THE Thirteenth Annual Meeting of the American Birth Control League presented a vivid and inspiring account of work accomplished and plans for the coming year. Reports from the staff and state leagues, round table discussions of practical problems, and a brilliant dinner gathering filled a two day program. This issue of the REVIEW is devoted to a summary of the speeches and reports and will attempt, within the limitations of space, to give its readers an impression of this memorable event.

Mrs F Robertson Jones opened the meeting with greetings to out-of-town delegates and called for reports from headquarters.

Ruth Topping, Executive Director, told of the many visitors who call at headquarters seeking information on the history and technical aspects of the movement, of the letters requesting not only contraceptive advice but concrete information on how to organize local birth control services.

"All of this clearly points [she said] to the need of the National expanding its facilities or collecting and disseminating information of a practical nature, and of maintaining an information service covering all aspects of birth control. So many of our inquiries relate to the actual practices and procedures followed in existing clinics, and by local birth control committees and by state birth control leagues that I welcome this opportunity to invite the fullest cooperation possible on the part of all present in placing useful information at our disposal, that we may make it accessible to those who wish to start similar work for birth control. Mounting demands for charitable relief have caused even public agencies to seek information about contraception. The time may not be far distant when the United States, like England, will permit contraceptive instruction to be given at public health clinics. Evidence is mounting that public welfare departments are alive to the value of birth control."

Stella Hanau, Publications' Director, reported that this year has been, in a sense, a transition period. The movement is going forward almost faster than it can be recorded. Changing conditions require new tactics. The need today is not primarily for propaganda but for an informed public and a group of workers supplied with facts and practical guidance. From this angle the educational work of the League—and all that finds its way into print—is of ever greater importance.

"For the first seven months of 1933, from January through July, the BIRTH CONTROL REVIEW was issued in magazine form. The most important number was the April issue, a symposium on sterilization bringing together complete and up to date material in this field. "Beginning with the October issue, the REVIEW was changed to an eight page bulletin. Eight thousand copies are printed and distributed monthly to members of the National and state leagues, and to contraceptive centers throughout the country."

Dr Eric M. Matsner, Medical Director, reported on the medical activities of the League, telling of the Resolution presented to the American Medical Association (see BIRTH CONTROL REVIEW July, 1933), and of plans for continuing work along these lines. Dr Matsner has lectured before twelve medical groups and approximately fifteen lay organizations, among them the Faculty and House Staff of Duke University and Hospital, the Maine State Medical Society, the Medical Staff of the Albany Hospital, the National Conference of Social Work, the Maine Birth Control League, the Child Study Association of America. Seventy-three hundred copies of the Outline "The Technique of Contraception" have been distributed to medical schools, heads of departments of Obstetrics and Gynecology and individual physicians.

"In retrospect," Dr Matsner concluded, "1933 has been an active year, and it is my feeling that material progress has been made, the highlights being the American Medical Association resolution and the splendid resolution passed by the Michigan State Medical Society. Looking ahead, I think that all the activities initiated during the past year must be continued, particular emphasis being placed on the passage of the American Medical Association resolution, educational work in the technique of contraception for medical students and practising physicians, the establishment of a medical information bureau, and the intimate cooperation of associations interested in the furtherance of birth control."

"To Eleanor Dwight Jones I owe my introduction to the birth control movement. It was under her direction that I became familiar with this great humanitarian work. Under Mrs Jones' direction, the work of the
League has at no time brought forth any but the most encouraging response. Her knowledge as a pioneer and her helpful advice and counsel have been of inestimable value in directing the medical activities of the League."

Dr. Sarat C. Mukerji of India outlined his plans for providing birth control service in Bengal. This project is to be part of a Community Health demonstration sponsored by the American Friends Service Committee.

A paper on Birth Control Pioneering by Caravan contributed by Dr. Marie Stopes and read by Mrs. Marsh, contained many suggestions for similar work in America. In England, this form of service, in addition to the actual contraceptive work accomplished, has had a great influence on public opinion and undoubtedly was a factor in putting across the Ministry of Health's goal of birth control in 1930.

