

Birth Control Review

Published by the American Birth Control League

Vol III No 1 (New Series)

SEPTEMBER 1935

Toward Family Health and Security

IN THE history of the birth control movement, June, 1935, will stand out clearly etched. Tremendous impetus was given to the fight for voluntary parenthood by the resolutions adopted during that month by three national groups—the General Federation of Women's Clubs, the American Association of University Women and the American Medical Association.

The two women's groups, representing the most intelligent and influential elements in American communities, went on record in favor of the principle of Federal legislation for the dissemination of scientifically regulated birth control information. The House of Delegates of the American Medical Association voted to appoint a special committee which will study the problems associated with the use of contraceptives and will report next year.

At Detroit, the victory was overwhelming. Delegates to the General Federation convention there who voted in favor of the resolution numbered 493, those opposed were seventeen. The convention recognized not only the importance of scientific birth control to the health of mothers and children, but the right of every woman to plan her family. Mrs. John M. Phillips, President of the Pennsylvania Federation of Women's Clubs, is reported to have said in Detroit, "The Constitution guarantees to every person the right to life, liberty and the pursuit of happiness. To deny any person birth control information is an invasion of this fundamental right."

The action of organized medicine promises to strike a blow at questionable commercial interests. Already the Council on Pharmacy and Chemistry of the American Medical Association has begun to investigate and standardize various contraceptive products, it is said. The Association's recognition of the problem is especially significant because the birth control issue has been shelved during its last four annual meetings,

presumably due to the opposition of Catholic members.

Opponents of birth control have been thrown into apparent hysteria by the sudden turn of events. Recent conventions of the Catholic Daughters of America and the Knights of Columbus were characterized by violent denunciation of "birth controllers." Under threat of

excommunication, the Catholic Archbishop John Gregory Murray of St. Paul has ordered all members of his archdiocese to withdraw from organizations which advocate birth control or sterilization. The Archbishop asserted in a press interview, "There is little difference between birth control organizations and the Dillinger mob. Both were organized to commit murder."

Dr. Fred J. Taussig of St. Louis, authority on the problem of abortions, has pointed out in answer to this statement, "Archbishop Murray fails to understand the physiology of human reproduction when he states that birth control

is 'killing an unborn child.' Birth control is not an abortion or operation. It is the prevention of conception, similar in object to the use of the safe period recommended by Catholics. The spread of birth control clinics under medical direction will save women's lives by reducing America's shockingly high toll of deaths caused by abortions."

Seven hundred organizations—educational, social, political, religious and medical—now advocate Federal legislation for birth control. The tide of popular conviction sweeps on, gathering increasing momentum. We must prepare for the day, not far distant, when birth control will take its rightful place as a public health measure.

In the meantime, there is urgent work to be done in many States. We must speed the task of organizing service for families caught in the pressure of the times, whose health and security depend on their immediate knowledge of scientific birth control.

WHEREAS It is of the utmost importance to all Americans that the population of our country be vigorous and healthy both physically and mentally, and

WHEREAS The proper and intelligent use of scientific contraceptive methods under the direction of qualified and reputable physicians is essential to these ends, therefore be it

RESOLVED That the General Federation of Women's Clubs in convention assembled, June 5 12, 1935, endorses the principle of Federal legislation for the dissemination of scientifically regulated birth control information

The Social Significance of Family Size

By FRANK H HANKINS, PH D

Professor of Sociology and Economics, Smith College

AN OUTSTANDING feature of Western civilization is obviously the rapid decline in family size during the past generation. This is of such deep import that it may be looked upon as a fundamental symptom in the evolution of a new phase of that civilization. Looking at our evolution in broad perspective, we see that, since the beginning of the sixteenth century, we have passed through nearly four centuries of pioneering, settlement and exploitative appropriation. Not only were there vast new continents to settle, but the potentialities of the machine methods of manufacture and transportation underwent an extensive development.

This was a long period, therefore, in which medieval ideas of a sacred society, with its hereditary stratification of classes and its thorough regimentation of all phases of life, gradually gave way to a system of "natural liberty." It was inevitably a period of democracy, individualism and *laissez faire*. In consequence of the underlying geographic and economic situation, it was also a long period of population release. Not only were the food supply and all other material necessities increasingly available for all those willing to work, but in nearly all classes the large family was an economic advantage. The result was a truly phenomenal increase in world population, from around 465 millions in 1650 to more than 1,500 millions in 1900.

