That birth control is a medical problem seems self-evident. Yet the medical profession is, apparently, not yet ready to give it formal recognition. Whether our economic and social life and our racial status will change for better or worse depends in some measure on the wise use of birth control in the immediate future. We expect from the physician scientific instruction and research looking toward simpler methods. It is to be regretted that the American Medical Association, at its recent meeting, did not pass the proposed resolution asking for the appointment of a committee to study the problem and report its findings in 1934. But signs of progress are not lacking. It may be remembered that a year ago a birth control resolution was tabled by the Association with no discussion and no vote. The present resolution, unanimously adopted by the Committee on Public Health and Hygiene, was defeated in the House of Delegates by a fairly small margin. May we not hope that before long physicians will be ready to deal with the subject in a scientific spirit? Only by so doing can they fulfill the trust imposed upon them by their fellow men.

Details of clinic procedure are given in three articles in the present issue. Gladys Gaylord tells of the work at the Maternal Health Association of Cleveland, one of the best functioning birth control centers in the country. Virginia Frank explains the place of contraceptive service as an integral part of family adjustment, and Alice Withrow Field tells of birth control instruction in Russia, where it is given as part of government health work with women. Widely separated as the objectives in these three services seem to be, certain common factors are present. The client must want to use some method of birth control, the husband as well as the wife must be contacted, the family must be viewed as a whole and birth control must be given, not as an isolated piece of information, but as part of a general program of conduct, lastly, careful and persistent follow-up is one of the main prerequisites for success. As the medical profession develops better birth control methods, social work will perfect the technique of handling clients to obtain the best results. Articles such as the three presented here will do much to define the role of birth control in family life, to evaluate and improve the service.

Elsewhere in this issue the League's plans for the Review and for educational work of wider scope are set forth, together with comments from the members of the Editorial Board. Without the active interest of its readers, the cooperation of its printer, and the altruistic support of its contributors, the Review would not have been possible. To them go our thanks in this closing issue.
TO READERS OF THE BIRTH CONTROL REVIEW

WHEN the BIRTH CONTROL REVIEW was first issued in 1917, the general public regarded birth control as anti-social, immoral, even indecent, and its only advocates were a devoted group of liberals and feminists led by Margaret Sanger. Since no magazine or newspaper would dare publish an article on the subject, Margaret Sanger courageously launched a special journal to carry her message. Four years later, when the American Birth Control League was organized, the REVIEW became its official organ, and it has been published as such ever since.

For sixteen years the REVIEW has led the birth control fight, and recorded its successive victories. In its pages one can trace the steadily increasing appreciation of the importance of birth regulation—the endorsement of the movement by medical societies and churches, the enlistment in birth control ranks of economists, biologists, physicians, social workers, clergymen, and representative men and women from all walks of life, the development of the original little band of pioneers into a widespread national organization with affiliated leagues in many states. Birth control, today, is recognized not only as a basic woman's right, but as an essential factor in family welfare, public health and economic security, as a means of promoting international peace and race betterment.

Birth control, in fact, has come to be accepted by the intelligent public as a scientific measure of immense importance to human welfare. Magazines of the highest standing, specialized medical, social work and church journals, and popular publications which command millions of readers throughout the country, are now glad to publish articles on the subject. A propaganda vehicle for birth control is no longer needed. Changing conditions call for new tactics. The type of birth control publication that is needed today is a practical guide for the many active members of birth control organizations and a concise record of progress.

To meet this need, the Board of Directors of the American Birth Control League, at its June meeting, voted to discontinue the REVIEW in its present form with the current number. In its place, the League will issue a monthly news bulletin, which will start publication in October and retain the name BIRTH CONTROL REVIEW. The new review will contain the material most useful and interesting to members and officers of the national and state leagues, news, discussion of practical problems and short feature articles.

All unexpired subscriptions will be completed with the new publication. Every member of the American Birth Control League and affiliated state leagues will receive the new REVIEW free of charge. May we ask that anyone who prefers a pro rata refund on his subscription, communicate with the REVIEW office?

It is our hope that these new plans may work out to the best interest of all who are promoting the cause of birth control, and that the new REVIEW will be a worthy successor to the old.

ELEANOR DWIGHT JONES
President, American Birth Control League
American Medical Association Considers Birth Control

The eighty-fourth annual session of the American Medical Association was held in Milwaukee, June 12-16. At the first session of the House of Delegates on June 12, the following resolution was introduced by Dr. Everett D. Plass, professor of Obstetrics and Gynecology at the University of Iowa, and delegate from that state.

Whereas The problems and methods of Birth Control are of vital concern to the health as well as the social and economic welfare of our American people, and,

Whereas The statements of proponents and opponents of Birth Control are at wide variance, thereby creating confusion and uncertainty, and,

Whereas A demand has been made by various groups for dependable evaluation of methods of contraceptive on the conditions that justify their employment, and,

Whereas These questions are intimately related to medical science and medical practice, therefore,

Be it Resolved That the report of this committee, together with all its findings and recommendations, be not disclosed until it has been presented at the 1934 Executive Session of this House of Delegates for consideration and action by this House of Delegates, and,

Be it Resolved That the appointment of this special committee shall in no way be construed as an endorsement of Birth Control on the part of the American Medical Association and that the appointment of this committee for the purpose of compiling dependable facts for future guidance when dealing with this question as closely related to public health and medical practice.

The resolution was referred to the Reference Committee on Public Health and Hygiene under the chairmanship of Dr. W. F. Draper, chief health officer of Virginia. At the hearing before this committee, Dr. Eric M. Matsner, medical director of the American Birth Control League, presented the affirmative side of the question. He pointed out the importance of scientific investigation of contraceptive methods, in view of some of the harmful and unrefractory methods now in use, and the need for further research. He also emphasized the increase in abortions throughout the United States, and the role that might be played by contraception under medical supervision in lowering their number. Dr. Matsner then called on Dr. Alexander Campbell of Grand Rapids, Dr. Campbell is chairman of the committee appointed by the Michigan State Medical Society, at its 1932 meeting, to study contraception and other related problems. He reported on the exhaustive work done by his committee and on the questionnaire which has been sent to all Michigan physicians. It was his considered opinion that birth control is a major problem in the present economic crisis and that the medical profession must soon take active control. Mrs. Morton Keeney, president of the Michigan Birth Control League, described the work of Michigan's eleven clinics, and their effect in inaugurating contraceptive service in hospitals. She pointed out that national and local lay organizations wish to work entirely under
the direction of the medical profession and cooperate
with individual physicians in every way. A vote
was then taken and the resolution was unanimously
adopted.

On the following day the committee presented its
final report to the executive session of the House
of Delegates. Of the 175 members of the House, 112
were present and voted as follows: forty-six in
favor of the Resolution, sixty-six against it.

The opinions of prominent physicians and med-
ical educators quoted below are indicative of the
attitude of the medical profession towards this
resolution in particular and the question of birth
control in general.

"I have been following the birth control move-
ment rather closely for at least ten years and for
over a year I have been convinced in my own
mind that the time is now right for the best ele-
ment of the medical profession to vote itself
positively in this important question."

ALEXANDER M. CAMPBELL, M.D.
Grand Rapids, Mich.

"We have encountered in our work numerous
instances where birth control measures would have
lessened considerably the social and economic stress
both by many individuals and communities. It
seems at this time more than at any other that
such measures should be given the approval of orga-
nized medicine.

FRANKLIN G. EBROUG, M.D.
Colorado Psychopath Hospital

"Three of the greatest strides of medicine are
toward the control of pain in labor and operation,
control of infection in obstetrics, and control of commu-
nicable disease. These three advances made in the face of opposition and indif-
fERENCE on the part of the organized profession,
are now its common pride and glory. A fourth
control, control of conception, needed to safeguard
life and health and happiness, though now suspect
and malignant, will take its place of honor with these others."

ROBERT L. DICKINSON, M.D.
Secretary, National Committee
on Maternal Health

"I think the question of birth control has far-
reaching scientific and social implications, that it
must be intimately related to medical practice,
and that the medical profession should give it au-
thoritative investigation for the benefit of its mem-
bers and of the public. I consider that physicians
generally are entitled to knowledge regarding the
various methods advocated for contraception, and that this information being
available, the question of its application in par-
cular cases falls alike all other therapeutic pro-
cedures—upon the intelligence, judgment and
conscience of the individual physician. I think the
proposed Resolutions are appropriate, conserva-
tive and timely."

