THE WELL-BORN CHILD

HAS the child a right to be well born? Has so society any need that the child should have that right? Has the physician, when he undertakes to promote the health of the rising generation, the right to have under his care only children for whom healthy growth and satisfactory development are possible? Is the time coming when society must answer "yes"? We believe so.

What is it to be well born? We can not yet make a complete answer. Human traits are numerous, human heredity is complex, and our social organization greatly multiplies the intricacies of the problem. Much careful investigation is still needed upon the details of human heredity, upon conditions making for fertility and sterility, and upon the issues which involve not only the child but the home into which the child is born. The general principles of heredity and the influence of environment have been established and are presented in every section of this report, but much work still remains to be done to qualify the details of their operation, particularly in regard to the human race. We must face this pressing human problem with true devotion to the Interests of the children yet unborn, whose lives and usefulness, whose very souls depend upon our pledged faithfulness. The physical and spiritual worlds are but two aspects of the same thing. Our efforts must be directed to see the problem whole, not split up into separate parts, and to frame our investigation with all human values uppermost in thought. We must seek the truth, the whole truth, and nothing but the truth.

Although we shall not know until much further research has been accomplished and education digested what is a practicable social definition of the condition of being well born or what means society should take to apply its definition to practice, every physician already knows of specific types of cases in which it is obvious that children should not be born. The physician's criteria are better than those applied by the general populace because his are based on better information and on a more detached point of view, but there are laws in many states which limit the freedom and effectiveness with which a physician may give advice on these cases.

Upon the serious problems involved in sterilization of the unfit, control of conception, prenatal handicaps and birth injuries, we urge the necessity of intensive study and unfettered education, in order that our children may be born with heritage of mental and physical health and into favorable home environments and thus become effective directors of our nation's destiny.

T. Wingate Todd

PRACTICAL TALKS WITH STATE BOARDS

THE October and November board meetings of state leagues are the most important of the whole year, because at this time work for the entire winter must be organized and launched.

One of the essentials of efficient organization is the division of labor. In so far as practicable, let each Board member be responsible for a definite piece of work, as either chairman or vice-chairman of a committee. The committees needed may vary somewhat with local conditions, but most state leagues will probably find it expedient to have committees on 1. County or town organization, 2. Medical cooperation, 3. Cooperation of social workers, 4. Clinics, 5. Meetings and speakers, 6. Fund raising, memberships, donations, benefits, 7. Publicity, 8. Nominations.

If leadership for these widely diverse branches of the work is not to be found among the present directors of the league, autumn is the best time to strengthen the board by adding new members, each of whom is qualified for the chairmanship of a particular committee. A physician, for instance, would probably make the best chairman for medical cooperation, while a woman having a wide acquaintance throughout the state and able to travel would be a good choice for chairman on county organization.

Another essential for efficient work is a careful plan. Ask each chairman to bring to the next board meeting a brief report on what has already been done by her field and what her committee hopes to accomplish during the year. For example, suggest that the chairman on cooperation of social workers report what social agencies now refer women in their care to doctors or clinics for contraceptive advice, and what steps her committee will take for winning over other agencies to this policy, that the chairman on meetings find out what
clubs, civic groups and church societies have not as yet had any discussion on birth control and make plans for getting the subject on their winter program, offering them a choice of speaker and title (organizations that would not consider a talk on "Birth Control" will often welcome one on "Planning the Family," "Rational Parenthood," or "Population Control"), that the chairman on medical cooperation prepare a map showing in which parts of the state there are already physicians willing and qualified to give contraceptive advice and in which parts there is special need for educational work this coming winter, and lay out a program for inviting the physicians in the latter districts to visit already exist ing clinics, offering them copies of Dr. Matsner's Outline, The Technique of Contraception and asking them to arrange for discussion of the subject by their county medical societies. A map would be helpful also to the committee on organization if these maps are hung in the league's headquarters, they can be used to show progress month by month, each new county committee, each new clinic being indicated.