Gradually, however, the frontier disappeared and population piled up in great metropolitan areas. An extraordinary development of means of communication and transportation knit huge populations into highly integrated economic unities. Local independence and self-dependence gave way to an increase in interdependence of one geographic section upon another, of city upon country and country upon city, and of one social class upon another. In other words, we have reached a stage of high social integration with the inevitable development of increasing governmental regulation and the socialization of many aspects of life formerly considered the sole concern of the individual.

The decline of the birth rate and the gradual emergence of the small family constitute the vital index of these underlying social changes. There is no longer room, either geographical or industrial, for that indefinite expansion of population so characteristic of the past. Consequently, the effort to retain the ideals of family size and of the status of women which were characteristic of the era of expansion is a fruitful

source of social maladjustment in this new era. Inevitably, society closes in on the individual and on the family. The farmer, who once found numerous progeny the source of a much needed labor supply and a basis for the expansion and improvement of his broad acres, has been compelled to export his children by the millions to the neighboring cities. The poverty of the working classes is mainly due to the intensified competition among themselves. Not only have they tended to retain the mores of the past, but their ranks have been crowded with recruits from abroad and from the countryside. This retention of relatively high fertility among the working classes has been the chief source of low wages, low standards of living and of unemployment among the workers themselves.

The rapid decline in family size in the upper economic levels has worked to intensify tendencies toward class stratification. With the progress of civilization, the amount of education and cultural acquisition required for entrance into the higher professional and industrial position has become so great and so expensive that individuals born in the lower economic ranks find it increasingly difficult to rise in the social scale. The upper ranks combined both small families and higher incomes, the lower ranks combined numerous offspring with low incomes and precarious employment. The result has been an increased tendency of the social classes to recruit themselves, the workers remaining workers and the professional and industrial classes monopolizing those positions which call for higher education. There is thus a dangerous tendency to proletarianization of the workers. This tendency is somewhat accentuated by the increasing necessity for governmental and social welfare agencies to lend support to the working classes during periods of social crisis. Detached from the soil, wholly dependent for employment on the orderly functioning of the industrial machine and often burdened with numerous progeny, the working-class family, in a humanitarian age, necessarily becomes an object of public relief.

Here is one of the fundamental contradictions in the present situation. The individualistic ideas of the recent past supported as God-given the right of the individual married pair to procreate as many offspring as they pleased. Those ideas, however, implied also that the father was solely responsible for the feeding and clothing of his progeny. We are no longer willing to

permit children to be brought up under conditions which do not provide at least a minimum of health and education. The state and social agencies progressively invade the precincts formerly preserved to the individualistic family.

Thus it has come about in recent years that the birth rate among families on relief exceeds that of the average of the population and is distinctly greater than that among the more successful self-dependent families who, through taxation and charitable gifts, support the unrestrained fertility of the lower economic ranks. There is a logical conflict between the traditional doctrine of the individual's rights of unrestrained procreation and the necessity of providing through social agencies for the consequence of individual irresponsibility or economic incapacity. Logically, if a society is to provide support, it must also assert authority to determine who shall procreate.

This dilemma can be solved by two policies. There is, first, the policy of sterilization for those who manifest inherited defects or deficiencies. This policy might be applied also to those incapable of providing adequately for offspring or for additional offspring. Such a view is winning slow but sure acceptance in the English speaking world. However, a second policy, birth control, is more in harmony with the spirit of democracy. Probably the vast majority of those whose families now exceed their economic resources would be only too glad to limit their fertility, if knowledge and facilities were available.

There are, therefore, many sound reasons for the perfection of birth control means and their more rapid spread among the industrial classes. Regardless of questions of relative biological worth, it is obviously true that low income families are less able to provide their children with the education and training increasingly essential for success in a complex civilization. A reduction in the size of families in the lower ranks and, thereby, a reduction in competition among themselves would facilitate their education and training and thus serve doubly to elevate their economic value, their incomes and their standard of life.

Instead of a larger population, we need a more wide spread culture. Civilization has almost no use any more for the unskilled individual. I believe that birth control is the most important factor affecting the current cultural development in Western nations.

With this issue the REVIEW appears in a new type and slightly larger size. We believe you will find the revised format attractive and more readable.