E. P. LYON, Dean,
Medical School, University of
Minnesota

"I am sure this is the proper time to take the
matter up and I believe favorable action might
be taken by the Medical Association without seri-
ous debate."

Foster Kennedy, M.D.
Professor of Neurology, Cornell
University Medical College

"So many of us feel that the American Medical
Association is in danger of drifting into a very
false, indeed ridiculous, position by insisting that
contraception is essentially a medical matter and
then refusing to give it investigation in the spirit
of scientific medicine. Growth of public interest in
medical practice of contraception can hardly be
stopped at this late date, whatever attitude any
organization takes with reference to it, is it not
more dignified to meet this situation fearlessly
and in the spirit of impartial investigation rather
than to let it be forced on the medical profession
through public pressure."

STUART MUDD, M.D.
Chairman, Dept. of Bacteriology,
University of Pennsylvania Medical School

"As a practicing physician, interested in pre-
ventive medicine as well as in the advancement of therapeu-
tics, I believe that a favorable action on
this resolution is desirable."

ARTHUR B. STRAUSS, M.D.
St. Louis, Mo.

"It is more than time that the medical profession
of the country took serious note of this vital and
impressive problem."

E. A. WINSLOW,
Professor of Public Health,
Yale Medical School

"It is undoubtedly desirable that the subject of
birth control again be brought before the Ameri-
can Medical Association at the annual meeting in
Milwaukee."

M. C. WINTERNITZ, M.D., Dean,
Yale University Medical School
FAMILY regulation, which to many still means family limitation, is not a panacea for all social ills, but, when used intelligently by trained social workers, it may be a useful tool in family rehabilitation. Its need is certainly clearly indicated in certain serious health problems.

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 family regulation and suggests a definite plan on the part of the parents.

Social workers should know something of contraceptive methods generally advised by clinics and by physicians who have specialized in this field, the relative effectiveness of methods and the effort and inconvenience for the client in carrying out the physician’s instructions. The criteria for methods of contraception are that they must not be physically harmful, must not be psychologically harmful, must have a high percentage of effectiveness, and must produce only temporary sterility.

Methods which most nearly come up to these requirements depend upon the initiative of the individual, therefore, the interest of the client is essential. No trained worker will attempt to give contraceptive advice to a client any more than she would attempt to suggest treatment for a disease.

While recognizing the social and health problems which indicate the wise use of contraception, the social worker all too frequently is handicapped either by lack of proper birth control facilities (there are relatively few contraceptive or birth control agencies in the country), or by insufficient knowledge of how to use available facilities. It is on this latter point that I shall speak today, by outlining the set-up and procedure followed by the Maternal Health Clinic of Cleveland.

Our clinic is “extra-mural,” organized and supported by lay people and backed by a strong Medical Board. In addition, contraceptive clinics have recently been included in the out-patient departments of three leading Cleveland hospitals.

Our medical staff consists of four women and two men physicians who are at the clinic for stated periods each week. The staff includes two full-time public health nurses who take the social history of each client and who make follow-up visits in the homes at stated intervals. Clients are seen by appointment only and in the order of their appointment. Every effort is made to keep the conference with the physician private. This usually involves a pelvic examination and the physician tries to meet the physical and psychological needs of each individual. At the present time, the clinic is so crowded that appointments must be made three weeks in advance. During the first four years of operation, 80 per cent of our clients came through the social and health agencies of Cleveland. Many of the appointments were made by the social workers, who were familiar with the clinic procedure and had secured the client’s cooperation. It is advisable for a client to have some note or introduction to the clinic and that the referral be made in the same form used to any health agency.

While private physicians frequently complete contraceptive instructions in one visit, the value of time for assimilation of instruction is appreciated by most clinics throughout the country. The clinic patient is generally asked to make two clinic visits—usually a week apart. When instructions are completed at the Cleveland clinic, the referring agency is notified. Clinic nurses make a routine home visit on all new clients within the first six weeks. At this time, the physician’s instructions are explained, questions answered and practical suggestions given. An overcrowded home gives little privacy and rearrangements sometimes have to be made. All clients are asked to report at the clinic for re-examination three months after the date of completion and to give a verbal report every six months thereafter. When the client fails to keep the three month appointment, a contact is made through the case worker or clinic nurse. Because we are keeping careful data, it is absolutely essential for us to know each individual situation and this routine contact is followed rigidly.

A knowledge of contraceptive methods will help
the case worker to relate many family difficulties and friction either to a lack of sex instruction or to a need for contraceptive information. Two-thirds of our clinic work today is helping the client make the necessary marital adjustment which understanding case work might have brought about before the client reached the clinic. The health, social and economic conditions which indicate a need for contraceptive advice, produce a point of view in the client that hampers his or her acceptance of reliable advice. Advertising, the use of patent medicines, materials picked up at drugstores, methods learned from neighbors and house to house peddlers, plus the well known and altogether too frequent abortion, are evidence of the need for reliable advice. This evidence of the desire for family regulation is encouraging, but the effect of these experiences is to be deplored since it leaves the majority with a feeling that all methods are fallible. To replace these methods with trained medical advice means that confidence must be re-established, as ultimate responsibility for success rests with the client.

The initial approach is through the social worker. One of the mistakes in the past has been the feeling that this is entirely the woman's problem. We are still forced to concede that the major responsibility rests with the woman, but both parents should be concerned in any plan of family regulation. It is often advisable to make the first approach through the man, who then shoulders some responsibility in the plan. The Cleveland clinic maintains a consultation service for men, which is used increasingly. The interest of the client is essential. There are social and economic conditions which indicate the need of contraceptive measures to the social worker, but unless the clients themselves understand and wish to follow a plan of family regulation, the program is useless. No one should be urged to use particular contraceptive methods unless a physician assumes this responsibility for a serious health reason, such as cardiac, tuberculosis and certain kidney diseases. The service should be one offered to those people who earnestly seek this information. They should be advised of reliable resources and not left to experiment with methods that are often ineffective and sometimes harmful.

Fortunately for the social worker, most parents desire family regulation and by this I do not mean merely family limitation. I am painting a discouraging background for this field of work, but I believe it is the only thoughtful and intelligent approach to the problem. Yet the success attained at the various contraceptive clinics throughout the country is remarkable. Considering the general feeling of scepticism which undoubtedly exists in all groups of society.

The figures of the Maternal Health Clinic of Cleveland show that 60 per cent of the 226 clients who came to the clinic the first year are still in touch with us and using the methods advised, in spite of the fact that during the first year we had a most unpromising group of clients. This is the experience of every new health venture. From 1928 to 1929, the age of clinic patients averaged 30 years. Women of about thirty-five reported from 10 to 16 pregnancies and had tried numerous contraceptive methods. Certain people—a-approximately 25 per cent of the total number of clients during the last five years (3117)—prefer methods of contraception which they had previously used and do not continue with the clinic methods. Practically every client has used various forms of family regulation before attending the clinic.

Family regulation implies the ability to have children when they are wanted and the clinic records show an increasing number of planned pregnancies. Many situations show a happier family atmosphere and renewed interest in the welfare of existing children. Plans for separation and divorce have been abandoned following the establishment of confidence in the clinic methods. Occasionally men have claimed that removing fear of pregnancy during an economic crisis has encouraged them to stand by their families, and women report that their husbands are less promiscuous as they themselves became less irritable because of better marital adjustment.

At the present time when commercial agencies are pushing the sale of numerous contraceptives through both recognized and illegitimate agents, when advertising of methods is openly carried on practically every state of the Union, it remains for the trained social worker and the physician of unqualified medical standing to make the best possible advice available to all groups in a community.

This is the only way to offset the lack of confidence engendered by ineffective and sometimes harmful methods that are being unscrupulously promoted.
Hail and Farewell
From the Editorial Board of the Review

IN CHANGING from its present form into a news bulletin, the Review is simply fulfilling the law of its being. There are now many active and potential workers already convinced about birth control, and what they need is practical current information. The League has already done excellent educational work and I hope that it will be able to set up a regular publicity department that will feed news and features to the general press and to magazines. Such activity was never more important than now, for never was the press more eager for articles, nor an impoverished and almost hopeless world more eager for birth control.