Ruth R. Maier, who has been handling the League's publicity for the past two months, reported that an equivalent of one column of space daily in a large metropolitan paper had been secured. This coverage does not include reports of the annual meeting.

Mrs. E. Robertson Jones, President, traced the history of the movement and concluded: "If the progress of birth control sometimes seems slow, it is encouraging to look back ten years and compare the status of the movement then and now. At the beginning of 1924 there was just one birth control clinic in the whole country. It was in a small room behind the League's office, and for fear of police interference, it was conducted with such secrecy that most of the League's members did not know of its existence. Today there are 144 clinics in the United States, 62 of them in their own quarters, 19 in settlements, 20 in municipal or county health stations, and 43 in hospitals. In 1924 there were only two state leagues, Pennsylvania and Illinois, neither affiliated with the national organization, there are now 17 state leagues, all but New Jersey working together as members of the American Birth Control League. Whereas ten years ago only three medical schools even touched upon the subject of contraception, and a mere handful of physicians dared come out for birth control, today over three score medical schools give some instruction in contraception, and nearly 500 physicians, many of them of national prominence, are serving on the Boards of national and state birth control leagues. In 1924 birth control had not been endorsed by a single religious organization, and most of them regarded it as a menace to society. It has now been approved by 19 leading church groups, including the Federal Council of Churches, with a membership of 27 Protestant denominations.

"At our annual meeting in 1930 a former Jesuit priest, Dr. E. Boyd Barrett, prophesied that the Roman Catholic Church, in order to preserve its interest in the dissemination of birth control, and to gradually withdraw from the so-called natural method of birth control, would gradually retreat from the League's movement and concluded it would go a long way in the next ten years. If national and state leagues adopt a concerted plan of action, the nation will concentrate on the following seven-point program: 1. Getting thorough instruction on contraception, with demonstration of technique. Introduced into the curriculum of every medical school in the country. 2. Making knowledge of contraception available to rural physicians, who have not the same opportunity as city doctors to inform themselves on the subject. 3. Organizing clinical service in every centre of population. 4. Obtaining the cooperation of social workers in getting the women in their care to avail themselves of this service. 5. Perfecting clinical instruction of the socially inadequate, so that it may affect a more substantial reduction in the fertility of the nation. 6. Securing the enactment of state laws providing for sterilization of defectives. 7. Working not only to restrict undesirable reproduction, but also to encourage desirable reproduction, so that there may be more well-born children.

"What would the accomplishment of this program mean? By 1944 every couple in the country should be able to get reliable birth control information, and to regulate the size of their family in accordance with their means of support and their health and their wishes. There will be fewer children born sickly and defective, fewer unwanted children, neglected and abused, less hereditary disease, less dependency. In general, men and women will have the number of children that they want, and those who are healthy, capable, energetic, and warmhearted want more children than those who are sickly, incompetent, lazy and selfish. So each succeeding generation will have a larger proportion of well-endowed children, and the race will begin to improve."
February, 1934

Telegrams in support of the Federal Bill were sent to members of the House and Senate Judiciary Committees.

**State League Reports**

Mrs George A Dunning, Secretary of the Pennsylvania Birth Control Federation, at the State League meeting in March, 1933. Eleven state leagues reported space, unfortunately, does not permit the publication of even summaries of these reports. Some idea, however, of the growth and vitality of state organizations may be gleaned from these items:

- **Delaware Birth Control League** Two clinics in rural districts are scheduled for opening in the spring.

- **Illinois Birth Control League** Clinics are accepted as part of the social service work of Chicago, and nearly all social agencies cooperate in conservative Evanston, where a clinic has recently been opened, the League has been accepted as a member of the Council of Social Agencies. In 1933, clinics took care of 2350 new patients, 763 of whom paid absolutely nothing for the service and supplies, others paid small amounts ranging from twenty-five cents to $2.50.