Once the work is apportioned and planned, progress should be made each month by every committee, and reported by its chairman at the board meeting. Will the state leagues send us the best reports they receive from their committees? We should like either to publish them in the Review or to send them directly to the committees doing similar work in other states, so that each league may have the advantage of the experience of the others.

In subsequent numbers of the Review, we shall discuss the work of the various committees, and we should be glad to answer questions sent in by state chairmen. We hope that this department may be of practical value to them.

ELEANOR DWIGHT JONES, President, American Birth Control League

Unlimited births lead inevitably to war and misery—see the effect in chronic starvation in China, in militarism in Italy and elsewhere, and in the general history of man.

On the other hand, voluntary restraint prevents the increase and tends toward the eventual disappearance of the best citizens in every country, leaving the future in the hands of the less desirable. Hope lies in the education of these latter and in further and more drastic measures to prevent so far as possible the reproduction of the mentally and morally defective.

JOSEPH LEE, President, Playground Assn of America

MICHIGAN STATE MEDICAL SOCIETY ACCEP TS REPORT OF STUDY COMMITTEE

1. Contraception is an Important medical aspect of vital importance to the American people.

2. Contraception should be under proper medical supervision and not under the control of the laity.

3. Contraception constitutes an important branch of preventive medicine today.

4. Contraceptive advice and treatment should be given by the family physician.

5. Physicians desiring to give contraceptive advice and treatment should be informed of the most modern and scientific methods, and the Committee suggests that when necessary, further arrangements for post graduate instruction be provided by our State Society.

6. The increase of criminal abortion, which may be conservatively estimated at two million a year in America, would be materially reduced if contraceptive measures were scientifically administered.

7. Contraception would minimize the number of therapeutic abortions in cases where pregnancy should never have occurred because of the presence of serious, organic maternal disease.

8. The Committee is reliably informed that commercial exploitation is being conducted by lay persons not properly qualified to give contraceptive advice, and it believes that such exploitation constitutes a menace to posterity.

9. The medical profession, after a period of several years, in which contraception has been largely under lay administration, should assert leadership in an organized way to control this problem.

10. The Committee is most strongly opposed to the giving of contraceptive advice and treatment without a very thorough analysis of the physical, mental, social, and economic status of the applicant, and it further believes that birth control should just as ardently encourage parenthood where it is indicated and it should endeavor to prevent it where it is contra-indicated.

11. Your Committee, after due investigation and consideration, recommends that the study of contraception should be endorsed by the medical profession of the State of Michigan, and it suggests that a permanent committee be appointed for further research and investigation.

DR. ALEXANDER M. CAMPBELL, Chairman, Grand Rapids

DR. JOHN L. CHESTER, Detroit

DR. W. C. ELLET, Benton Harbor

DR. GEORGE KEMPNER, Detroit

DR. RAY S. MERRISH, Flint
Michigan heads the list this fall with news of the utmost significance to the birth control movement. In 1932 the Michigan State Medical Society appointed a Committee, under the chairmanship of Dr Alexander Campbell, to make a study of birth control and report at the 1933 annual meeting. The report, printed on page two, was accepted with the proviso that the committee continue its study under the name Maternal Health Committee.

A second committee, consisting of Dr Harold C. Mack, Chairman, Detroit Dr. Norman Kretzchmar, Ann Arbor, Dr. B. W. Malfoed, Flint Dr. Harry Nelson, Detroit Dr. C. E. Tochach, Saginaw was appointed by the Section on Obstetrics and Gynecology. It undertook to "investigate and summarize available information relative to the status of birth control in theory and practice, and to determine the attitude of the medical profession of the state of Michigan concerning this subject."

