

BIRTH CONTROL REVIEW

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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 to ten 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 human 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 Memorandum 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 F 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 hold upon its people**, would gradually retreat from **its position of antagonism** to **contraception** and mere sufferance of **birth restriction** by the so-called natural method (**observance of the "safe period"**) This retreat has **already begun** **Catholic organs** are now **urging birth restriction** by this far from safe method The next step, from endorsement of the **unreliable "natural" method** to endorsement of **reliable contraception**, will be short and easy

"The **birth control movement** has **certainly** made **extraordinary progress** in the last ten years Today there is **little antagonism** left to block **its advance** It should go a long way **in the next ten years**, **if national and state leagues** adopt a concerted plan of **action** Let us concentrate on the **following seven-point program**

- 1 **Getting thorough instruction** on **contraception, with demonstrations 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 effect a more substantial reduction in their fertility**
- 6 **Securing the enactment and enforcement 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**"

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 presided at the State League meeting. 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 subcommittee 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 tubercular sanatorium near Minneapolis. Fourteen other tubercular 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 informing 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 2,000 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 throughout 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 stupidity 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 in 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"

*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 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 quite generally recognized that the chief causes of war are economic, *z e*, 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 coo, 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 Delafield, Dr Robert L Dickinson, Mrs Benjamin S Gruenberg, Miss Helen Hall, Dr Norman Haire, 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 Wile

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** continuous **ly** 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 KLEECMAN, 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 she **is** 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 desperate **ly 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 feeble-minded 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 presided Dr Goldstein said

"At the depth of the depression four million five hundred thousand families were absolutely destitute and dependent altogether upon government relief Every social worker knows that it is not only cruel and heartless but socially unwise to allow families to increase during periods of distress and dependency What social workers know the government must learn The government must give not only food and clothing and shelter to these families, it must give in addition that information and instruction that is necessary to keep the family within reasonable limits The government policy must include relief and also birth control A birth control clinic should be a part of every relief station in the United States

"At the peak of prosperity the Bureau of Labor Statistics estimated that the average family require \$2,250 to maintain a decent level of life It is important to know first, that the average family in the mind of the government consisted of five people, mother and father and three children, and second, that eighty per cent of the wage earners earned less than \$2,000 a year Today conditions are immeasurably worse The Federal Government is endeavoring to establish a minimum wage A minimum wage means a maximum family, and the maximum family must not be larger than the minimum wage can maintain on a self-respecting level of life

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 Malthus 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 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

	1933	1932	Net Change
Income			
State League Contributions	\$ 1 180 17	\$1 070 09	\$60 08
Other Contributions	15 149 60	22 242 55	7 092 95*
Memberships	4 658 85	5 587 55	929 20*
Spring Festival	429 80		429 80
Miscellaneous	122 22		182 88
	\$21 489 64	\$28 900 19	\$7 410 55*
Expenses			
1933	1932	Net Change	
Salaries	\$ 7 876 00	\$ 9 669 66	\$2 298 66*
Office Expenses	3 848 15	4 541 50	693 85*
Field Work	8 709 28	7 201 09	8 481 81*
Educational Work	5 984 57	6 886 98	902 41*
Miscellaneous	1 205 48	1 428 46	218 08*
	\$22 121 48	\$29 722 69	\$7 601 26*
Net Deficit	681 79	822 50	190 71*
<i>*Decrease</i>			

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 (26%) from that of the preceding 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 VOGUE 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**, a 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. Voge, Matsner, Stone and Creadick, 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

<i>Honorary President</i>	MRS F ROBERTSON JONES
<i>President</i>	MRS FRANCIS N BANGS
<i>First Vice President</i>	MRS LEWIS L DELAFIELD
<i>Vice Presidents</i>	MRS RICHARD BILLINGS, DR. CLARENCE J GAMBLE, MRS T W LAMONT MRS BENJAMIN CARPENTER MRS DEXTER BLAGDEN MRS MORTON KEENEY
<i>Secretary</i>	MRS ROGER HOWSON
<i>Assistant Secretary</i>	MRS LOUIS DE B MOORE
<i>Treasurer</i>	MRS DEXTER BLAGDEN
<i>Assistant Treasurer</i>	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: Frank W Notestein, Robert E Chaddock, Earle T Engle, Frank H Hankins, Henry Pratt Fairchild, Warren S Thompson and James A Corscaden

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?

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March Highlights of the Washington Conference

April Clinic number

May Social Work number

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