Social Workers Are Enlisted

“WHERE are the birth control clinics in my city?” “Can you give me the names of doctors to whom I may refer clients?” “Please tell me more about sterilization of the unfit and how my State stands on the question.” “Can you recommend a speaker for our forum?” These were some of the questions that social workers asked again and again as they registered at the booth which the American Birth Control League had set up in Montreal in connection with the National Conference of Social Work. A professor of sociology asked for statistics on abortion, physicians showed great interest in consulting the League's medical director on the technique of contraception.

Registering at the booth were 768 persons, more than one fifth of the total enrollment of the Conference. More than 3,500 pieces of literature were distributed. Many took literature who did not register. Relief workers, case workers, public health nurses, and officers of both national and local social organizations were among those who wanted to know the recent developments in the birth control movement, and what they could do to help. The round table session on “Birth Control and Family Welfare” was attended by about 500 persons, about 175 attended the luncheon on “Birth Control and Public Relief.”

“How on earth did they let you set up a booth in Montreal?” residents of the city demanded, jubilant that birth control could be represented in the Catholic stronghold. Montreal newspapers gave good space to the League's sessions at the Conference, as did the press throughout Canada and the United States.

Dr. Eric M. Matsner, medical director of the League, who presided at the round table, had just come from the annual meeting of the American Medical Association. “The keynote of both meetings,” he said, “is the importance of prevention rather than cure. There is no field in which the medical profession and the social workers can work together more effectively than in the entire field of the control of fertility. Scientific birth control gives first aid to social workers in their battle to reduce ill health, eliminate poverty and promote family welfare and national security. The spread of birth control clinics will reduce the number of unwanted children who grow up to be a burden to society. It will reduce also America's alarmingly high maternal death rate.”

Mrs. Morton Keeney, President of the Maternal Health League of Michigan, started the discussion with a practical talk on the different ways of organizing birth control service. Others who contributed from their

experience were Carolyn Bryant, executive secretary of the Maternal Health League, Cincinnati, Ohio, A R Kaufman, founder of the Parents' Information Bureau, Kitchener, Ontario, and Mrs W C Hawkins, President of the Birth Control Society of Hamilton, Ontario

"There is nothing in birth control that is against religion and a great deal in religion that is for birth control," Canon H Adye Prichard, of the Cathedral of St John the Divine, New York City, pointed out

The problem of the high birth rate among public relief clients was emphasized by Dr Clarence C Little and Dr Frank H Hankins Digests of their addresses appear elsewhere in this issue

Social workers of Canada as well as of the United States gained knowledge and enthusiasm from this joint discussion of birth control problems Groups from Montreal and several other cities of the Dominion asked for advice on how to start centers giving contraceptive service

Birth Control and Public Relief

By CLARENCE C LITTLE, Sc D

Director, Roscoe B Jackson Memorial Laboratory, Bar Harbor, Me

IN A time of economic upheaval like the present, the fate of various progressive social measures is precarious Some, being out of step with the trend of the times, are side tracked and, perhaps, completely derailed Others are caught in the uncertainty and unrest of the general situation and remain tossed about like a cork in a whirlpool A few, reflecting and coinciding with the direction of progressive thought, and fed by the elements engendered by the new environment, move forward with greatly accelerated speed

Birth control is one of this last group Constantly reminded of the fact that there is a vast excess of people over and above the ability of our present economic order to employ them, the ordinary citizen today faces the question of conscious limitation of population in crease with far more interest and sympathy than he formerly felt

So strong has this sentiment become that even the most conservative strongholds of social control, such as the Roman Catholic Church, have found themselves surrounded and overwhelmed by the tide of progress They have, therefore, been forced to beat a hasty and extensive retreat from their former position in order to hold their organizations in some semblance of order and to prevent complete sociological isolation

The factor of public relief has proved to be the social and economic weapon that has enabled public opinion to break through the long established Hindenburg Line of entrenched emotional control of social problems "Public relief" is no new principle It has long been recognized in the care of defectives For decades, the funds of the public treasury—in other words, the taxes levied on the fit—have been used to care for the insane, feeble minded, criminal, pauper and physically unfit groups. Even in times of economic prosperity the budgets needed for this purpose have

been sufficiently large to have become a matter for serious concern As a result, the idea of sterilization has been generally discussed Laws governing it are well established and are being put into actual operation Undoubtedly sterilization will grow in extent and importance It is mankind's answer to the more obvious phases of the problem of over population of social misfits

