TODAY—AN INTERPRETATION

By Havelock Ellis

We still frequently see birth control referred to as something new, startling, or questionable. It is true that the term itself is recent, having been devised as lately, I believe, as 1915 by Mrs Margaret Sanger, in consultation with friends in New York, to indicate what had previously been commonly referred to as “neo malthusianism,” and might be more precisely described by the more awkward term “conception control.” The term “birth control” at all events simple and convenient, and what it stands for is now generally understood. It is of the first importance to realize at the outset that what we now term “birth control” simply represents, in the humanitarian form demanded by our civilization today, something which has been essential to life from the beginning. It represents, that is to say, the necessity for the limitation of offspring.

We may still sometimes find an opponent of birth control. He brings forward numerous more or less valid objections, which all may recognize, for no one would claim that contraception is less fallible than are other human activities. But the opponent of birth control always fails to state which of the previous alternatives to birth control, abortion or infanticide (sex taboos now being without effect), he proposed to restore. That failure puts him out of court. Or, as St. Paul more unkindly said of such a situation, he is fighting as one that beateth the air.

The criticism with regard to class has reference to what is commonly called the differential birth rate, that is to say that the better and well-to-do classes, whom we might wish to see increasing, have a low birth-rate, while the poorer and less efficient elements of the population, whom we might wish to see decreasing, tend to have a higher birth rate. It has to be remarked here, in the first place, that the lower social class is not to be confused with the inefficient class. But putting that normally recognized point aside, difference in birth rate is of less account than difference in survival rate, and we cannot assume that a higher degree of the first rate involves a higher degree of the second, but the general fact remains that among the poor and the inefficient many births mean many deaths. To the complaint that birth control has begun among the best class of the community the main retort is simple: Where else could we expect it to begin? If we have here a beneficial and progressive measure we must certainly expect it to be initiated among the most capable and intelligent classes. It need not end there, and indeed is not ending there, but for years past has been penetrating the main body of the working class, so that in some lands (as it seems Sweden) the differential birth rate is now in favor of the better class citizen. This movement would most certainly have progressed more rapidly if the intelligent better classes had shown more anxiety to spread it. At the present time there are multitudes of poor women who, for the best reasons, are eager to possess the means of controlling conception, and yet receiving no help even from their doctors, who are usually content to dole out to them unhelpful warnings against popular abortifacients.

The benefits of contraception are direct and indirect. The latter are specially, though by no means exclusively, concerned with its action in steadying, if not in stabilizing, the growth of a population. The political economist and the sociologist are here specially concerned. The physician is more interested in its direct influence on (1) the individual, (2) the family, and (3) the race.

(1) It should not be overlooked in the first place that contraception exerts a general moral influence of high order on the side of discipline and forethought. It is a perpetual challenge to moral discrimination for married couples, during a large part of their lives together. Contraception enables marriage to take place earlier than would otherwise be possible for those who feel that marriage is desirable but that they are not yet in a position to support a family. It also enables those persons to have the benefit of marriage who, on personal or hereditary grounds, would not be justified in having children. It has a further personal benefit in the case of those parents who have a sufficiently large family, or when the condition of the wife’s health renders another pregnancy undesirable and dangerous. It is sometimes said that contraceptive measures are so fallible that in some cases the risks of using them should not be run. Where this is so, resort should be had, as is now frequent, to sterilization, preferably by vasectomy of the husband, a simple and harmless operation.

(2) In constituting the family the exercise of birth control may now be said to have become indispensable. The large families of ancient days cannot well be fitted...
into the social and economic conditions of today. The average and normal parent of today has no desire for such a family. Quite apart, also, from the question of the size of the family, it is now definitely known and recognized that, alike in the interest of the mother and her offspring, spacing is necessary, the usual interval recommended being at least two years. Birth control is thus here indispensable.