I doubt whether any other movement has had a periodical whose volumes present so clear and unconfused a picture of its history, of the spirit that animated it at the start, and of changes in public opinion. The Review has recorded the swift transition of a revolutionary idea from outlawry to support by the vast majority of civilized humanity.

Less than twenty years ago Margaret Sanger set her hand against the world, defied the law and proved the need for birth control by opening her Brownsville clinic. The Woman Rebel and the early years of the Review are the record of this period, a time of bitter struggle for the workers who had no backing but the very poor and a small group of intelligence. A few years later, when the late Annie G. Porritt was managing editor, the Review began to record other support. It gathered in a wealth of scientific endorsement—biological, sociological, social. In its mothers' letters, it kept before the public the poignant demand of women to be released from needless suffering.

After the International Birth Control Conference of 1925, the Review became also a record of international developments in birth control, and the volumes of the next few years are filled with news of foreign clinics and activity abroad. Of local American developments it recorded what it could without bringing down attacks on our few clinics, but there was much in those days that "could not be told" and the Review as a news-carrier was much hampered.

The New York clinic raid in the spring of 1929 was a turning point. To anyone following the movement, the development of organized birth control in America during the last four years has seemed startling and almost unbelievable. One striking example of progress is the growing support of those two most timid professional groups, the doctors and the social workers.

The sentiment for birth control is widespread and it is now unafraid. The general public dares to organize even in small towns, for neither public opinion nor law is opposed. Local leagues and clinics need guidance from the national league through a practical and concrete publication. The birth control movement enters a new phase.

MARY SUMNER BOYD,
Formerly Managing Editor,
Birth Control Review

ALTHOUGH from many points of view the need of education in birth control was never more important than it is today, the discontinuation of the Birth Control Review does not in any way represent a desertion of principles or a retreat from the firing line. It indicates rather that the initial stage of the educational program has ended. The people of the United States, as of every progressive country in the world, have absorbed the idea of family limitation. They are actually and actively practicing it as statistical data clearly prove.

The proposed new and more specialized journal to correlate and integrate the work of the state leagues that have developed is an encouraging indication of progress. It means that a high degree of stability and a feeling of permanence have succeeded the tentative and sensational phases of the movement's development.

Pioneer days are colored with romance and the glamour of individual efforts. Those of us who look back on the early days of the Review will always have a feeling of warm gratitude towards all who stood the insults and abuses of smug conservatism, in order that the cause of birth control might survive. In the transition period now in progress we
can also point with a great deal of pride to the high standards of intellectual honesty that its sponsors have continuously maintained.

Fought by a religious hierarchy as emotional and fanatical as the most crystallized of the prohibitionists, the birth control movement has steadily made progress even in the enemy's camp. The increasing army of liberated deserters from the antiquated social code of that camp continues to grow by thousands and tens of thousands. The living offshoot of the old religions which demanded a just and cruel God, had to force its way into the hearts of a timid humanity, and history is repeating itself. Christians the world over—whether they take that name or not—are refusing to enlist in the ranks of a God who demands that women shall be bent and broken on the torture rack of Ignorance, or who encourages the animal breeding of unwanted and uncared-for children.

Caught in the logical dilemma of allowing the use of the "safe" period, a scientifically discovered half truth of physiology, and of forbidding the use of other simple, more certain and scientific means, the Catholic Church is in an untenable position. Its adherents are aware of that fact in direct proportion to their intelligence. If they are professional members of the hierarchy deriving their living from it, they naturally work their hardest to combat the invincible spread of contraceptive information. If they are lay members of the Catholic Church, they listen to the arguments and then quietly adopt contraception as a part of their own family life. When the younger Catholics of the present generation reach positions of authority in the church, progress towards a common goal will be even swifter. The official Church, deep-dyed in Italian nationalism, may not care to admit a change in attitude. But it exists, and it is an eloquent tribute to those who have labored without ceasing for the cause of birth control.

Even if no more liberal legislation is passed and if our own country, prodded and goaded by non-payment of European debts, adopts some colored-shirt of nationalism and calls for martial music to accompany the increased production of more Americans, the advocates of birth control need not fear.

The world is clearly divided into two groups of people. One believes that its descendants, albeit fewer in number, have a better chance for survival and self-perpetuation if limited to those who can be well-trained and adequately equipped to face life. The other group either does not or cannot think, and feels intensely that breeding of children is natural and should be unbounded. Both groups are willing to wager their chance of survival on the outcome. Nature seems rather effectively to be setting the world stage for an experimental test. Unfortunately, few are devoted of personal ties that make them unable to view the situation impersonally. Most of us are in the game itself and not on the stands. It may well be that another civilization composed of the descendants of those who guessed right will some day total up the score. In the meanwhile the game is on and may the most humane and truly Christian doctrine win.

C. C. Little, Director, Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Me.

Birth control is one of those ideas which having got into the world can never be ejected. Nevertheless, from time to time it faces new dangers. One is that the well-to-do, sure of being able to obtain contraceptive information when they want it, will, with an air of outraged morality, contrive to put a legal ban on the ordinary visible channels by which such information reaches the poor, so that there may be always large proletarian families to assure the well-to-do with an abundant and cheap supply of labor.

Another danger is that rabid commercial greed will find ways to make contraceptive information and devices so accessible to adolescent boys and girls that justly incensed parents will allow themselves to be lined up in support of laws that will keep birth control from married couples.

Let no one suppose that we are not enlisted for a long campaign.

Edward A. Ross
University of Wisconsin.

The rapid progress which birth control has made during the past few years and the increasing understanding of its economic, social and moral value to society now permits its discussion in general periodicals which reach a far larger audience than the Review could ever hope to reach. The knowledge that birth control discussion can now be carried through hundreds of sources to millions of people takes away a great deal of the sorrow which we all naturally feel in losing a faithful friend like the Review.
In this, the final issue of the Review, it is fitting to laud the far-sighted efforts of Margaret Sanger in establishing this periodical, and the courageous efforts of Kitty Marion in bringing the subject to the man in the street who most needed it.

For many years I have been especially interested in the amount and quality of the material which has appeared in the Review on the subject of population. It is my belief that the last stand of the opponents will be made on this subject, and that everyone interested in the further progress of the birth control movement should familiarize themselves with the principle of population growth. This principle, which is generally associated with such great thinkers as Plato, Aristotle, Franklin, Malthus, Mill, Darwin, Galton, Walker and a host of contemporary population authorities, is that the capacity for population growth is inherent in all plants and animals, including man, is far greater than the means of subsistence that can be prepared for it. Consequently population growth is not free to expand but rather is held to a certain course by the economic and social factors of population pressure and standards of living.

Population growth is so delicately controlled by these factors that if so much increase is supplied from one source, just so much less can be supplied from other sources—or the standard of living will be affected unfavorably. And as the standard of living is what makes life worth while, the delicate balance of population growth is always preserved.

The original source of all population growth is the birth rate, but this source may be divided into many channels. We may have the birth rate of our own country as one source compared with the birth rate of other countries through immigration, we may have the birth rate of the foreign born as compared to that of the native born, or we may have the birth rate of one race or class as compared with other races and classes, we may also have the birth rate of rural districts compared with that of urban centers, or the birth rate of the fit compared with that of the unfit. Finally, we may have the custom of the large families compared with a high marriage rate.

We find that the solution for population pressure in foreign countries is not emigration but birth control. When birth control is practiced by the foreign born, the birth rate of the native born will be released to some extent. When birth control reaches the colored population, it will likewise have a stimulating effect upon the whites. When birth control reaches the rural districts, we are likely to have a higher birth rate in the urban centers. Birth control practiced by the lower economic and social classes of the population will stimulate the birth rate of the upper classes, as is the case in cities of northern and western Europe today. Inducing the birth rate of the unfit will stimulate and increase the number of the fit. Lastly, when birth control reaches all economic and social classes of the population, we shall have smaller but better families.

These matters need thought and consideration in the face of all we hear about the "dangerous" things that birth control is going to do to our population. I believe a suggestion to study these problems is the greatest contribution a student of population can leave with the readers of the Birth Control Review.

GUY IRVING BUCH, Director, Population Reference Bureau.