- **Maternal Health League of Indiana** The clinic, which opened in December, 1933, has the hearty support of welfare organizations in Indianapolis. The Indiana Medical Society held a symposium on birth control with papers by distinguished physicians. Three of these papers were presented before a lay audience at the annual meeting held on January 22nd.

- **Maine Birth Control League** Work has been retarded by the ambiguity of the Maine Law and the unwillingness of hospital trustees to procure a definite interpretation through a test case. The Maine Medical Association, however, through its Councils, stands ready to back the Maine Birth Control League and plans are now on foot for launching clinical service.

- **Birth Control League of Massachusetts** The League cooperates in every way with the Mothers' Health Office, which is conducted by a separate group, a sub-committee of the League Board. Patients have been referred by 59 doctors and 23 social agencies. Approximately 45 per cent of the patients were unemployed. A joint appeal was issued this year by the League and the Mothers' Health Office and the response has been gratifying in number of contributions, new memberships, which have come particularly from physicians, and renewal of lapsed memberships. Clinical service, outside of Boston, is provided by two doctors in large manufacturing centres, who take care of patients in their districts. A third city in the western part of the state is working towards the establishment of a centre.

- **Maternal Health League of Michigan** The 1933 Michigan Conference of Social Work asked the League to provide a program as an integral part of the Conference, previously the League had merely been permitted to hold its own meeting simultaneously. Over 7000 patients have been cared for in the twelve Michigan clinics. The average wage of the families runs from $2.21 to $10.00 a week.

- **Minnesota Birth Control League** Plans for 1934 call for establishing more clinics within Minneapolis, divorcing the work of the state league from the operation of the Minneapolis clinic, proceeding along the lines of state-wide expansion, possibly adopting the county plan of organization used by Pennsylvania and New York, and securing the active cooperation of the medical profession. More particularly, the League is arranging for a birth control clinic at the largest tuberculosis sanatorium near Minneapolis. Fourteen other tuberculosis sanatoria have been contacted with the suggestion that they follow this excellent example. The Review is sent to every member of the State league and is felt to be not only interesting but helpful in forming members of the work of the movement, local and national.

- **New York State Birth Control Federation** There are now six affiliated county committees. The Federation's work is threefold: Contact with doctors, education through cooperation with other organizations such as the League of Women Voters, the Tuberculosis and Health Association, American Social Hygiene Association, Parents and Teachers Association, and lastly the development of membership both to stimulate interest in birth control and to secure funds. A symposium on birth control at Vassar College, Poughkeepsie, is scheduled for the near future, the expense to be shared by The Alumnae Association, the National League and the State Federation. The Federation has appointed a committee to investigate the sterilization situation and will sponsor a sterilization law in this session of the legislature.

- **New York City Committee** (one of the County Committees of the State Federation) The total clinic attendance for 1933 was 4954, an increase of 2000 over the previous year. In addition to developing clinical service, the Committee gives special attention to contact with social workers.

- **Pennsylvania Birth Control Federation** Seven new clinics have been established within the year, four in...
Philadelphia and one each in Doylestown, Coatesville and Harrisburg Physicians have been less timid since the establishment of the clinic in the State Capitol. There are now eight clinics in Philadelphia and ten in other parts of the state. There have been three large meetings for social workers. The aims of the federation are (1) educating the public, (2) establishing local committees, and (3) opening new clinics.

Rhode Island Birth Control League Clinic attendance in 1933 shows an increase of 76 per cent over last year. Organization of the state is proceeding along county lines, and Kent, Bristol and Newport Counties are already functioning. Plans for the immediate future call for a campaign to secure support of clergymen, and educational work by talks before small groups through the field of the State.

**The Dinner Meeting**

Building the World of Tomorrow was the topic discussed at the dinner meeting at the Park Lane Hotel on the evening of January 18th. Dr. Henry Pratt Fairchild, President, Population Association of America, presided and read greetings from Harry Emerson Fosdick, Julian Huxley, Governor James R. Beverley of Porto Rico, Stephan Duggan and others.