(3) It is no less so when we turn to the interests of the race. Here we pass from the question of quantity to the question of quality in offspring. As far back as we can go we find that man has exercised some degree of human selection, however unconscious he may have been of deliberate eugenics. The best specimens of the race were selected, the obviously deformed or infirm were destroyed at birth or neglected. It is not only among races of lower cultures that the inevitable problems of eugenics have been perhaps unconsciously faced. By the higher races of antiquity they were clearly formulated, courageously faced, and deliberately pursued. This is clearly seen among the Greeks, and can also be traced, though less conspicuously, among the Romans. Abortion, infanticide, and the exposure of infants were the methods accepted not only as necessary but as morally justifiable.

We refuse now to exert selection at so late a stage. And we have invented all sorts of moral reasons to excuse or to justify our refusal. But with our increasing knowledge it is becoming possible to make an approximately correct selection at an earlier stage, before conception. Until recent years the only advice possible to give to persons of bad heredity was to avoid marriage. It is now possible to give the more helpful and practicable advice to avoid procreation. Here is the final justification of contraception, that in it we possess what may now be the only instrument left to us for moulding the future race.

*The Practitioner, England, September, 1933*

We have too much delinquency, too much insanity, too much unemployment, too much dependency. Our housing is outworn, our city plans are obsolete. We are paying dividends, but are we earning our depreciation charges? Who will draw up the plans that will enable us to attack the fundamental weaknesses of which as yet we see only the symptoms clearly? It is too large a task for any social agency to undertake alone. Pulling together for social service means planning together for social service, and in this effort, individuals, social agencies, civic bodies, universities and governments must play their parts.

**ENLISTING THE AID OF SOCIAL WORKERS**

It is difficult for members of birth control organizations to understand why social workers, as a group, are not more aggressively backing the contraceptive clinics. But social workers, like other individuals, have personal inhibitions and professional problems which must be recognized and can only be solved with the utmost tact and patience. Also, one must remember that social workers, as a class, have carried an enormous burden throughout this economic cataclysm. They are so deeply concerned with feeding, clothing and finding shelter for their charges, that the anxieties of the present leave little time and strength to think of the future. This is, without doubt, a shortsighted policy, for if a family is hungry and homeless, its misery is increased when the mother is ill and there is an additional mouth to feed.

In many states and cities, excellent relationships of mutual interest and inter-dependence have been built up between social agencies and contraceptive clinics. The New York City Committee has been so fortunate in its results that our technique may, perhaps, be adapted to suit the needs of other communities.

If you are planning to enlist the cooperation of social workers, either in supporting an established clinic or in fostering the growth of a new unit, the initial step is to acquaint yourselves with the community agencies in your city. These may be hospitals, relief societies, settlement houses, nursing services, baby health stations or day nurseries. You should visit each organization and observe its methods of approach and procedure towards its objectives.

Secondly, you should decide who is the most sympathetic member of each organization—the headworker, the board member, the nurse or staff worker. This, I must emphasize, is a delicate and important decision. Results are sometimes better when a staff member brings your work to the attention of the headworker. On the other hand, a headworker may not be willing to commit himself without the approval of his Board. A friendly personal contact must somehow be established—that fact is of primary importance, for it is the foundation for your future success.

The third step is to invite all your contacts together with your own members to a meeting, preferably a luncheon, where in an informal atmosphere you can discuss birth control and its potentialities for human betterment. This should be illustrated with authoritative data and statistics from other communities. A doctor should be present to discuss the health factors of contraception, child spacing, maternal and infant welfare.
Questions should be encouraged. One that is certain to be asked is "What is the law on Birth Control?" It is well to look ahead and be prepared with copies of the state law and some statement by a legal authority. Literature should be offered to those who wish it. The services of your birth control organization should be explained, such as,

1. Furnishing a speaker for a staff meeting
2. Furnishing a speaker for mothers clubs, parent organizations, young men's or young women's groups, on such subjects as The Hygiene of Birth Control Birth Control as an Aid in Solving Family Problems Overcrowded Homes and Juvenile Delinquency etc.
3. Providing clinical service

Your guests will leave with a better understanding of birth control and a recognition of your mutual aims. You have now set up the machinery for a pleasant and productive relationship between your members and the social workers of your community. This should be stimulated periodically by personal visits, by letters containing news of your clinic and by current birth control literature.