It is with great regret that I learn of the imminent passing of the Birth Control Review. Whether one has read it with approval or with disapproval, he has been certain to find its contents of vital interest. The development of birth control and its secure implantation among the approved popular mores seems to me the most momentous cultural change of the past quarter century. The Review has been the chief public organ of this movement and has reflected in its pages the altering aspects of the controversy that has raged about it. In its earlier days it was clearly a magazine of revolt, though never so violent as its predecessor, The Woman Rebel.

In later years especially it has been much less than formerly the mere vocalization of a feminist cry for the elemental right to intelligent control of pregnancy. It has recognized the profound significance of birth control for all phases of population problems. The viewpoints of physicians, statesmen, demographers, sociologists and eugenists have been set forth with increasing frequency and distinction. Birth control is still that prime necessity without which women cannot control the uses to which their own bodies shall be put nor attain a well-ordered life in a complex civilization. It will remain all that, but we now see that it is equally essential to any utopia which men have con
ceived of attempting It is essential to the economist, who would equalize wealth and income and bring the maternal basis of a good life within the reach of all, to the social worker and technologist, who would banish poverty, destroy slums and reduce crime and delinquency, to the eugenist, who would preserve the quality of the race and attempt to improve it, to the educator, whose millennium is a well-educated and rationally-minded populace, and to statesmen and lovers of peace, who would end war and construct a more reasonable world order.

All of which indicates that the role of birth control in the cultural history of mankind has only begun. Its importance seems almost certain to increase, though one is not allowed to forget that the enemy is without the gates ready to break in at any moment and lay waste the promised land. However, as a popular custom, but not yet sufficiently widespread, birth control seems secure, the pressures of modern life and the informed moral sense of the community are all in its favor. Time alone, nevertheless, can tell what all it will do to us. Birth control is at once a mark of a culture based on science, indeed an essential thereto, and a challenge to that culture itself. The latter rests on rational control of natural processes, and birth control is a momentous effort to control the vital forces of community life. We cannot avoid the question whether we can use it wisely to control the quality and quantity of the population.

At present, its chief evils are connected with its relative restriction to the upper classes, though the near future seems likely to remedy this. But if it now thus threatens population quality, it may, and very likely will, in the future threaten population quantity. The issue is thus unavoidable. We cannot have the civilization we aspire to without regulation of population quality and quantity, we cannot regulate without contraception, but contraception threatens to do us damage in both aspects of the matter. Nothing to my mind could make clearer the duty laid upon all who hope for social improvement of making certain that the development and propagation of contraceptive knowledge shall be carried on. Even if the Birth Control Review must end, its functions must not be allowed to cease. May we not look forward hopefully to the arrival of a new publication integrating all phases of population study?

Frank H. Hankins
Smith College

Russia Attacks an Ancient Problem

By ALICE WITHROW FIELD

Birth control in the Soviet Union can be considered only as one of the problems relating to the emancipation of Russian women and the care of Russian children, and not as an independent movement. For the first time in the history of Russia an attempt is being made to lay the foundations for a far-reaching public hygiene—a matter which is demanding the conscious cooperation of every Russian man and woman. Family limitation definitely plays a part in this program of public hygiene by contributing to the protection of women and children.

In a Communist state women have a right to social life, in other words, they are human beings who may use their bodies as they see fit and they must not be coerced into bearing unwanted children through ignorance or any other means. They must, in fact, be encouraged to maintain and improve their standards of health so that they may enjoy to the full whatever career they choose, be it motherhood, a profession, or anything else. By no means are they to suffer from too many and badly spaced pregnancies. They must also be free to develop an intelligent life according to their individual gifts so that they may actually become a part of the community in which they live. This they cannot do if their families are larger than they can conveniently handle. Above all they must have the right to a share in the productive life of their country by working in factories, in offices and on farms when they so desire. Furthermore, social and economic activities, such as the above, tend to better the possibilities of successful motherhood, when maternal care is adequate and children are born only when there is a place and a desire for them.

This is not entirely a matter of Marxian theory, it is also the conscious demand of the Russian work-
ing and peasant women. At the time of the 1917 Revolution women gathered from all parts of Russia to formulate their rights and to insist that the new government recognize them. Two points were their unanimous concern first, that they develop a functioning equality with men, and second, that they be freed from bearing unwanted children. The Russian women of 1917 were ignorant, often illiterate. They had never heard of birth control but they knew of one certain method of limiting the size of their families, abortion. Therefore, it was for scientific abortion that they asked, and at that time the Russian doctors were not in a position to offer any alternatives. In 1920, three years later, after a long and bitter fight between the women and the medical profession of the USSR, abortion was legalized with the provision that the doctors could discourage it with almost any means in their power.

A WEAPON AGAINST ABORTION

Birth control has been their most tangible weapon in reducing abortion. As the law now stands, women are free to do almost as they please regarding the continuation of their pregnancies, hence abortions are common enough despite the gradual increase in the practice of birth control. The giving of birth control advice is spreading slowly, mainly because the medical profession does not wish to be forced into giving inadequate, unscientific advice. Regardless of costs, physicians are making researches into contraceptive technique, not only to fight abortion, but also to have a substitute for it when the Russian women discover that abortion is the least desirable solution to their problems.

The clinical aspects of birth control in the USSR are unique. There is no such thing as a birth control clinic. Instead, many general health clinics dealing with women have “Birth Control Advice Departments.” In this way family limitation is never divorced from the general health problems confronting women.

Another social problem, venereal disease, has affected the type of contraceptive technique now employed in Points of Consultation (health clinics) with Birth Control Departments. In 1922, at the end of the civil war and famine, the percentage of venereal diseases in the population was alarmingly high. Severe cases usually came to the attention of special clinics for venereal treatment, but it still remained necessary to isolate milder cases and provide a check against further infections. Points of Consultation and particularly the Birth Control Departments proved an excellent means to this end. From the beginning it has been found desirable to advise contraceptives which require regular attendance at the clinics. This was easily accomplished by providing contraceptives which need the constant supervision of nurses and doctors. Therefore, a method was selected which required the women to return to the clinic every ten days. The advantages are obvious. Venereal infections thus can be immediately detected, the margin of error is lessen because birth control is not left in the hands of ignorant women, prone to carelessness; follow-up work is easier and further research is facilitated. Clinical statistics report only half of one percent failure with this method, which is a surprisingly low average. As a result, Russian women are very definitely forming the opinion that birth control has advantages over abortion as a means of family limitation.

By making the government solely responsible to the Russian people for their social welfare, it follows that birth control or anything else which aids in gaining freedom for individuals and health for society is a function of the State. Therefore, birth control advice in Russia can only be had in recognized clinics. It is not available in marriage bureaus (which some Russian doctors consider a fault), but there are banners and posters everywhere insisting on the superiority of birth control to abortion. Although contraceptives are never refused any adult woman who asks for them, it usually happens that a woman comes in contact with the Birth Control Department of her Point of Consultation only after she has had a baby, or an abortion, or when her doctor for any reason considers it unwise for her to ask pregnancy.

When a woman first applies to the Birth Control Department, she is given an appointment for some later date in order that one of the social workers or nurses attached to the clinic may first visit her in her home. The routine followed by the home visitor is similar to that used by social workers in other countries. In addition to determining the social, educational, health, occupational status, size of family, etc, of the woman concerned, a definite attempt is made to discover how happy she is in her home and sex life, and the factors involved which are subject to correction. The giving of matrimonial advice, however, on the basis of the social worker’s report, belongs to the doc-
tors in the clinic. This is done at the first appointment when the woman is encouraged to discuss her personal problems with one of the clinic doctors. If, as is usually the case, her matrimonial difficulties revolve around her fear of continuously recurring pregnancies, a reliable contraceptive is the solution.

For the purpose of enlisting the woman's cooperation with the clinic she is first advised to abandon intercourse. Usually she only smiles at this suggestion. The doctor then attempts to explain the unreliability of certain popular superstitions and the inadvisability of the husband's taking the precautions. Each of the more familiar methods are considered in turn and abandoned because of any one of a number of factors, such as the lack of sanitary facilities, (which is almost universal), the margin of error involved, etc. At the end of this conversation the woman is convinced that there is only one safe way for her to prevent conception and that is to put herself entirely in the hands of the clinic. It is then not difficult to get her to agree to return regularly to the clinic as long as she is using contraceptives. She is given a thorough physical examination, the result of which determines the method she is to use. From that time onward she has a regular appointment at the clinic every ten days, and if she does not appear a social worker is sent to find her. The women are never kept waiting for their appointments, and they are always free to ask questions. There is never any fuss or ostentation and very shortly the whole matter drops into an easily managed routine. This service is free to all insured women (women who have jobs or whose husbands are industrial or agricultural workers). Others are required to pay for the contraceptive supplies.