Our present economic situation has greatly altered the social criterion of incompetence By decreasing the opportunities for employment, the competition for work is tremendously increased and millions who, when work was plentiful, were self supporting, have become dependent on subsidy from those still employed This forces them at least temporarily into the incompetent group and throws upon the employed group tremendously heavy individual burdens of taxation These conditions have rolled up on us a good deal as a thunder storm rolls up—suddenly Not only have the possibilities for employment diminished, but the earning power of those who are still competent has decreased

This picture would be discouraging enough without the further complications which exist In the new class of public dependents produced by economic adversity, the production of children has gone on without any check These people, bewildered by the sudden change in their fortunes and lacking either the ability or the knowledge necessary to limit childbearing have produced a steadily increasing proportion of the population In the United States we have been singularly dull and stupid in our grasp of the situation We have even put the stamp of approval on such over production by assuring preference in access to public relief to those who have the largest number of dependents

On the other hand, those who, because of earning

power, are being forced to bear the ever increasing burdens of taxation, have to a large degree adopted a remarkably unselfish attitude and have tried to refrain from bringing more children into an already over crowded world. In the early stages of the economic collapse, they did this in order to keep their then existing obligations within reasonable bounds, just as a mariner refuses to let out any more reefs from his sail in the middle of a gale. Now, however, they have begun to get their bearings. And they view with entirely reasonable alarm the uncontrolled breeding of those whose bills they are expected to pay.

We have a leak in the economic pipe—and this leak is widening more rapidly than we can block it. Unless in a very short time contraceptive information is made available to all who are on relief, a chaotic condition will result. The principle involved in advocating the spread of such information is in no way radical, nor is it inconsistent with what has already been accepted for the so called permanent incompetents. While it is to be hoped that the incompetency of the unemployed is temporary, it seems certain that it will last for some time to come, in spite of palliative measures. This being the case, the obvious move is to employ measures of temporary contraception which can easily be discarded when economic conditions improve and self support again becomes possible.

In the process of attaining this spread of contraceptive information two things will be needed. One is the collection of accurate data on the efficacy of the so called "safe period" method endorsed by the Roman Catholic Church. This is necessary in order to evaluate the practical success of the method. The other is a firm determination that if any social or religious group insists upon resisting the spread of contraceptive information among its members, it shall be forced to handle its own relief problems financially and otherwise.

Great nations still try to solve population problems—fundamentally biological in nature—with no attempt to utilize the knowledge possessed by trained biologists. Statesmen still labor to consummate treaties, economists to change the value of currency or to control the production of food and its distribution, as though these were superior to man and were not his tools.

Up to the present civilizations have risen and fallen, blundering and blind, without utilizing what is known of the nature of inherent difference in human qualities. The true strength of science applied to man himself is either to be tested, or to be left unused while the lesser children of his intellect, based on wealth, greed and ignorance, tear to pieces the slow progress of the centuries.

Democracies under duress are becoming less discriminative and are attempting to be fatuously obliging to all citizens. Unwelcome or unpopular realities are being dodged and concealed. There is constantly reiterated the desire on the part of many people to force large populations on the countries already at sea to know how to handle the populations they have. A primitive feeling remains that that nation is strongest which has the most people. The mills of the gods are grinding, however, impersonally but irresistibly.

The further intelligent and fearless control of our own natural qualities is the only permanent solution to civilization's susceptibility to economic infections that repeatedly torture and wrack its frame.

Leaping on the Band Wagon

A Caution to Bona Fide Birth Control Organizations

THE cause of birth control has reached that stage of development where charlatans, quacks and commercial interests are trying to turn it to profit and ride in upon the wave of popularity. This is a familiar by-product of success and one against which we caution all who have the cause at heart.

The League has received numerous reports of commercial fly-by-nights maintaining "Birth Control Bureaus" or "clinics." These are merely sales outlets for contraceptive manufacturers, but they deceive many innocent purchasers by having a "nurse" or "physician" in charge. Here and there chiropractors, chemists, or health faddists announce themselves as lecturers claiming to be "authorities" on birth control. It would be advisable to investigate strangers who seek opportunities to speak on birth control, also to look into "Bureaus," "Clinics," "Hygiene Institutes" and all enterprises claiming to give birth control service which are not clearly sponsored by reputable citizens or by the established social service groups of the town.