Carol K. Nash
Field Secretary, New York City Committee

If Democracy is to survive, it must build anew an ordered world for us to live in on a scientific basis, without silly mediaeval inhibitions. If even one-half of the human ability that has been devoted to scientific research of the heavens above and the earth beneath, fighting of disease, inventions, industrial machines, automobiles, gases, could now be devoted to our nothing-like-so-difficult social problems, Democracy can be saved.

Some elementary steps to be taken at once are now clear. In spite of our short-sighted politicians and governments, we must have world peace or we shall all be destroyed in the next war. The population of every civilized country now exceeds its available jobs and other resources, and must be scientifically regulated by birth control clinics. As Democracy depends for its existence on intelligent votes, the ever increasing population of morons must be scientifically checked and insane and weak-minded people must be prevented from having children.

M. Carey Thomas,
President-Emeritus, Bryn Mawr College

Practical Talks with the State Board

Mrs. Louis deB. Moore, Mrs. Frederic Cromwell and Mrs. Roger Howson, chairmen of committees on benefits, donations and membership of the National League, will discuss the work of these committees in the December REVIEW.

Birth Control and National Recovery

Our Federal, State and municipal officials are manifesting unusual concern over problems growing out of production, without giving adequate thought and consideration to the equally serious problem of reproduction. The more intelligent development of our population is paramount in insuring our social and economic recovery. In the last analysis, the National Recovery Act is designed to promote social recovery in its broadest sense. The overproduction of goods in a non-buying market may induce severe economic difficulties, but the unthinking overproduction of actual and potential non-earning consumers is social insanity.

The overproduction of children beyond the capacity of their parents to take care of them increases our social difficulties by increasing mental deficiency, juvenile delinquency, crime, unemployment, dependency, and the despairing trials of miserable old age.

In our efforts at reconstruction, the family codes have not yet been written, although they are essential in the program of attaining national equilibrium. The government of business must be subordinated to the preservation of the home and the vitality of the family.

The National Industrial Recovery Act stresses business and its expansion, the possible increase in wages and profit and the promotion of financial stability. The origin of that act, however, lies in the needs of human beings. Business may have been bad, and banking may have been worse, but the people of this country were in dire straits. Not want of business but want of food was making its relentless plea. The country's demands for reasonable opportunities to earn its sustenance, as becomes a free people, were fundamentally responsible for the numerous courageous recommendations that were the outgrowth of President Roosevelt's assumption of leadership, only a little more than seven months ago.

The fact that the fertility of women in the United States decreased 33 1/3 per cent from 1890 to 1930 indicates a state of affairs that has caused child bearing and child rearing to lose their social appeal to marital partners. Inasmuch as the world wide diminished birth rate has obtained in all strata of society, it cannot be attributed entirely to the hedonistic tendencies of any one group nor to the selfish desire for personal freedom and pleasure. Birth control, in so far as it is exhibited in our vital statistics, is merely one of the natural developments of changing attitudes in an urbanized, in dustryalized and mechanized world.

Ira S. Wile, M.D.

Excerpt from address at the Membership Campaign Luncheon Meeting of the Rhode Island Birth Control League.
WHAT THE STATE LEAGUES ARE DOING

KENTUCKY

The first annual meeting of the Kentucky Birth Control League was held at Brown Hotel, Louisville, on October 25th. In addition to the regular business, the following speakers addressed the meeting: Dr. Garvin Fulton, The Policy of the Medical Committee; Dr. Esther Wallner, The Operation of a Clinic; Mrs. Lucille Rogers, The Social Worker's Service.