Harry Emerson Fosdick: "There never was a time when the cause which you represent was more needed in the world. It is disheartening to face the stupidity with which mankind turns away from agencies that would immediately relieve the population problem if they were only put into operation. Nevertheless, despite this dismaying stupidly of mankind, the cause for which you stand has made extraordinary progress in recent years, and faith and courage can yet, within a reasonable length of time, bring yet more remarkable transformation."

Julian Huxley: "Best wishes for the continuance of your good work. Birth control must take its place among the constructive agencies of social reform, and as a necessary factor both in national and international progress. We must aim at its inclusion in any broad scheme of preventive medicine."

Stephan Duggan: "I regret exceedingly that because of my visit to Russia to investigate their system of higher education, I am unable to be present at the annual meeting of the American Birth Control League. That does not mean, however, that my interest in this great movement is less earnest or that my hope of its achievement in the field of international relations has abated."

Dr. Fairchild announced the speakers with the following introductory remarks:

"Our friends from abroad are frequently impressed by our American habit of celebrating weeks. We have 'Apple Week,' 'Better Baby Week,' 'Eat More Yeast Week,' 'Eat Less Yeast Week,' and so on. I am quite sure that the week we are now will go down in history as 'Birth Control Week.' First there was the very important and well attended Conference in Washington, and now there is this large and important gathering here. You have all heard of the new maid, unfamiliar with the ways of the telephone, who was quite convinced that a polite agreement was all that was required in response to the operator's announcement 'long distance from Washington.' In some ways it may seem like a long distance from Washington, but as I look over this audience and see how many there are here who also participated in the gathering in the Capitol, I realize that birth control is a force sufficient to minimize time and space."

Dr. C. E. A. Winslow, Professor of Public Health, Yale School of Medicine, spoke on Birth Control and Public Health* and said:

"The world of the future must be built upon healthy families as well as upon healthy individuals and under our existing economic structure the size of the family in relation to its economic resources is a determining factor. A sound and happy and efficient family life demands protection against excessive childbearing, not only on grounds directly related to the health of the individual, but in many other cases where the economic pressure due to too large a family will involve indirect influences on physical and mental health of almost equal seriousness. We may therefore conclude that an adequately manned birth control clinic should form a part of the essential public health machinery of every community, and the fact that one hundred and forty-four such clinics are now in operation in the United States is a source of very real satisfaction.

"The whole progress of civilization consists in the application of appropriate scientific controls to the building of a world in which the good life shall be possible for the largest possible proportion of its citizens. We are witnessing an inspiring national effort to apply such controls in the social and economic field more widely than they have ever been applied before. It would be a grotesque anachronism if similar intelligent and scientific guidance should be lacking, with regard to the most important function of the human organism."

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*Dr. Winslow's speech will appear in full in the February issue of American Medicine.
DR. HARRY A. OVERSTREET, Professor of Philosophy and Psychology, College of the City of New York, took as his subject Birth Control and the Race.

"There can be no admirable civilization until children are considered as ends, not merely as means. This signifies that in bringing children to birth there must be the conviction that we are not inviting them to a fate from which they themselves, had they the power, would shrink. Thus, no unborn child would wish to be either cannon-fodder or factory-fodder, or to be merely the outcome of uncontrolled sexual passion. Procreation can be humanly justified only as it is undertaken with the child's welfare in view, otherwise it is either incredibly cruel or unforgivably thoughtless.

"Perhaps the greatest revolution that has been occurring in our thought is the revolution in our conception of childbearing. We are literally moving out of the dark ages into the ages of light to the degree that we demand for all our children the right to a life that is decently rich and full. This means that we shall bear children with intelligence and foresight. We shall restrict their numbers or expand them in terms of the numbers or expand them not in terms of ulterior ends such as war or industry or sexual lust, but in terms of what makes for the best possible life for them and for ourselves."