Recently two manufacturers have been stopped from falsely using the name of the League and its medical director in promoting a product. The American Birth Control League does not purchase any contraceptive supplies, nor does it endorse any product. Any statement or inference to that effect is a deliberate misrepresentation and will be dealt with accordingly. We ask all local and State birth control organizations to report any such claims to the medical director of the League. Millions of dollars worth of contraceptives are sold annually. Estimates are that almost four hundred firms are manufacturing and necessarily competing in this field. Needless to say, ethical manufacturers do not resort to deception as a competitive technique.

As one protection, the League issues a certificate signed by its Medical Board which may be displayed in the reception room of clinics operated by affiliated Leagues. Those clinics which maintain the minimum standards set receive the certificate. Thus the reputable, scientific clinic is differentiated from the commercial

The need for vigilance against misrepresentation is growing and it is the responsibility of those engaged in educating the public to right thinking on a subject controversial enough as it is. Let us be on guard, that the cause of birth control may be kept free of quackery and that the consumer may be protected as far as is humanly possible.

MARGUERITE BENSON, *Executive Director,*
American Birth Control League

League News

FOR GROUP STUDY

Women's clubs, community forums, universities and other groups are finding in birth control one of the most challenging of present-day topics for discussion and study. To serve as a guide for such analysis, a leaflet "Birth Control—An Outline for Group Study" has just been issued by the American Birth Control League. Starting with a consideration of the basic problems of population increase, the outline proceeds to the present status of birth control and its moral and practical values, and suggests what interested groups may do to promote contraceptive service in the community. Reference reading for each topic is specified so completely that confusion and hunting are eliminated. Copies of the study outline have been sent to all libraries in the United States so that they may be prepared to meet needs without delay. The outline may be obtained in quantity at cost.

STUDYING CENTERS ABROAD

Dr. Eric M. Matsner, Medical Director of the League, will return soon from Russia, England and the Scandinavian countries, where he has been studying contraceptive centers and methods at the invitation of medical authorities. His report of the trip will appear in an early issue.

REGIONAL CONFERENCES

The Minnesota League started the ball rolling with a six state regional conference in October, 1934. So successful was this experiment that other regional groups are now planning conferences to take place in the late fall of this year. League members from neighboring States will meet to exchange experiences and to lay plans for the progress of the movement throughout

the district. The conferences will last from one to two days, and will be in cities as accessible as possible to all the States sending delegates.

It is still too early to announce details. However, plans are under way for conferences in three districts—the New England States, the Middle Atlantic States and the Great Lakes Region. Conferences are also being considered for the Minnesota region and the Central Southern region.

WELCOME TO NEBRASKA

The twentieth State League to become affiliated is the Maternal Health League of Nebraska, with headquarters in Omaha. Just one year ago there were only sixteen affiliated Leagues. The Nebraska League is headed by Mrs. Drexel J. Sibbersen as President and by a distinguished board of medical advisors—all physicians of note. Representing the League on the Board of the American Birth Control League is Mrs. Casper Offutt, second Vice President of the Nebraska League and also Vice President of the Child Welfare Association of Omaha.

POSTER EXHIBIT AVAILABLE

The poster exhibit which attracted so much attention at the Family Planning Center conducted in New York City last winter, is available for the use of State and local groups. The twelve mounted charts which make up the exhibit graphically tell the story of birth control. Photographs of the charts will be mailed upon request.

A Pernicious Method

I wish to protest emphatically against the complacency with which many advocates of birth control regard the Catholic method described in *The Rhythm*.

Let me give an example of its efficacy. Some years ago when I was anxious to have a baby I consulted six doctors, all with obstetrical experience, in four different States. Every one of them told me that the most fertile period was the week following menstruation, the period in which, according to *The Rhythm*, most women are sterile. Therefore, when trying to conceive, we used a contraceptive at all times except during that one week with the result that all four of our children were conceived during this period now called "safe" by the advocates of the rhythm method.

It seems to me that any method which calls for abstinence at any specified period is bad on psychological grounds. This objection would throw the safe period method out for many people even if it were scientifically sound.