MICHIGAN

The annual meeting of the League was held at Hotel Statler, Detroit, on October 7th. Mrs. Margaret Sanger, chairman of the National Committee on Federal Legislation for Birth Control, spoke on The Problem of Population, and Mrs. Morton Keeney, president of the Michigan League, spoke on The Progress of the Birth Control Movement in Michigan. Mrs. James McEvoy, chairman of the Detroit Committee, presided. At the speakers table were: Mrs. Frederick H. Holt, President of the Womans Hospital; Mrs. Mayer B. Sulzberger of the Council of Jewish Women and a member of the Board of the Mothers' Clinic; Rabbi Leo M. Franklin; Reverend Guy Black; Dr. George Kamperman; Dr. Alexander M. Campbell; Reverend Francis B. Creamer; and Mrs. Sanger; Mrs. McEvoy, and Mrs. Keeney.

Mrs. Sanger traced the history of the birth control movement in England and America, and stressed the importance of limiting population if the world is to avoid another war. In conclusion she said: "Many companies in this country are now bootlegging what purports to be reliable birth control information. My plea is that the medical profession back the birth control movement and gain control of all propaganda and dissemination of information on the subject. We want men and women to realize that parenthood should be a worthy commission and an honored assignment."

Mrs. Keeney told of the progress of birth control in the state. Twelve clinics are functioning in Battle Creek, Detroit, Grand Rapids, Jackson, Pontiac, Royal Oak and Wyandotte. Over 7,000 women have been cared for to date. She said in closing, "the people of our state are realizing more and more the superior value of prevention over cure, from an economic as well as a humanitarian viewpoint."

Dr. Alexander M. Campbell told of the work of his study committee and that of Dr. Harold C. Mack for the Michigan State Medical Society and said: "Doctors are becoming conscious that birth control is a medical problem like orthopedics or any other."

The following resolutions were sent from the meeting:

To The Honorable James Couzens, Detroit,
To The Honorable Arthur H. Vandenberg, Grand Rapids

"BE IT RESOLVED, That the Birth Control League of Michigan urgently requests the support for Senate Bill 1842 of the Honorable James Couzens [or Arthur H. Vandenberg], United States Senator.

"This measure affects the health and welfare of 43,000,000 women of childbearing age in this country and we hope that the Bill will receive the hearty support of the Michigan Delegation."

To the Honorable John C. Lehr, Monroe

"BE IT RESOLVED, That the Birth Control League of Michigan requests the support for House Bill 5978, now in the Judiciary Committee, of the Honorable John C. Lehr, United States Congressman.

"Feeling that the subject of birth control is of great importance to the country at this time and as House Bill 5978 affects 43,000,000 women of childbearing age, we earnestly hope you will work for a favorable report on this measure."

It was voted that the Articles of Association be changed so that the name of the League contain the words "Maternal Health" instead of Birth Control, but the exact wording be left to the Board of Directors.

MINNESOTA

The clinic of the Minnesota Birth Control League, which opened on October 24, 1931, is now holding eight sessions a week. The clinic is financed by league memberships and voluntary contributions. Since its inception it has handled about 950 cases. Voluntary home visits are made to all patients at regular intervals. The demand for the clinic is very great and additional services will be provided as soon as funds are available. The income from fees is comparatively small as 89 percent of the patients are unable to pay. The League is in close cooperation with social agencies and social workers and aims to develop these contacts.


"In a time when theories of social welfare administration must stand the most rigid tests of practical efficiency, it is with considerable satisfaction that the Executive Board of the Minnesota Birth Control League submits the following Clinic and Financial Report for the year's activities. A thoughtful consideration of this report would seem to bear out their belief that the type of work accomplished this year strikes deep into the root of the problem of social distress, and that it affords not only..."
relief from economic strain but from physical and spiritual strain as well.

"The work of this clinic is fundamental relief work. However important alleviative aid may be, it is more important to establish agencies whereby such aid may be unnecessary in the future. One dollar invested in the Minnesota Birth Control Clinic saves the community many hundreds of dollars in charity, besides untold human suffering."