Eighteen hundred and forty-six answers were received in reply to a questionnaire sent to each member of the Michigan State Medical Society. The question, "Are you in favor of birth control?" was answered as follows: 83 per cent, yes; 112 per cent, no; 55 per cent, no answer. Of the 1846, 144 stated objections to birth control. Among these the following were listed: religious, unnatural, public, would take advantage of, race suicide, Ignorance, unlawful, unnecessary, patriotic. The committee has prepared full reports, dealing with the subject from the legal, economic, religious and medical standpoint, which will be published in the Michigan State Medical Journal. The following brief excerpt indicates the attitude of the committee:

"An analysis of the questionnaires returned indicates that a favorable attitude is held by a large majority of the profession. It seems plausible that eugenic aims can best be realized by extending the knowledge of contraception to and enforcing sterilization upon undesirable elements of society whose rate of propagation is in excess of that of the apparently more desirable classes. A judicious birth control program must also combat voluntary and involuntary sterility among the eugenically more desirable elements if the harmful effects of a differential birth rate is to be overcome. In the final analysis the physician must be guided by the social and economic needs of the individual and the family, for what is best for the health, and the social and economic welfare of the individual is undoubtedly best for the race."

"We, as a committee, are of the opinion that the birth control movement should be guided by the medical profession to exercise a proper control of its activities, to assure a more judicious use of methods which are both harmless and effective when necessary or desired, and to prevent exploitation of the latter by unethical agencies and individuals."

Arkansas

The clinic in Little Rock, which is maintained by the Arkansas Eugenics Association, chiefly serves women referred by social agencies. The physicians, nurses, and clerical workers serve without compensation.

Connecticut

The Connecticut Birth Control Bill, which passed by the House and rejected by the Senate in May, was referred to a conference committee of both houses in an attempt at compromise. The resultant substitute measure required the consultation of two physicians, one of whom was to be designated by the State Commissioner of Health. The Connecticut League, feeling that the bill was not consistent with the spirit of the birth control movement, did not support it. The lower house passed the revised bill by a vote of 174 to 60, but the Senate tabled it by a vote of 34 to 13. The bill was defeated in November.

Delaware

The Board of Directors, meeting on September 13th, initiated plans for raising funds to carry on the winter's work. The Wilmington clinic, maintained by the league, is open one day a week, with Dr. Verna Stevens in charge at the morning session and Dr. F. Earle Spencer at the afternoon session. Mrs. Ella N. McComb, R.N., is in full-time attendance. Approximately one third of the patients come from the underprivileged group and pay no fee.

Illinois

The League had a booth at the International Congress of Women, held at the Palmer House, Chicago, in August. Visitors from all parts of the world were told about the work in Illinois and given information about the movement in America. The League will continue this winter to maintain its nine clinics.

Kentucky

The first Kentucky clinic opened in Louisville on June 19th with one session weekly. Dr. Esther Wallner is the staff physician and Mrs. Lucille Rogers is the social worker.

Missouri

The following statement regarding the name of the Missouri organization will be read with interest:

The Maternal Health Association of Missouri was
begun and supervised by leading obstetricians of St Louis who saw the need for some form of Birth Control in the State. Their idea was to make contraceptive advice available in order to conserve the health of the mother when threatened by such conditions as:
(a) Constitutional diseases of the mother
(b) Hereditary diseases of either parent
(c) Criminal abortion which often follows too frequent childbearing
(d) Too many children, undermining the mother's health and reacting on the new born child

St Louis being a very conservative city, it was felt that the people would more readily accept the organization under the head of Maternal Health Association than to use a name containing the phrase "birth control," which immediately arouses prejudice. In accordance with our name we advise only women who have had one or more children. We hope, however, to extend our field of activity as soon as the Federal and State laws permit.

The Association is organizing a lending library to stimulate a better understanding of birth control. The National League has presented a file of the Review, and other material to the library.

NEW YORK

The New York State Federat—ons steadily developing committees. Six counties are already organized.

Albany County The Albany County Committee was organized in May, 1933. Birth control service is provided through a clinic at the Albany hospital. Special committees on education and membership will carry on the chief activities this fall.

Kings County Three mothers' health centers are now operating. The attendance has been very favorable and there is an excellent advisory committee of Brooklyn doctors.