DR. WARREN S. THOMPSON, Director, Scripps Foundation for Research in Population Problems, Miami University, said in conclusion:

"The position that birth control may be an important factor in the maintenance of peace needs much less urging today than was the case only a few years ago. It is now generally recognized that the chief causes of war are economic; that they lie in the striving of peoples for control over larger economic resources. The reasons for desiring larger resources are, no doubt, various, but one of the most important is the actual need of them to furnish the raw materials for a growing population. It is true, of course, that some lands are favored in possessing natural resources sufficient for a better standard of living among the present population and even for a considerably larger future population, but unfortunately most lands are not in such a happy situation. It is from the latter that trouble is likely to arise.

"In other words, the pressure of population on resources is a very real matter in many countries and as long as this is the case and as long as there are large areas whose resources are not being used or are but meagerly used, it is practically certain that peace is in danger. The most certain way to remove permanently this source of friction between nations is to ease the pressure of population. This is where birth control makes its real contribution to world peace."

MRS. JOHN DEWITT PELTZ, urging support of the work of the League, said "the Big Bad Wolf of the American Birth Control League has been gagged and muffled for the evening, but he will be heard barking at the door in about a month. New Yorkers are tired of the many demands made on them by problems of immediate relief and are ready to work on far-sighted policies of prevention. Cooperation has been defined as operation from half the people and coo from the other half. We will operate, with the help of our state league, and in a few weeks you must also expect to hear us too, but like the yodellers of the Swiss mountains, it will be on the rising inflection. We have faith that you will answer us."

Among the distinguished guests at the speakers' table were Mrs. Richard Billings, Mrs. Dexter Blagden, Mr. Heywood Broun, Professor Robert E. Chaddock, Mrs. Lewis L. Delsel, Dr. Robert L. Dickinson, Mrs. Benjamin R. Gruenberg, Miss Helen Hall, Dr. Norman Haare, Dr. J. Taylor Howell, Jr., Mrs. F. Robertson Jones, Mrs. Thomas W. Lamont, Dr. Sarat C. Mukerji, Dr. Richard N. Pierson, Dr. Frederick J. Taussig, Dr. Benjamin T. Tilton, Rev. Worth Tippy, Mr. Oswald Garrison Villard, Dr. Ira S. Wiley.

FINANCING NATIONAL AND STATE ORGANIZATIONS

MRS. JOHN DEWITT PELTZ presided at the Round Table Meeting on Financing National and State Organizations, which opened the next day's sessions. She summarized the work done by her Committee on Organization and Future Policy, which has studied the financial relations between the National and affiliated state leagues and made a survey of the methods by which certain other national organizations are financed.

JEAN PINNEY, in charge of public information and extension of the American Social Hygiene Association, spoke on successful Community Organization, which she feels, depends on:

1. Forceful presentation of information. Get the interest of everyone in the community who could possibly touch your work, women's clubs, parents, teachers, church groups, probation officers, courts, and social workers.

2. Interpretation-to individuals, agencies, and general public. Make use of the radio, newspapers, special literature, exhibits, films.

3. Application. Find out what the community needs and just where your particular service fits in. The Community Council should be a valuable aid in determining this.
4 Insulation Remember what you start out to do, stick to it, and keep at it

The differentiation between dues and contributions should be kept in mind, dues should be paid by the people who get the service, and contributions should be solicited from people who have the funds and vision to promote work on behalf of others.

M Louise Griffith, Assistant Treasurer of the League of Women Voters, explained that her organization divided the country into state, county, and local leagues, the state affiliation dues to the national being based on congressional representation. She defined the requisites of money raising as a responsible organization, a needed program and a budget that presents a clear picture to the public and is not made up entirely of overhead. A Finance Chairman should be a good executive rather than an adroit money-raiser. The attitude of bestowing a privilege in asking for a contribution should take the place of the old and unwise begging approach. It is also important to keep givers continuously informed of the work their money is doing.

The endorsement of the National Information Bureau, 215 Fourth Avenue, New York City, is valuable as a guarantee that the organization is living up to definite standards. Its criteria are:

A legitimate purpose and a responsible board, reasonable efficiency and equipment, an audited annual budget, no solicitation on commission, no "remit and return" methods, no entertainments in which the costs exceed 30 per cent of the gross receipts, intelligent and dignified publicity, cooperation with other local groups.