NEW YORK

The annual meeting of the Monroe County Committee was held in Rochester on October 25th. Miss Gladys Gaylord, executive secretary of the Maternal Health Association of Cleveland, and Mrs Allan Stebbins were the principal speakers. Officers were elected and a constitution adopted. Representatives from the other county committees attended the meeting. The Federation's work is being carried forward by the following committees:

Organization—Mrs Allen Stebbins, Rochester
Membership—Mrs Frederic Cromwell, New York
Meetings—Mrs Martin H Knapp, Syracuse
Literature—Mrs Dexter Perkins, Rochester
Finance—Mrs O'Donnell Iselin, New York
Publicity—Mrs Robert McCo Marsh, New York
Nominating—Mrs Thomas S Lamont, New York

Pennsylvania

Pennsylvania announces the opening of four new clinics in Philadelphia (3300 Baring Street), Coatesville, Doylestown and Harrisburg.

The annual meeting of the Pennsylvania Birth Control Federation will be held at the Bellevue Stratford Hotel on November 23rd. The following speakers will address the luncheon meeting:

Dr E A Whitney, Chief of Elwyn School for Feebleminded, Delaware County,
Mrs F Roberston Jones, president, American Birth Control League,
Dr L B Scott, director, Bureau of Correction, State Department of Welfare,
Mr Stanley Bright, president, Public Charities Association of Pennsylvania

RHODE ISLAND

The Rhode Island Birth Control League held a Membership Campaign Luncheon on October 17th, at the Providence Biltmore Hotel. Dr Ira S Wile of New York City spoke on Birth Control and the National Recovery. Dr Arthur H Ruggles of Providence spoke on A Medical Viewpoint of the Work of the League. The Reverend W Appleton Lawrence of Providence presided.

An excerpt from Dr Wile's speech is given elsewhere in this issue. The League's annual meeting is scheduled for November 2nd.

ARKANSAS

Mrs Edward Cornish, chairman of the Association, sends the following communication: "I was much interested and delighted to read the report of the committee appointed by the Michigan State Medical Society on its study of the birth control movement. This is, indeed, a progressive step for the medical profession to take and I wish it were possible to send copies of this report to all state medical societies. The Arkansas Eugenics Association will be glad to distribute copies of the October REVIEW to Arkansas physicians."

DELAWARE

Mrs J D Bush, Jr, secretary of the Birth Control League of Delaware writes:

"For this month, we are distributing copies of the REVIEW, plus a printed notice of a silver tea to be held November 9, to various clubs and groups of women throughout the city. These include the Century Club, the American Association of University Women, the State Board of Nurses, the Junior League, and the Social Workers' Club. We try at each meeting to explain the purpose of the tea and urge membership in the League. The tea is to be at the home of Mrs U S Worthington, and Mrs Moorehouse of Philadelphia is to be the speaker. We hope to raise some money, increase membership, and spread propaganda and education for the birth control movement, all at once and the same time.

"We have had quite good results from the 1,000 cards we sent out telling of our work and asking for donations. Over $100 was received the first week, and interest in the League has greatly increased."

ANNUAL MEETING

The annual meeting of the American Birth Control League will be held on Thursday and Friday, January 18 and 19, 1934. The morning session will be devoted to election of directors, reports of the year's work and plans for 1934. Reports from representatives of the affiliated state leagues will be given at the afternoon meeting. Among those who have accepted the League's invitation to speak at the dinner meeting are Dr C E A Winslow, School of Medicine, Yale University, Dr Harry A Overstreet, College of the City of New York, Dr Stephen P Duggan, Director, Institute of International Education, New York City. Friday morning's meeting will be a round table discussion of state league problems.

November, 1933

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CONFERENCE ON BIRTH CONTROL IN ASIA

UNDER the auspices of the Birth Control International Information Centre, a Conference on the population problems of Asia, particularly with reference to the contribution of birth control to their solution, will be held in London on November 24th and 25th, 1933.

The subjects for discussion will cover the economic, social, and medical aspects of these problems, and throughout the Conference special consideration will be directed to the tasks in Asia which must engage the attention of the birth control movement in the immediate future. Each discussion will be opened by one or more authorities from Europe as well as Asia.

This Conference is being held in response to numerous requests for help from medical practitioners, social workers, and publicists in India, China, and Japan. The Birth Control International Centre hopes that it will be a forerunner of a Conference in India in 1934, to be followed by similar conferences in other Asiatic countries as soon as circumstances permit.