The number of abortions is diminishing, an achievement which must in part be ascribed to the growing popularity of birth control as a method of family limitation. It must be emphasized that the Soviet Union has no unemployment problem, rather the reverse, and is, therefore, not interested in limiting the population. It is, however, very vitally concerned with the quality of Russian children and with the well-being of Russian women. Recent statistics are not as yet available but it may be safely assumed that Russian women in urban districts are well acquainted with the birth control methods open to them. Rural districts are more backward although great strides have been made during the first Five-year Plan. The Institute for the Protection of Women and Children (a national body dealing with all of the problems in this field) estimates that as much as 10 per cent of the adult female population received contraceptives regularly in 1930.

Birth Control in India

By SARAT CHANDRA MUKERJI, M D

In India, the birth control movement has been singularly unfortunate. Religion reigns supreme, and there is nothing that is not part of religion. Birth and death, food and clothing, speech, life itself is interwoven with religious edicts—with and without sense. Therefore the social reformers in India find it an immensely difficult task to introduce any measure that is not sanctioned by one of the existing religions.

To the average person in India birth control is not only immoral but sinful, the prohibition of reproduction is, in effect, anti-religious. To the Hindu, passing away without any offspring, especially male offspring, means eternal hell, not only for himself, but for the fourteen generations preceding him. Who would dare to die without issue under such heavy penalty? Tell them all you like about birth control, but I feel quite certain that nothing will be effective until more liberal education is generally introduced.

There is, however, a peculiar situation in India which will further the birth control movement, a veritable blessing in disguise. Every Hindu female must be married at some time or other of her life, no matter how long or short the duration of that marriage may be. This is also a religious edit. Like the penalty for death without offspring, the punishment for this “crime” is also eternal hell. Out of this pernicious custom grew the awful system of child-marriage and all its associated vices.
The girl was the victim, the father of the boy was the gainer. The more sons the merrier, from the point of view of the father, because he can demand a price for so precious a thing as a son, and the poor father of the unfortunate and unwanted girl must worry about paying the “price” or the dowry that is demanded at the time of the marriage.

A few years ago a young girl of eighteen committed suicide to save her poor father from this crushing obligation. He had previously stripped himself of all his possessions to provide for his other three girls. By sacrificing her life, the girl saved her father from shame and ridicule, and herself from eternal hell. In quick succession her example was followed by dozens of other girls. These tragic sacrifices brought the situation before the people. Meetings were held, ant-dowry societies were started, and young men took open vows not to accept dowries at their weddings.

The mothers, who had remained silent all this time, searched deeper for information by which they could stop the trouble at its source. That started the birth control movement in Bengal and the rest of India has gradually followed. Bengal is one of the most thickly settled provinces in India, having a population of over forty-six million. The following figures will give some idea of how much preventive health work is general and birth control work in particular are needed. The infant mortality rate in Bengal is 186 per thousand for males, and 170 per thousand for females, one section of Bengal, Barisal, reported 448 infant deaths per thousand for 1929. The rate for England and Wales is 74, and for the United States 65 — and I am told that the English and American figures are considered much too high. It is easy to understand why the expectation of life at birth in India is 22.59 years whereas it is 62.76 in New Zealand, 55.62 in England, and 55.33 in the United States.

There is now some birth control activity in Madras, Bombay and Delhi but India is so vast a country and so overcrowded that present efforts have not begun to make any impression. We plan to inaugurate a general health service for Bengal and Calcutta, consisting of rural and urban divisions. Within each division there will be laboratories, clinics for the control of maladies, venereal diseases, etc., child welfare and health education departments, libraries for educational work and birth control clinics. Birth control is so vital for any solution of India’s health problems that we are dealing with it as a separate item instead of as part of maternity care or child welfare.

People in India are beginning to realize that their very high birth and death rates are an economic loss to society, physical loss to mothers and detrimental to the welfare of the nation. They are anxious to learn about improved methods of birth control from reliable sources. It is our hope that the Community Health Demonstration in Bengal will be a stepping stone to similar work throughout India.
A Men's League for Birth Control

By GEORGE BEDBOROUGH

Birth control is, first and foremost, a woman's concern. Men enjoy the possession of healthy offspring. Women suffer even in producing the best. They endure hell when their suffering produces a suffering heritage. The stream of tendency alms more than ever at what has been the goal of liberal women, to make woman the proprietor of her own body, the arbiter of its desires and the initiator of its sexual experiences. But many who disagree with the full program of advanced feminists agree that it is best for woman herself to decide when and whether she shall take precautions against conception.

The present essay is a very modest proposal that we might take steps to interest men in what is certainly a matter vital to their own happiness and comfort, as well as to the welfare of those they love best.

Ages before any man ever wrote about contraception, there must have been countless women who invented or used it with more or less success, and no doubt recommended their own methods to very greedily interested neighbors and friends. All the same, we must recognize that the science of contraception owes an enormous debt to its male students and propagandists, who have done so much in popularizing it and making it available in practice. Today, of course, there are many men, physicians and others, whose investigations are of great value to the movement, and there are in nearly all our birth control societies medical men and laymen doing clinic work, executive and committee work and subscribing to our funds.

For the fullest measure of success in our movement we want something added to this, perhaps independent of this, for it would be highly advisable to interfere in any way with existing organizations which are working exceedingly well at present. But we must somehow get hold of the enthusiasm of ordinary men who have so far found their way into our societies.

We want the average man to think that this is not something he can leave to chance. Without inquiring whether or not his wife "knows something". We want teachers and propagandists who will in the shop, the factory, the street, and perhaps on the platform, do what they can to reach the masses of indifferent men. Their gospel need be a very simple one only, but there is no limit at all to the conviction with which such a gospel can be preached. Its terms are just this: we want all married men to regard themselves as passive or active co-operators with their wives in producing the best offspring at the most convenient season, and in the avoidance of the misery of adding an unnecessary burden to themselves and society.

It is impossible to ignore the careless irresponsibility about conception found constantly in husbands. This is an evil even when a woman is so happily circumstanced that she herself is not inconvenienced thereby. But a potential father ought at least to interest himself sufficiently to inquire about a matter so importantly intimate. He should at least know that there is no ignorance, no misunderstanding, that his wife is not perhaps depending on the precautions he is not taking. The enlightenment of the man is by no means obvious, or to be taken for granted. Very often, too, a father's desire for several children overrides a woman's well-grounded reluctance, and has often prevailed in cases where childbirth was a positive danger to mother and child.

In the case of poor people, a man's irresponsibility (the measure of his carelessness or ignorance) intensifies the probability of disaster. He cannot afford to be short-sighted about results which will create immediate aggravation of his own misfortunes and those of all his household. It is difficult to exaggerate the beneficial help could be given by awakening the poor man's awareness of the value of contraceptive wisdom.

Women have to endure not only all the pains of parentage, to their door is laid an accusation which should be shared by man. A husband deserves at least half the blame for what Sir James Barr calls "a crime against society," namely bringing into the world mental and physical defectives.

Ignorance of contraception is a public and private enemy. The prevalence of ignorance must seem incredible to those familiar with the wide-
spread extent of birth control propaganda. But in spite of our efforts vast areas of ignorance still exist. Millions of women have no accurate information. If we were to add up the collective records of all birth control clinics throughout the world, we would find the aggregate number of patients an infinitesimal fraction of the population. Our literature is read by very many more, but there are millions of people who never read anything but fiction, and many times that number who never read anything.

Propagandist literature, free, or sold at cost price, containing the addresses of birth control clinics and other information, requires far greater organization for its circulation than now exists. It requires, in particular, an organization of men. With all the existing penetration of women into social life, into offices, clubs, factories and so on, the collective activities of women remain relatively small, and those of married women still smaller, compared with the inter-activities of men in all quarters of the globe. If we can interest men in birth control we shall find an extraordinary acceleration of the good work now being done.