For Social Workers

Carol K. Nash, Field Secretary of the New York City Committee, presided at the Round Table meeting on the Birth Control Clinic and the Social Worker, and pointed out that the social worker must be the connecting link between her client and the clinic. Too often she is timid about offering clinical service, feeling either a lack of confidence or lack of knowledge. She must recognize her responsibility in making birth control knowledge available to the underprivileged woman.

Dr. Sophia J. Kleeman, Assistant Clinical Professor of Gynecology, N Y U and Bellevue Hospital Medical School, spoke as follows:

"The question has been put to me: Can the underprivileged woman be taught contraceptive technique? It has been my privilege to come into direct personal contact with a large number of the very poor, and I state very definitely that the underprivileged woman, handicapped as she is by poverty, lack of education, overwork and often no knowledge of our language, is definitely capable of learning contraceptive technique. Not only is she capable of learning, but she is pathetically eager and willing to learn. And yet there is a distinct gap between a large group of women, who are desperately in need of this knowledge and the source of its supply. This gap can be bridged over most successfully by the social worker.

"In all your contacts with such women, where additional pregnancy is not wise, it is your duty to make specific inquiries as to whether the woman knows about —and is using—a safe contraceptive technique. When is additional pregnancy not wise? I think Dr. Frederick C. Holden's standard is one that we may well follow: 'A wise father and mother will have as many children as can be safely carried, safely born and adequately reared.' It is a well-established medical fact that there should be an interval of two or more years between successive pregnancies for the safety of both mother and babies. Therefore, before the patient is discharged from an obstetrical ward, the social worker should make definite provision for her visit to a contraceptive clinic —before it is too late. This rule should likewise be applied to a woman being discharged from a medical or surgical ward, who is not in condition to be subjected to the possibility of immediate pregnancy. The problem is not so much that the underprivileged woman cannot learn. It is that she so often has to be taken by the hand and lead. She has to be told just where to go and when to go, and her children may have to be cared for to make it possible for her to visit the clinic. But the most important point is that she should not be allowed to get into trouble because nobody ever told her.

The underprivileged woman is teachable. There is, however, a smaller, definite group that is not teachable and that is the feeble-minded group. All of us who have a social conscience and who believe and are interested in birth control must not feel that our objective has already been accomplished. There a more to be done. I refer to the great need of sterilization laws for the voluntary sterilization of the insane and feebleminded. You, who are in social service, know how badly this is needed. Twenty-eight states have such a law. Twenty more need them. This law would take care of the unteachables and irresponsibles. The law can be so carefully constructed and executed as to give the utmost protection to the patient, the doctor, and the community.

May I tell you about a tragic case? A fine woman, mother of two children, the family being supported by home relief for the past two years. She is now in
hospital, dying from the results of a self induced abortion “Didn’t you know,” I asked this patient, “that there were birth control clinics where you could be taught a safe method of contraception?” “No,” she said, "I never knew about that!”

I shall leave you with this message from that poor dying mother and thousands like her. Let no woman, who is being looked after in any capacity by a social worker, ever be able to say “I didn’t know, nobody ever told me”.

Miss Rennie of Union Settlement, Miss Harkavy of the Maternal Aid Association, Mrs St John of Christ Church House and Mrs Long of Council House presented case histories from the Mothers Health Centers in their respective settlements, giving evidence that even women handicapped by low mentality and language difficulties can successfully learn contraceptive methods.

The Final Session

After an intermission for luncheon, the social workers and others present were addressed by Dr Sidney E Goldstein, of the Free Synagogue, New York, Dr Cecil I B Voge, of the National Committee on Maternal Health, and Dr Eric M Matsner Mrs Jones presented case histories from the Mothers Health Centers in their respective settlements, giving evidence that even women handicapped by low mentality and language difficulties can successfully learn contraceptive methods.

The government is therefore under obligation to control the size of the family in order that it may not exceed the income that is established by the government itself.