Monroe County A Medical Advisory board has been formed. It is hoped that a settlement or hospital will soon be found in which to open a center.

Nassau County The Nassau County Committee opened a center in the Matinecock Neighborhood Association at Locust Valley, Long Island, on May 3rd, 1933. There have been 21 sessions through September 15th. Up to the present time all expenses of the Center (salaries, supplies, equipment, printing, rent, etc.) have been met by contributions from interested neighbors. A general appeal for funds has just been sent out. Nassau County Patients have come chiefly from the local Visiting Nurses Association and Welfare agencies.

New York City Committee Eight mothers' health centers are now sponsored by the New York City Committee. Attendance at these centers comes chiefly through social agencies, as a result of the New York City Committee's activities in contacting social workers.

Onondaga County The Maternal Welfare Service of the Onondaga Birth Control League opened its center at 464 James Street, Syracuse, on June 20th. Dr Sarah E. White is in charge. The Associated Charities, the Children's Bureau, the Free Dispensary, the Jewish Charities and three hospitals have endorsed the center and their social workers are authorized to refer patients.

The Federation announces with deep regret the death of its first Vice President, Mrs. Chauncey J. Hamlin, of Buffalo. Mrs. Hamlin was a leading spirit in national and local birth control work.

Pennsylvania

The Pennsylvania Birth Control Federation—on announced in conjunction with the South East Pennsylvania—on Birth Control League conducted a campaign this summer, not only to raise money but to interest new people. Before this campaign started a list of approximately 5,000 names was carefully compiled, including executive committees and board members of social agencies and hospitals throughout the south east district. It is interesting to note that 50 per cent of the returns came from new people. The South East Pennsylvania—on has been coordinating the organization and the clinical work. There are now seven Philadelphia clinics, the newest one is at 2104 Jefferson Street, under the Medical direction of Dr. Virginia Alexander. Our Pittsburgh clinic has enlarged its quarters and is planning for a much larger centralized clinic for the winter. The Committee in Easton has already raised sufficient funds to support its clinic for the ensuing year. Bethlehem, Wilkes-Barre, Lancaster, Chester and Reading have flourishing clinics. There is every prospect of opening additional clinics in other counties this fall.

The State Federation—on and South East League will hold their annual meetings and election of officers in November as usual.

A Pennsylvania Appeal Letter

The severely pruned budget of our three groups for the coming year requires $15,000 additional funds. This money is to go toward the actual work of giving needy mothers medical advice and attention which they seek from established clinics. It will also give aid and
counsel to many groups who wish us to open other Maternal Health centers.

The insistent demand for Birth Control has doubled in the last year. The significance of spacing childbirths increases in these present times of business depression. It is fundamental relief because it is preventive and not palliative. The work in clinics and in educating the public to its effectiveness furnishes not only immediate help but insurance for our social structure in the future.

May we suggest that this work deserves a worthwhile place in your philanthropic budget?

THE NEW DEAL

An anthropologist tells of an aged woman being fastened as a target for her grandson’s arrows that for the sake of the many a life which had finally become burdensome to the group should be extinguished. We rightfully recoil from such barbarity, but is it more civilized to burden society with the care of hopelessly handicapped individuals who are never able to become an asset to the group, and whose birth and existence bring chiefly suffering to themselves and others?

The goal of the New Deal involves opportunity for youth, justice for the worker, and security for old age. The rightful complement of the NRA drive for economic and social rehabilitation is an adjustment of the population problem. Never was the promotion of a sound and scientific program for birth control more essential. For there is no surer method of perpetuating the vicious circles of poverty and social inadequacy which retard progress than by the reckless breeding of those who are most poorly equipped in culture and economic status to rear families. The acceleration of the movement for sterilization of the mentally unfit denotes an intelligent appraisal of that aspect of the problem, the tragedy of large families among the lower economic strata is still outstanding.