The following excerpts from letters received at the Centre serve to indicate the urgency of the problem.

The All India Women’s Conference, Lucknow, 1933: “This Conference feels that on account of the low physique of women, high infant mortality and increasing poverty of the country, men and women should be instructed in methods of birth control in recognized clinics. It calls upon all municipalities and local bodies to open such centres and invites the special help of the medical authorities towards the solution of this important problem.”

Government of India Report, “India in 1930-31”: “At any rate there seems to be a good deal to be said in favour of arranging that, in maternity clinics and during the course of ‘Baby Weeks,’ instruction in birth control should be provided.”

A Shanghai physician: “The leaders of medical thought and social welfare in this country are now keenly taking up this movement. Particularly so is the Mayor of Shanghai, who has a splendid staff of young men to help him. I am myself thinking of writing a book in Chinese for the guidance of those who need advice. As elsewhere, the majority of physicians in China are quite out of touch with the most modern knowledge and cannot give any sensible advice to the thousands of anxious wives who seek it. I highly appreciate your promise to render whatever help is necessary.”

A Tokyo physician: “In recent days, almost every day, every newspaper deals with the birth control problem, and no magazine neglects this subject. The task entrusted to us now is, I believe, how we can teach the practical methods to inquirers inexpensively and successfully.”

The address of the Birth Control International Information Centre is Parliament Mansions, London, S.W. 1, England. Its officers are Margaret Sanger, president; Gerda S. Guy, treasurer; Edith How-Martyn, director.

NEWS FROM EVERYWHERE

The National Committee on Federal Legislation for Birth Control, Margaret Sanger, chairman, will hold a three-day conference in Washington on Jan. 15, 16 and 17.

Population problems, religious and health questions, family and community welfare, health and economic recovery will be discussed at open meetings. Contraceptive, technique and standards, and clinic procedure will be presented at a session open only to physicians and clinic workers.

The Canadian organization, the Birth Control Society of Hamilton, Ontario, was founded in December, 1931. It has recently issued an outline of its work and aims, an excellently written and effectively printed sixteen-page pamphlet. The following excerpts give a concise picture of the Society’s program.

Aims of the Birth Control Society of Hamilton

1. To maintain a clinic where married women shall be instructed in contraceptive methods by a qualified doctor at the request of their doctor and in the interests of the community, in accordance with the Law of the Dominion of Canada.

2. To awaken the people of this city to the true aims of the birth control movement and its beneficial effects upon the race.

3. To collect and correlate the data concerning the social, economic and physical life of our patients.

4. To abolish abortion.

A good birth control method must be reliable, harmless, easy to learn, and cheap. The first two qualifications have been achieved. The third necessitates clinic instruction. As to the fourth, clinical advice is given free to all those who bring a card signed by their doctors. The supplies for each woman for a year cost about $3.00. Those who can pay for these supplies are asked to do so, but those who cannot pay are never refused.

From the point of view of the community it is interesting to note that of the 500 women who have been to the clinic who would have had babies, at a cost to the community of about $60 for hospital care, each little newly born citizen would immediately go on
city relief. Thus the comparative cost of $3.00 per year would seem to argue that it is undoubtedly cheap.

It is the birthright of every child to be cared for and provided for. Strange though it may seem, contraceptive birth control is based on love of children, more and more children who are well cared for and planned for, fewer and fewer of the offspring of exhausted mothers, overburdened fathers and overcrowded homes.

Birth control is also based on the belief that wherever knowledge can be used to overcome the cruelty and waste of nature it should be allowed to do so, and finally, among those who advocate birth control, there is an active revolt at the injustice of the denial to the poor of knowledge widely circulated among the well-to-do.

The Indiana Medical Society devoted its October 24th meeting to a Symposium on Birth Control and discussed the relation of the birth control movement to the medical profession. The following papers were presented:

History of the Birth Control Movement in America
Charles O. McCormick, M.D.

Social Implications of Birth Control, R. Clyde White

Contraceptives Frank A. Walker, M.D.