Why not a Men's League, linked up to every busy birth control organization that exists, and pioneering the cause where it awaits initiation? It might be wise not to lay down too definite a line of approach until this idea has been fully discussed. Is it too much to ask our leaders to speak, and for our societies to place the subject on their agenda for immediate consideration? Man must not forever deserve Milton's reproach:

"O, shame to men! Devil with devil damned!"

A Constructive Service*

By VIRGINIA C. FRANK

THE sexual hygiene program of the Jewish Social Service Bureau was initiated in 1922, at a time when no clinics specializing in family limitation existed in Chicago. The need of dealing fundamentally with the complex problems of family life of the dependent or borderline dependent group, with which the organization was concerned, was increasingly apparent. The importance of family limitation as a factor in the control of many types of undesirable social situations was evident, especially in those involving prolonged economic difficulties, serious health problems, or domestic discord between husband and wife. The case workers confronted with senous individual and family disorganization brought about by such factors as continual childbearing by already over-burdened mothers, sexual maladjustment, anxiety states in which fear of pregnancy was a contributing cause, found themselves unequipped to cope with these problems on a fundamental basis.

In response to this need, eleven years ago, Instruction in birth control was afforded a selected group of women under the care of the agency. Follow-up work by a nurse familiar with the problems of the group was immediately instituted and became a vital part of the service. In the intervening years since 1922 both the scope and the procedure of the work have undergone changes, and it may be of interest to outline briefly what the development has been, and the reasons for the changes that have occurred.

At first only the woman in the family was referred for instruction. After the first year a general health examination was included in the gynecological examination, and the importance of a consistent health program was increasingly stressed, with definite attempts to follow up recommendations through local clinics. Many of the defects brought to light by this careful medical check-up were rectified, and the general physical condition of the patients improved.

From the beginning of the service careful records were kept, and in 1925 a study of 104 cases was made, including a review of the case material, in order that the factors contributing to success or failure might be recognized. There were 345 instances of serious problems, or an average of more than three per family, which made it evident that only such families were referred for the service as had serious social problems and handicaps.

Although the results of the study were, as a whole, encouraging, the need for a more complete participation by the families themselves was
brought out It was clearly established that in such complex situations as come within the scope of this service, mere instruction to the woman in the use of contraceptives did not suffice to meet the problem, and that the cooperation of both husband and wife must be enlisted. The services of a man physician were obtained, and since 1925 both husband and wife are referred for advice unless this is contra-indicated in a particular case. We believe that the fact that the two physicians have always worked in close cooperation is a factor of importance, perhaps only second to the husband's contact that is established by the sex hygiene worker.

Since the development of a program for both husband and wife, it has become increasingly evident that advice along these lines of general sexual hygiene is inseparable from instruction in contraception. Increasing skills have been developed in assisting the man and woman in the problems of sex adjustments, and referrals are now made with as much emphasis on such problems as domestic conflict and need for sex adjustment, as problems concerning family limitation.

Specifically, the reasons for enlisting the man's cooperation are first, to place on the man as well as the woman the responsibility for family limitation; second, to reduce the risk of pregnancy by use of double precaution; third, to interpret to the man the nature of the contraceptive method used by the woman, in the belief that understanding on his part will lead to his encouraging rather than discouraging its use, and lastly, to treat the family as a unit in cases of domestic discord, where intensive instruction in sex hygiene is indicated because of sexual maladjustment.

We have found it difficult to enlist the cooperation of the husband. It is the case worker's responsibility to overcome any initial resistance which may appear in relation to the service as a whole, any conflicts which may arise later from the use of contraceptives are dealt with by the sex hygiene worker. The frequency of contact with the man depends on the type of situation and the man's attitude. If he accepts the recommendations of the physician and reports the use of contraceptives, and the wife corroborates his use, he is seen about once a month, when he is given supplies and the effect of the service is discussed with him.

A second study of 68 families under care during the three year period since the previous review was made in February, 1930. This report was published in the Hospital Social Service Magazine in November, 1931, under the title of "Adult Sex Hygiene and Family Case Work."

The 214 reasons, as given by the case workers on the referral statements which were tabulated for the 68 families, give evidence of the complexity of the situations, and the importance of coping with the problems. In 35 families there were instances of mental pathology six individuals, three men and three women, showed definite indications of psychosis, eight men and eleven women were considered mentally deficient or with psychopathic personailities, and thirteen men and five women, psychoneurotic. In 41 families there were major medical findings indicative of chronic ill health or physical handicap, involving 37 men and 7 women. A history of induced abortions as a method of family limitation were reported in 26 of the families. In 34 families, there were defective or problem children, or unsuccessful management by parents dealing with problems of child behavior. 26 families showed histories of sexual incompatibility involving serious domestic friction, and in four families undesirable and abnormal sex practices were reported 52 of the families had unfavorable economic status involving continual insufficient earnings, and all but one had been dependent at one time or another upon relief.

A study of the 42 cases now under care shows that the primary reasons for referral are chronic insufficient earnings — 6, serious health condition — 10, mentally defective parents — 8, serious domestic friction — 16, sexual incompatibility — 2.

Certain factors are essential to success in the cases treated. The man and woman must themselves desire to limit their family. They must be willing to employ the methods recommended by the physician, and they must have adequate mental capacity to learn the technique of contraception. This, however, does not imply a high degree of intelligence, as our experience has shown sufficient success with sub-normals to indicate that low intelligence is itself not always a certain cause of failure. Persistent careful follow-up is a requisite for this group in order that reiteration of instructions, encouragement, and aid with the problems arising, may be given. There has been a great deal of concentration on the sex hygiene aspects by the present worker, who is of the opinion that problems of sexual incompatibility and domestic friction have been reduced.
PSYCHOLOGY OF SEX, by Havelock Ellis. Ray Long and Richard R. Smith, New York. 1933. $3.00

Between the covers of this reasonably short volume, we have a fairly complete summing up of the life work of perhaps the greatest of modern pioneers in one of the newest branches of science. Very concisely and yet always with mellow literary style, Mr. Ellis covers this field which he and a few others discovered and developed within a comparatively short span of years, despite bigotry and prejudice. Our fathers and mothers scarcely dared speak of the phenomena of sex, which were believed to be largely the work of devils and hobgoblins inhabiting a terra incognita taboo to decent society. But the mills of the Gods grind swiftly when Sampsons of such genius and persistent reasonableness turn the stones. Sex, which our parents were afraid even to think of, now constitutes the drawing-room patter of flappers and very newly-weds, often to the extreme boredom of maturer minds.

Perhaps the greatest service rendered by this book is that it sums up the phenomena of sex psychology in their normal relation to life, so that the average person may get sufficient information to serve both in life and in conversation. Mr. Ellis advances as his basic thesis that all sex activities that lead to normal sex fulfillment are normal. He finds happiness in marriage based on this fulfillment. For clearing up misapprehensions and disposing of taboos and puritanical "thou-shalt-nots" to which are attributable most of marital misery, he deserves the gratitude of humanity. His handling of the question of birth control is equally reasonable and modern. And even his discussion of sex abnormalities strikes the prophetic note of tolerance to which the fanatics will eventually have to give ear.

Unfortunately many of us, although we talk pretty boldly of being without inhibitions or reservations, still suffer from the "sinfulness" ideology of our forebears. Those of us who are now approaching middle life have come to manhood and womanhood in a transition epoch. Our parents rarely even tried to explain the "facts of life" to us. And we, in turn, find a certain difficulty, which we strive valiantly to overcome, in making the necessary explanations to our children. Perhaps they feel our lack of sincerity. At any rate they live in an atmosphere of violent rebellion to our timid inhibitions, in an atmosphere, perhaps, as unnatural as that of our parents' prudery. Our children are out to prove by a certain extravagance of conduct, how free they really are of all the old taboos, not understanding that really free individuals find it unnecessary to assert their freedom except against encroachment.

Mr. Ellis' book is an indirect rebuke both to them for not taking things more calmly and sanely and a bit less materialistically, and to us for the silent doubts and hesitations with which we invisibly surround them. It is to be hoped that our children's children will be, in this matter of the relation of the sexes, to be as reasonable and as sane as Mr. Ellis, to give as much weight to the spiritual elements that enter into the "art of love," to use his own phrase, as he does.