And yet the menace of “breedocracy” is abroad in the spirit of the world. Italy, France, and Germany, among others, are promoting artificially stimulated drives for increased populations. A false nationalism may easily inspire a similar mob sentiment here.

I honor the work of the American Birth Control League to the end that recognized clinics may openly and scientifically instruct the needy in methods of birth control. Only a foolish obscurantism insists that a social invention which has already taken its place in the culture patterns of more favored classes shall be “bootleg” knowledge for the many

William Whitcomb Whitehouse, Dean Albron College, Michigan

BRIEFS

England The Practitioner, a medical journal, brings out its September issue as a special birth control number. Lord Thomas Horder, president of the National Birth Control Association, points out that birth control becomes a less controversial subject every year. Havelock Ellis discusses the need for population restriction, and Dr. Eardley Holland states that “contraception does not exert any injurious physiologic or psychologic effects.”

The London Correspondent of the Journal of the American Medical Association, under date of September 23, writes: “The birth control movement has made progress in the half century since Charles Bradlaugh’s prosecution. This progress, like its inception, has largely been due to the work of lay persons, and the medical profession — with the exception of one prominent advocate, Dr. C. V. Drysdale, for a long time took no part in the movement. The publication of the works of Dr. Marie Stopes (who is not a physician but a doctor of science) who has recently given further impetus to the movement in which an important section of the medical profession has at last joined. The only opposition has come from religious persons, on the ground that birth control is immoral. The Roman Catholic Church is uncompromisingly condemnatory and its members in the medical profession attempted to organize some opposition. But nothing is heard of this now, not because the opponents have changed their minds but because they realize that they cannot check the movement. It has now too many influential supporters.”

France A special number of the French periodical Pamphlet is devoted to birth control and the problem of removing legal restrictions in France. Alred Fabre Luce, the editor, pleads for the use of methods which are scientific and in accord with the dictates of public health. He laments the fact that in France, alone, the spread of birth control practice is not fully developed, and explains the attitudes of the Catholics and the Protestants toward the problems of family limitation. He sees in all countries a tendency to recognize the necessity for some form of family limitation.

Germany A new sterilization law, designed “to aid in the elimination of offspring with marked hereditary defects and thus to promote a racial improvement,” will go into effect on January 1st. It is anticipated that this law will be followed by positive legislative measures to protect families of sound heredity.

Holland An Institute for the Investigation of Heredity has recently been established at the Hague.
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EXECUTIVE DIRECTOR
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A N ESSENTIAL part of the population problem is to get the people to see that they are confronted with a condition, not a theory. Fixed attitudes and prejudices are hard to break down, and the public is not easily impressed with what it has been taught to regard as at most a remote danger. The American farmer will not soon believe that overpopulation is imminent. There are, moreover, speculative and other interests which profit by population increase. And there are many timid, optimistic folk, dominated by traditional moral and religious sentiment, whose rationalizing proclivities prevent them from facing the issue squarely. To avoid admitting early danger of overpopulation, they institute an imaginary migration to the jungles of South America, or grasp at the straw of synthetic food and intra atomic energy. It goes without saying that no bank would lend money to a business man whose plans for future solvency were as visionary as those of the optimists who think we need not worry over population increase. It is a fault of population theory that it is man-made. This also puts a black mark against traditional optimistic attitudes, and against cameralistic and mercantilistic population policies from Frederick the Great down to our own time. Such attitudes and such policies never count the vital costs of a high birth-rate—the costs to the women of the race.

A B WOLFE
Scireps Foundation for Population Research
SUGGESTED READING

The American Birth Control League has initiated a book department equipped to fill all orders for books at regular list prices, and to suggest authoritative books on birth control, marriage, sex education, eugenics and allied subjects. The following recent books are recommended for your league, community, or personal library.