“The relation of birth control to unemployment is just as vital as to relief and the minimum wage. Thus one hundred and thirty-six years ago warned the people concerning the pressure of population upon the food supply. Today we must consider seriously the pressure of the working people upon the job supply. The government is trying to increase the number of jobs by limiting the hours of labor. Not even a thirty hour week will absorb the surplus working population of America Invention, mass production, and scientific management will continue to develop. The only answer is a limitation not only upon the hours of labor, but upon the number of workers through the program of birth control. This program will not solve the problem of unemployment today but it will aid in the solution of the problem fifteen or twenty years hence. There is no social wisdom in bringing one hundred and fifty prospective workers into the world when we have every reason to believe that there will be only one hundred jobs to fill.”

(Continued on following page)

Summary of Financial Report

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An examination of these figures gives cause for certain satisfaction, but even more for serious thought. Our total income for the year shows a decrease of twenty-six per cent (25%) from that of the previous year. It was only by rigid economy and by certain curtailment of our work, particularly in the field, that we were able to close the year with a slightly smaller deficit than at the end of 1932.

The budget for 1934 is now under consideration and will be published in our next issue. It is being prepared with the consciousness of the necessity for continuing all reasonable economy. We must, however, bear in mind the urgent need for our present program and for the expansion of some phases of it in response to constantly increasing demands which must not be denied if the objectives we have set for ourselves are to be reached.
Birth control therefore must become an integral part of the recovery program of the Federal Government."

Dr. Cecil I. B. Vogel stated that 99% of the chemical contraceptives now on the market are unsatisfactory. They are either useless or injurious or obnoxious. Further research by people with special training in chemistry, physics and bacteriology is needed. The race in England, as in the United States, is between research workers and manufacturers. "If we are not careful," he said, "they will win the race, and we have got to win it. We must have the facts, cold, solid, objective, facts and definite standards."

The following resolution was adopted:

WHEREAS, there is a rapid increase in the sale of commercial contraceptives, and
WHEREAS, contraception is essentially a medical problem, and contraceptives are medical supplies, and
WHEREAS, under the present laws there is no possibility of official supervision of contraceptives,

THEREFORE BE IT RESOLVED, that immediate steps be taken to create a body composed of eminent physicians and scientists to sponsor and supervise the testing and standardization of all contraceptive products,

that only one such body be established on a national or international basis,

that all birth control organizations should join in supporting this central body, and

that all birth control clinics begin as soon as possible to use only those products which have been approved by the central body.

This resolution, prepared by Drs. Vogel, Matsner, Stone and Credick, was also adopted by the American Conference on Birth Control and National Recovery in Washington.

OFFICERS FOR 1934

The two day session closed with a meeting of the Board of Directors, at which officers for the coming year were elected as follows:

Honorary President
MRS. F. ROBERTSON JONES
President
MRS. FRANCIS N. BANGS
First Vice President
MRS. LEWIS L. DELAFIELD
Vice Presidents
MRS. RICHARD BILLINGS,
DR. CLARENCE J. GAMBLE, MRS. T. W. LAMONT
MRS. BENJAMIN CARPENTER, MRS. DEXTER BLAGDEN
MRS. MORTON KEENEY
Secretary
MRS. ROGER HOWSON
Assistant Secretary
MRS. LOUIS DE B. MOORE
Treasurer
MRS. DEXTER BLAGDEN
MRS. FREDERIC CROMWELL

RESEARCH PROJECT

At the request of the American Birth Control League, the Population Association of America has appointed a Committee to plan and to conduct, if and when the League furnishes the necessary funds, an investigation which should be of the highest value in assessing the effectiveness of contraception as an instrument of social control. The purpose of this project is to determine with scientific precision the extent to which current clinical instruction in contraceptive technique reduces the fertility of the chronically dependent classes. The Committee has the following membership:


The initial contacting of 1500 selected cases in New York clinics, the follow-up of each case for two years and the analysis of the data will take four years and cost, it is estimated, $25,000. Work will begin as soon as the League has raised the funds. Who will help?