A LEAGUE MEMBER

The "Right" to Have Children

TO THE EDITOR

In the BIRTH CONTROL REVIEW for May occurs the following paragraph "That parents on relief shall be denied the right to have children has never been even remotely suggested This is a principle of individual liberty which no thinking person would invade No one is forced to use birth control knowledge No one could be, for the nature of contraception precludes any possibility of coercion"

That nobody could be coerced or forced to use birth control knowledge is self-evident Force, in the common acceptance of the term, cannot be used in limiting anyone's number of children. But there is such a thing as moral force, as social pressure And there is at least one thinking person—the undersigned—who has more than once suggested that very poor parents and particularly parents on relief shall be denied the "right" to have children

That no man or woman on a decent moral and intellectual level would *want* to have children while obliged to live on charity, the dole or home relief, goes without saying What kind of environment and education can such parents give to children?

I believe there is still a good deal of hypocrisy and theological superstition in discussions of the "right" to have children. Having children is not a purely individual matter As soon as a child is born, it becomes a social matter, for society is concerned in its environment and its physical and spiritual upbringing

Our English Neo-Malthusian friends deny even to the well-to-do and rich the right to have a large family of children For, say they, an excessive number of children, no matter whether their parents are rich or poor, unjustifiably increases the general population Besides, the children of the rich, because of their privileged status, easily usurp the best positions, and thus make things harder for the less privileged

While the question of whether the rich and well-to-do have a "right" to have an unlimited number of children is debatable, there are no two sides whatever to the question that paupers, the poor, the unemployed, those on charity or on relief, should not have any children, or certainly not more than one or two

The decent men and women, decent intellectually and morally, will without any urging use all possible measures to keep from having children under such circumstances The non-decent, the brutish, those who stand on a very low mental and moral level, should be forced—not physically, of course—but by moral and social pressure and by instructions in prevention not to have any children

WILLIAM J ROBINSON, M D

EDITOR'S NOTE We believe that few children are born through the parents' choice into any type of family dependent on charity or relief Intelligent letters written to the League by women on relief state "It is not right for me to have a child now, but I don't know about birth control" Relief clients who are on a low mental and moral level may not consider the question of "right," but the chances are that they would not choose to go through the inconvenience of repeated childbirths if they knew how to prevent pregnancy

Birth Control Review

Published Monthly by the
AMERICAN BIRTH CONTROL LEAGUE, Inc
515 MADISON AVENUE, NEW YORK, N Y

Sent to all members of the League
and affiliated State Leagues

Vol III No 1 (New Series) SEPTEMBER, 1935

AMERICAN BIRTH CONTROL LEAGUE

MRS F ROBERTSON JONES	<i>Honorary President</i>
MRS FRANCIS N BANGS	<i>President</i>
MRS LEWIS L DELAFIELD	<i>First Vice-President</i>
MRS FREDERICK G ATKINSON	<i>MRS RICHARD BILLINGS</i>
MRS DEXTER BLAGDEN	
MRS BENJAMIN CARPENTER	<i>MRS CLARENCE GAMBLE</i>
	<i>Vice-Presidents</i>
MRS FREDERIC CROMWELL	<i>Treasurer</i>
MRS JOHN DEWITT PELTZ	<i>Secretary</i>
MRS LOUIS DEB MOORE	<i>Chairman, Executive Committee</i>

DIRECTORS AT LARGE

A N Creadick, M D	Mrs Harold Mixsell
Henry Pratt Fairchild Ph D	Stuart Mudd M D
Mrs Mansfield Ferry	Richard N Pierson M D
Mrs Morris Hadley	Mrs J Stillman Rockefeller
Frederick C Holden M D	Mrs René Seligmann
Mrs John Mead Howells	Rabbi Abba Hillel Silver
Mrs Roger Howson	Benjamin T Tilton M D
Mrs John Humpstone	Mrs Leslie J Tompkins
Mrs Thomas S Lamont	Mrs Robert White
Mrs David Levy	Ira S Wile M D
Clarence C Little Sc D	Mrs Willis D Wood
Mrs Robert McC Marsh	

MEDICAL BOARD

Alexander M Campbell M D	Michigan	Franklin G
Ebaugh M D	Colorado	J Shelton Horsley M D
Foster Kennedy M D	New York	William Palmer Lucas
M D California	James R McCord M D	Georgia
William Allen Pusey M D	Illinois	Irving F Stein M D
Illinois	Fred J Taussig M D	Missouri
Howard C Taylor Jr M D	New York	Tiffany J Williams, M D
Virginia	Milton C Winternitz M D	Connecticut
Hans Zinsser M D	Massachusetts	

