for the date shown in the above caption required by the Act of August 24, 1912, embodied in Section 411, Postal Laws and Regulations, printed on the reverse of this form to wit:

1. That the name and address of the publisher, managing editor and business managers are:
   Publisher—American Birth Control Inc., 158 Madison Ave., N.Y. City
   Managing Editor—None
   Business Manager—Sonata Peretz, 158 Madison Ave., N.Y. City

2. That the owner is of the following persons or corporations, the name and address of which and the interest and character of said interest shown below.

   1. Anna Hanger, 158 Madison Ave., N.Y. City

3. That the known bondholders, mortgagees and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are (If there are none, so state). None.

4. That the two paragraphs next above, giving the name of the above bondholders, mortgagees and other security holders if any contain not only the list of stockholders and security holders as they appear upon books of the company but also, in cases where the stockholder or security holder appears upon the books as the company or in any other fiduciary relation the name of the person or corporation for whom such service is acting, is given also if: the said two paragraphs contain statements embracing all facts known to the company or other corporation under whose books the holder of the security appears, and so that the following is true. None.

Sonia Peretz
Business Manager

Sworn to and subscribed before me this 18th day of April, 1932.

RINA SALMON
(My commission expires June 8, 1933).
A Modern Approach To An Ancient Problem

NOW comes a distinctly new book, prepared especially by an acknowledged authority for the discriminating few who will understand and appreciate a radically modern approach to the problem of sexual life and its moral attributes.

The distinguished author — Dr. William J. Robinson — takes as his thesis that sex and morals should never be considered counterparts. He believes that love and sex cannot longer be thought of as the opposite sides of a single coin. Rather does Dr. Robinson believe that the truer sociological views would entirely divorce the two, considering the moral aspect of love and sex in its wider, humanitarian relations to society.

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Sex Love and Morality is printed on fine antique book paper and beautifully bound in Royal Vellum Cloth with Title in gold. The book is divided into thirty chapters. Above is the complete list from them you may gain an impression of this book's importance. Sex Love and Morality may be obtained by subscription only direct from the publisher. Write for your copy.

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