Growing into Manhood by Roy E. Dwkerson. Association Press Y M C A N Y $1.00

Life in the Making, by Alan Frank Guttmacher, M.D. Viking Press, N.Y. $2.75

My Fight for Birth Control, by Margaret Sanger Farrar & Reinhart, N.Y. $3.00

The Hygiene of Marriage, by Millard S. Everett Vanguard Press N.Y. $2.50

The Sex Factor in Marriage, by Helena Wright Vanguard Press N.Y. $2.00

The Review for Permanent Record

If your personal file of the Review is incomplete, we shall be glad to supply missing numbers without charge. Write at once, as some issues are already out of print.

The Review is now available for public reference in more than 150 libraries throughout the country. Requests for additional copies are coming to us daily. If you have no further use for back numbers of the Review, kindly send them to the League office by express or parcel post collect. In this way, you will help us put the history of the birth control movement on permanent record in many communities.

The following numbers are particularly needed—February, April, 1931, January, April, May, November, 1932.

Never did the social exigencies of the hour so completely justify a clear insistence on the reasons for and the mechanics of birth control. At no other time in my life has it seemed to me so important that care should be given to the bearing of children. I am glad to see the American Birth Control League undertake the responsibility of advising the public in this matter with renewed assurance and enlarged intelligence. I feel that the matter has become more and more one of general social concern, and wish you every success in the conduct of your campaign.

Mary Austin

ANNUAL MEETING

The annual meeting of the American Birth Control League will be held in New York on January 17th and 18th, 1934. Program and speakers will be announced in the next issue. All members and friends of the birth control movement are urged to attend.

The American Birth Control League

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IN REPLY

We invite our readers to send inquiries on all phases of birth control work for reply and discussion. Each subsequent issue will reply in detail to one question of general interest.

Is the number of contraceptive clinics declining or increasing?

The first birth control clinic in America was opened by Margaret Sanger in October, 1916. The following figures indicate the steady growth of clinical service since then. In January, 1932, there were 104 centers for contraceptive advice, in January, 1933, there were 121, by June the number had increased to 133 and today, October, 1933, the total has reached 137.

Should welfare groups be asked to pay fees for clients they send to birth control clinics?

Logically, yes, since they must pay for the care of the unwanted child which might be born if contraceptive service were not available. Practically, the request should not be so insistent as to alienate the welfare groups. There is a growing tendency to see birth control as a matter of public health. As such it might well be financed by welfare groups and public funds. In this connection is interesting to note that the clinic in Grand Rapids, Michigan, is tax supported.

Where can one find data on the so-called safe period, suitable for lay reading?

The two books issued for the laymen by the Catholic press are The Rhythm of Sterility and Fertility in Women by Leo J. Latz, M.D. (Latz Foundation, Chicago) and The Sterile Period in Family Life by Very Rev. Valere J. Coucke and James J. Walsh, M.D. (Joseph F. Wagner, New York). A review and scientific criticism of the theory and of these two books by Professor Carl G. Hartman was published in the May 1933 issue of the Review. Dr. Eric M. Matsner, medical director of the League, sums up the matter as follows: "There are a series of non-fertile days in the menstrual cycle. But the variation between different women makes it impossible to apply any general rule which would safeguard all women."

Has any religious group recently endorsed birth control?

An influential group of Quakers—the Special Committee of the Women's Problems Group of Philadelphia Yearly Meeting of Friends—issued a statement favorable to the movement in April, 1933. It emphasized the positive aspects of birth control in these well-chosen words:

"In the minds of a great many people the term 'birth control' has come to mean but one thing, limitation or prevention of the birth of children through contraceptive methods. We understand it to imply much more than that. We use the term in a broad sense to mean voluntary parenthood by the regulation of the number of children and the time of their conception. This means planning for children and spacing them according to the best interests of the family."

How can social workers be contacted and brought into the movement?

This question is of vital importance and is frequently asked. It affects the financing of clinic work, the number and kind of patients, the place of birth control in social service work. We have asked Carol K. Nash, field secretary of the New York City Committee and a social worker of wide experience, to discuss the matter fully in the November issue. —EDITOR'S NOTE

BIRTH CONTROL REVIEW

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The American Birth Control League

Its Aim 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.