Henry G. Alsberg

MAN AND HIS WORLD, by James H. S. Bos- sard and others. Harper and Brothers, New York. 1932. $3.60

In Man and His World are presented the contents of the "course in the general field of science," required of all first year students in the Wharton School of Finance and Commerce of the University of Pennsylvania. The book, which is the work of Professor Bossard and a number of his colleagues, "aims to be a contribution to the teaching rather than to the content of science." There are included treatments of astronomy, geology, organic evolution, life and heredity, mind and psychology, man's cultural heritage, social change and social control, population problems, and the procedure and value of social science.

The chapters which deal with heredity, the learning process, the control of disease, and the relation of population growth to the food supply and to social problems will prove of most interest to readers of this journal. While, as the authors indicate, the book contains nothing new, the principles of heredity are clearly stated, the various aspects of positive and negative eugenics are un-
biasedly set forth, the importance of the social control of disease is stressed, the historical development of population is sketched and the need of controlling numbers is emphasized. Mr. Loomer points out the limitations to the possibilities of increasing the world food supply, and holds that population pressure is probably the most efficient stimulant to war. While he does not view birth control as a cure-all, Mr. Loomer declares that "the only satisfactory and permanent solution to these problems seems to be the stabilization of the population by the application of scientific artificial means of limiting the birth rate."

Joseph J. Spengler

The How and the Why of Life, by Emma Wheat Gillmore Horace Lowneth, New York 1932 $2.00

The author of this book has steeped herself thoroughly in the subject matter of her story and has written an account which gives back to the reader the unwearying enthusiasm which was blended into its writing. Dr. Gillmore's preface indicates two essentials in the preparation of a reliable account. She took care to record page and paragraph where she got her information and she wiped out these detailed references from the final text, including instead both a selected bibliography and a comprehensive one. But the volume is not a mere recital of what the author has read. The information has been recast and redistributed to make a fascinating story, attractive in form and phrase, adapted to the young folk for whom it is written and abounding in expressions as descriptive as they are original. "The Law of Heredity is a sort of check-list on events which have happened in the past" (p. 47) is a fair example.

The factual material of the book is trustworthy; the line drawings helpful, the proof-reading excellent, but its most attractive characteristic is the thoroughly wholesome, clear and unembarrassing progress of the argument which rises to its final climax in that central feature of civilization's real progress, the integrity of the home.

T. Wingate Todd

The Practice of Birth Control, by Enid Charles, M.A., Ph.D. Williams & Nor- gate, Ltd. London 1932 10s. 6d

From the standpoint of its logicality, this is the best book on birth control ever published. It aims to study the effectiveness of various contraceptive techniques by methods that are quite original, but I fear, not very useful. Still, the attempt is a distinguished one, and the book adds materially to our knowledge. It analyzes questionnaires collected by the Birth Control Investigation Committee in London, questionnaires collected by Nurse Daniels, reports from the Birmingham Women's Welfare Centre and statistics published in 1928 by the reviewer.

It is safe to say that no clinical director, no clinic library can afford to be without this book. Certainly, no one working on birth control statistics should fall to study it carefully. It seems to the reviewer that the chief contribution of the book is (1) its scientific spirit, its close reasoning and method of estimating pregnancies avoided by the use of methods now commonly recommended in British and American clinics.

There is considerable question whether all this clanking of statistical machinery in the investigation of social questions of our day usually leads one to valid conclusions. Quantitative methods we must have. But perhaps it would economize effort to refrain from polishing what might just as well be left roughhewn. These remarks are not intended to condemn the present study. They suggest rather that certain portions of the book leave one cold so far as anything new is concerned. But it is an able piece of work.

The author is evidently a student of Dr. Lance-lot Hogben, Professor of Social Biology in the University of London. There is a liberal, brilliant, and concise foreword by H. J. Laski.

Norman E. Himes

The Family in the Present Social Order, by Ruth Lindquist University of North Carolina Press, Chapel Hill 1931

This book is an excellent example of the way in which the questionnaire method acquires a bad reputation. Apparently Miss Lindquist had no conceptual framework, no hypotheses, no specific questions in mind in beginning her study. Not having any very clear intellectual target she adopted the shot gun method and hurled innumerable questions upon her human guinea pigs, most of which were not relevant to anything in particular. Problems of reliability and validity apparently did not exist. It was assumed that answers described facts and that answers given at another time would of necessity be consistent with those actually received.
It was admitted that the sample was not necessarily representative, but there is no discussion of the implications of the fact that the percentage return to Outline I was only 26 per cent and to Outline III, 9 per cent. Glancing at the schedules one wonders if the more intelligent recipients were the ones who replied.

Having had apparently nothing definite in mind to start with, it is no wonder that most of the tables deal with irrelevant and unrelated facts in regard to age, sex, occupation, income, number of children and previous education. Very few questions dealing with material which might be significant were framed in such a way that the results could be condensed into meaningful form. For the most part one finds futile tables accompanied by a running fire of platitudes and preconceived opinions not especially related to the questionnaire. One does learn the women spend a good many hours a week doing housework and that care of small children is a source of worry. This is not especially enlightening. It is more significant to learn that a large percentage of women desired more knowledge of child training and psychology, while relatively few yearned for more home economics.

One wonders about the vital problems of personality adjustment that lay back of the desire for psychological insight. How many of the children so carefully recorded in Miss Lindquist’s tables were wanted? Was undesired pregnancy an unmentioned source of worry? Was Inadequate sex knowledge a greater handicap than inability to sew?

The study offers a sad contrast to the work of Katherine B. Davis from the point of view of scientific imagination and in respect to its total failure to utilize the critical, objective, methodological techniques which have accumulated in recent years in the fields of social and psychological science.

Clifford Kirkpatilick

FERTILITY AND REPRODUCTION

METHODS OF MEASURING THE BALANCE OF BIRTHS AND DEATHS

By Robert R. Kuczynski

Falcon Press, New York 1932 $1.85

Even so late as a decade ago demographers, interested in the future course of population growth, were usually content to determine the rate of natural increase from a comparison of crude birth and death rates. The number of years required for a given population to double was in turn derived from that population’s rate of natural increase as of a given year or period. Demographers interested in determining the trend in the birth rate, or in the fertility of a given class of people, usually compared either the crude birth rate or the birth rates of women of childbearing age in one time period with corresponding rates in subsequent time periods. Thus, on the whole, inadequate attention was given to the effect of age composition and of changes in age composition upon population growth. Demographers failed to ascertain whether, over a period of years, a given population would replace itself, and if so, to what extent.

Both before and after the World War certain writers sought to avoid the false implications which usually resulted when the above methods were employed. Outstanding among those known to American readers have been E. Cannan, R. Pearl, C. Gini, L. I. Dubhn, A. J. Lotka, P. K. Whelpton, W. S. Thompson, and others who have utilized the Pearl or the Dublin and Lotka method. Were one to select the demographer whose works have won the greatest world wide recognition in recent years, however, one would undoubtedly name the author of the present volume, Robert R. Kuczynski.

More than thirty years ago Dr. Kuczynski began to publish penetrating studies of trends in fertility in Europe and in parts of the United States. Some six years ago he began, under the auspices of the Brookings Institution, a series of works on the true long time rate of increase in the populations of various parts of the world. His first work revealed that, although births exceeded deaths in each country studied, the populations of a number of countries in Northern and Western Europe were no longer replacing themselves. His next two studies revealed high rates of increase in the French population of Canada and in the population of certain Southern and Eastern European countries. His studies yet in process will reveal, in so far as the statistical data permit, the true rate of growth in the populations of Asia, Australia, parts of Africa, Latin America, and the United States. This series of studies upon completion will constitute a matchless monument to the author’s indefatigable industry and to modern demographic research.

The work under review is highly important, therefore, in light of the author’s achievements.
and **position** in *Fertility* and *Reproduction*, Dr Kuczynski explains his procedure in language which may be understood by anyone familiar with elementary arithmetic. He explains the shortcomings of crude birth rates as measures of childbearing activity, the method of determining the total fertility and the gross reproduction rate of a population, the use of life tables to derive the net reproduction rate, the method of determining the true yearly increase or decrease in a population, finally, the means of determining the reproduction rate for each sex.

The reviewer cannot recommend this work too highly to students of economics, statistics, sociology, and psychology. It can be read in a short period of time and will clear up many obscurities in one's demographic thinking. It would be a cardinal sin not to place this work in every college library.