Controversial Points A. M. Mendenhall, M.D.

Legal Aspects, Murray N. Hadley, M.D.

Discussion, Max A. Bahr, M.D., Louis H. Segar, M.D.

Mrs. F. Robertson Jones, president of the American Birth Control League, will be the chief speaker at the annual meeting of the Rhode Island Birth Control League on November 2nd. Mrs. Jones will also visit Mrs. Deane Small, president of the Maine Birth Control League, and confer with members of the board.

Dr. Eric M. Matsner, director of the national League, will speak under the auspices of the Children's Welfare Federation and the New York Tuberculosis & Health Association on November 8th. His address is one of a series of lectures on Maternal and Child Health. On November 14th, Dr. Matsner will address the Yonkers Section of the National Council of Jewish Women on Sterilization of the Unfit. The Yonkers Protestant and Catholic Big Sisters have been invited to attend the meeting. Dr. Matsner will also lecture on November 20th on the Physiology of Pregnancy in a series on Introduction to Parenthood offered by the Child Study Association of America.

The New Jersey League of Women Voters is sponsoring a permissive bill for the sterilization of the feebleminded in their state. This bill has been endorsed by

The American Birth Control League
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Affiliated State Organizations

Arkansas Eugenics Association
1300 Arch Street, Little Rock

Connecticut Birth Control League
79 Trumbull Street New Haven

Delaware Birth Control League
1010 Pine Street Wilmington

Florida Birth Control League
1010 West Avenue Miami Beach

Illinois Birth Control League
203 N. Wabash Avenue Chicago

Indiana Birth Control League
4995 Washington Blvd Indianapolis

Kentucky Birth Control League
R. R. No 1, Box 514, Louisville

Maine Birth Control League
Cape Elizabeth Portland

Birth Control League of Massachusetts
18 Joy Street Boston

Birth Control League of Michigan
1209 Lake Drive S E, Grand Rapids

Minnesota Birth Control League
223 West Building Minneapolis

Maternal Health Association of Missouri
4817A Delmar Blvd.

New York State Birth Control Federation
858 Madison Avenue New York

Pennsylvania Birth Control Federation
1700 Walnut Street Philadelphia

Rhode Island Birth Control League
163 North Main Street Providence

Virginia Birth Control League
2023 Monument Ave Richmond

The president and secretary of each state league are given in the October issue.
the Social Hygiene Department of the League as a measure of economy for eight years. In 1932, when the Princeton Survey made a similar recommendation as a means of reducing existing costs for the maintenance of state institutions, the League redoubled its efforts and had a bill introduced in the Legislature, it died in committee. Continuing its interest in this measure, the League is making a special study of sterilization and using for reference the Sterilization Number of the BIRTH CONTROL REVIEW.

Oklahoma has opened a new clinic in the Shattuck Hospital, Shattuck, with Dr. Oscar C. Newman and Dr. John P. Davis in charge.

The Tennessee Birth Control Bureau, Nashville, under the direction of Mrs. Susie D. Kirtland, is initiating a circulating library of books on birth control, eugenic, population and so forth. By charging a small rental fee of two to three cents a day, it plans to defray the initial cost of purchasing books. This enterprise will do much to promote an understanding of birth control in Nashville. An excellent idea.

IN REPLY

How old is birth control?

In a sense, it dates from the pre-historic period in that some primitive societies possessed crude methods of prevention little used because of the prevalence of abortion and infanticide. In a more important sense birth control is recent. Effective medical knowledge dates from the Greek and Arabian physicians, but Place (1822) began the socializing process now culminating, through recent efforts, in clinical aid and an enlightened public opinion. Mrs. Sanger in the U.S.A. and Dr. Marie C. Stopes in England have awakened the public conscience as probably no two other people have.

N E H

BIRTH CONTROL REVIEW

Published monthly by the American Birth Control League Inc.

680 Madison Avenue New York N. Y.

Vol. 1 No. 2 (New Series) November, 1930

Sent to all members of the American Birth Control League and affiliated State Leagues.

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.