STAFF

MARGUERITE BENSON	<i>Executive Director</i>
ERIC M MATSNER M D	<i>Medical Director</i>
DORIS C DAVIDSON R N	<i>Field Secretary</i>
JANET B WHITENACK	<i>Headquarters Secretary</i>
MABEL TRAVIS WOOD	<i>Publications Director</i>

AFFILIATED STATE ORGANIZATIONS

ARKANSAS EUGENICS ASSOCIATION
CONNECTICUT BIRTH CONTROL LEAGUE
DELAWARE BIRTH CONTROL LEAGUE
ILLINOIS BIRTH CONTROL LEAGUE
MATERNAL HEALTH LEAGUE OF INDIANA
IOWA MATERNAL HEALTH LEAGUE
KENTUCKY BIRTH CONTROL LEAGUE
MAINE BIRTH CONTROL LEAGUE
BIRTH CONTROL LEAGUE OF MASSACHUSETTS
MATERNAL HEALTH LEAGUE OF MICHIGAN
MINNESOTA BIRTH CONTROL LEAGUE
MATERNAL HEALTH ASSOCIATION OF MISSOURI
MATERNAL HEALTH LEAGUE OF NEBRASKA
NEW JERSEY BIRTH CONTROL LEAGUE
NEW YORK STATE BIRTH CONTROL FEDERATION
NORTH CAROLINA MATERNAL HEALTH LEAGUE
PENNSYLVANIA BIRTH CONTROL FEDERATION
RHODE ISLAND BIRTH CONTROL LEAGUE
SOUTH DAKOTA BIRTH CONTROL LEAGUE
VIRGINIA BIRTH CONTROL LEAGUE

The Clinics Carry On

THERE was no summer vacation for most birth control clinics, which continued to meet the needs of ill and impoverished women throughout the country. Even more encouraging is the news that during the "dog days," when enthusiasm is generally at low ebb, at least fifteen new clinics were added to the 204 announced last June. Several more clinics are slated to open in the Fall.

The new centers are as widely distributed as Spokane, Washington, and New Rochelle, New York. Some of them are an extension of service in communities already having centers, others are the first fruit of recent organization.

Particularly significant is the first clinic in Connecticut, opened at Hartford in spite of the State's archaic law which forbids the use of contraceptives. Denver has established a clinic in a church center. The New York City Committee has another settlement clinic, and has taken over the management and financing of the clinic in the Urban League headquarters, which serves the teeming Negro population of Harlem.

Three new clinics — in Worcester, Massachusetts (opening in September), Milwaukee, Wisconsin, and Saranac Lake, New York, have received grants from the Clinic Fund of the American Birth Control League. Through the generosity of its donor, the character of the Clinic Loan Fund announced in last April's REVIEW has been changed so that it now provides outright gifts to communities wishing to establish a contraceptive center. When a community's application has been accepted, the League will match dollar for dollar up to \$250 the sums raised by the local committee.

The front page of the local paper in Middlebury, Vermont, carried on August 9th a two column spread on the organization of the Maternal Health Council. Middlebury offers a bright example to small towns "afraid to start." With the aid of Doris Davidson, national field secretary, local interest crystallized within a few weeks. William Hazlett Upson is President of the Council. Middlebury has no public clinic, but all the non-Catholic physicians in town have agreed to advise patients referred to them by the Council.

The first clinic in a tuberculosis center in the East was opened at Saranac Lake in August, sponsored by a committee of citizens and advised by a board of local physicians. Financial aid from Mrs. Moritz Rosenthal, President of the Northwoods Sanatorium, and her deep interest in the welfare of all Saranac patients made the clinic possible. Further aid was provided from the American Birth Control League through its gift fund and the services of Miss Davidson as organizer.

This clinic is a milestone in the progress of the care of the tuberculous. Modern thought has advanced far from the views of the later eighteenth century, when physicians advised pregnancy as a preventive measure in women who were threatened with tuberculosis. Today the hazards of pregnancy for the tuberculous have been made clear by scientific research. As yet, however, efforts to provide contraceptive service for married tuberculous women are scattered and incomplete.

The consensus of medical opinion also is that pregnancy should be avoided until two years after the cure of the disease. Through the new clinic, patients discharged from Saranac may return to their homes armed with a knowledge that will protect their own health and that of the children they desire to bear.



ROOM 912
515 MADISON AVENUE
NEW YORK, N. Y.



Sec 562 P L & R
U S POSTAGE
PAID
New York N Y
PERMIT No 858