**Joseph J. Spengler**


**This** work bears as sub-title, "The Relation between the Private and Official Practice of Medicine with Special Reference to Public Health." It is an independent summary and commentary on the three volume *International Studies* of the same field carried out by the same author for the Milbank Memorial Fund. It seems doubtful whether any one in the world was better qualified for the task than Sir Arthur who was for many years Principal Medical Officer of the British government.

Its three parts treat respectively, I, the general machinery of medical care, especially with reference to hospitals, insurance and other provisions for the poor, II, the newer aspects of medical care as represented by agencies dealing with maternity, childhood and youth, tuberculosis and venereal disease, and III, the relations between official and private practice with special reference to problems of reform and improvement. In each part are found valuable brief summaries of the findings of the three volume study above mentioned, together with a wealth of suggestive comment representing the mature judgments of a man of wide experience.

The author is convinced that much further extension of medical services will prove economically advantageous, but that any extensions designed to reach large numbers of persons must be subsidized out of taxes or supported by insurance methods.

He expresses no general opinion regarding modern contraception, but refers to its spread as concurrent with an increased resort to abortion, which in turn is an important factor in the maintenance of the high rate of maternal mortality.

This study is extraordinarily comprehensive and is bound to be quoted in the future by every student of the multifarious aspects of public health problems. On numerous views expressed by the author there will be differences of opinion, but it doesn't take much of a prophet to see that we shall soon be discussing compulsory versus voluntary sickness insurance in this country and that this book will furnish an arsenal of arguments pro and con.

**F. H. Hankins**

**Books Received**

**ABORTION**, by William J. Robinson, M.D. The Eugenics Publishing Co, New York 123 pp $2.00


**PAMPHLETS RECEIVED**

**FIFTH REPORT OF THE BUREAU FOR CONTRACEPTIVE ADVICE** Published by the Committee on Contraceptive Advice, Baltimore, Md. 18 pp 1933


**SEX EDUCATION PAMPHLETS**, by Thurman B. Rice, M.D. American Medical Association, Chicago 1933 25 cents each, $1.00 for set of five

The Story of Life (for boys and girls ten years of age)

In Training (for boys of high school age)

How Life Goes on (for girls of high school age)

The Venereal Diseases (for both sexes, high school age or older)

The Age of Romance (for young men and women)
News Notes

Mrs Margaret Sanger, president of the National Committee on Federal Legislation for Birth Control, Inc., announces that action was secured in Congress before the emergency session adjourned. It marked a definite step forward to have birth control bills introduced almost simultaneously in both Houses during the emergency session. Senator Hastings (R) of Delaware, on June 6 introduced Bill S1842, and on June 8, Representative Walter Pierce (D) of Oregon (former Governor of the State) introduced Bill H R 5978. Both Bills have been referred to the Judiciary Committees. While no action could be taken on the bills before the adjournment of Congress, the National Committee has the advantage of having pending legislation which can be acted upon early next session. Between now and next January every Senator and Representative in Congress must be thoroughly informed on the question. They must be enlightened as to what the legislation will mean in bringing constructive relief to wives of millions of unemployed men who cannot obtain such service from public hospitals and dispensaries under our present laws.

Mrs Sanger asks all advocates of birth control to write to their Senators and Representatives and urge them to vote for Bills S 1842 and H R 5978.

Maryland Dr. Bessie L. Moses, Medical Director, sends the following statement about the reorganization of the Baltimore clínica.

The Bureau of Contraceptive Advice in Baltimore, which began to function on November 1, 1927, had as its primary object a research program. The idea was to find out the effectiveness of the best available contraceptive measures in a group of dispensary-type patients. The Bureau, which was purely a medical clínica and had no propaganda activities, treated only those patients who were referred by physicians.

When after five years work 1152 cases had been treated, it was decided that the original purpose of the committee would have been fulfilled when the material collected in these cases had been further investigated and reported upon. The Bureau, therefore, as a research organization was to go out of existence, but since it had been of valuable service to the community, it was strongly urged that the clínica continue its work. The interest of a new group of sponsors was enlisted and with a representative medical advisory board and lay committee, an entirely new organization, The Baltimore Birth Control Clinic, was formed. This new group took over the same building and personnel and decided to continue the work for the benefit of women who were referred not only for medical but for economic and social reasons as well. The clínica has continued to function in much the same fashion as previously, except for the fact that the histories have been simplified, follow-up is less intensive and patients are no longer limited to those referred for medical reasons alone.

The Medical Advisory Board of the clínica consists of Dr. J. McF. Bergland, chairman, Dr. Charles D. Austin, Dr. Thomas R. Boggs, Dr. Louis H. Douglass, Dr. George G. Fmney, Dr. Louis Hamman, Dr. Adolf Meyer, Dr. Edwards A. Park, Dr. Arthur M. Shipley, Dr. Harvey B. Stone, Dr. Richard W. Telinde, Dr. Ralph P. Truitt.

Porto Rico

Alice Brainard De Behne, member of the Executive Committee of the Porto Rico League, sends this news:

I am writing to inform you of the closing of the Birth Control Clinic which, as you know, was opened in San Juan by Miss Violet Callender last November. Almost superhuman efforts have been made to keep the clinic going but the lack of funds to carry on the work has made its closing necessary.

It would seem that there is no place where clinics for the dissemination of birth control information are more needed than in this excessively over-populated island. That such information is desired has been amply proven by the number of patients treated in the few months that the clínica functioned and the many applicants necessarily refused because of lack of funds.

Miss Callender has given of her tune and energies without remuneration. I hope all who have this movement at heart will give her credit for what she has done in face of most discouraging difficulties. She would wish, I am sure, that appreciation be given to those who assisted her in forming the League and carrying on the clínica, among whom I would wish particularly to mention Dr. Lavandero.

Unless some financial subsidy from sources out-
side of Porto Rico can be found, it will be useless, in my opinion, to try to continue the work here. There are many wealthy people on the island but it is very difficult to interest them.

The following excerpt from a speech by Dr. Ramon Sifre, *Rais Commissioner of Health, San Juan* will be read with interest:

"In many regions of the world, like in our own country, the population is growing so fast that according to statistics of the Department of Health, our population will be doubled in 45 years. I think that all agree that as our population increases, our economic situation is growing worse day by day and nobody, but the obtusest, will deny that this excessive increase has much to do with this situation. We can scarcely cope with the problem of over-population. And we do not foresee any brilliant hopes ahead of us, unless we control our birth rate in an effective manner.

"In the name of a sane and healthy standard of motherhood for this country of ours, let all public spirited citizens join in an effort to put this movement on a satisfactory and scientific basis."

*Address before the San Juan Rotary Club, February, 1933*

---

**CONTRIBUTORS TO THIS ISSUE**

**ALICE WITHROW FIELD**, social science researcher worker, is author of "Protection of Women and Children in Soviet Russia".

**HENRY G. ALSEBERG**, journalist, is now engaged in writing a book on political persecution in Europe.

**S C. MUKERJI**, M.D., is director of the Community Health Demonstration in India.

**C. KIRKPATRICK**, is on the faculty of the University of Minnesota.

**GLADYS GAYLORD** is executive secretary of the Maternal Health Association, Cleveland.

**VIRGINIA C. FRANK** is executive director of the Jewish Social Service Bureau of Chicago.

**GEORGE BEDBROUGH**, English lecturer and author, has long been active in the international birth control movement.

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**SPECIAL MEETING**

A special meeting of the American Birth Control League will be held at 11 A.M., October 6, 1933, in the Directors' room of the Chase National Bank, Park Avenue and 60th Street, for the purpose of amending the constitution to enlarge the Board of Directors of the League and to create the office of honorary vice-president. All members of the league are invited to be present. Notice of this meeting will appear only in the Review.

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AMERICAN BIRTH CONTROL LEAGUE

689 Madison Avenue, New York City

PURPOSE To promote eugenic birth selection throughout the United States so that there may be more well-born and fewer ill-born children—a stronger, healthier and more intelligent race.

PROGRAM To acquaint physicians with the best contraceptive technique.
To refer applicants for contraceptive advice to physicians qualified to give it.
To promote the organization of birth control clinical service in every center of population.
To amend laws which obstruct the proper dissemination of birth control knowledge.
To conduct an educational campaign with the cooperation of physicians, clergymen, teachers and social workers.

Join your state league if there is one. If not, join the American Birth Control League and help organize your state and your community.

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