Why The Rising Birth Rate?

An unbiased statistical authority has turned new light upon a situation that concerns not only the nation’s budget, but the character of its future population. The Metropolitan Life Insurance Company has conceded that the rise in the 1934 birth rate of the United States may be attributable to increased dependency on relief. The Company’s Statistical Bulletin, which in its June, 1935, issue suggested that the increase in marriages and births might be “the direct result of an upward turn in the economic tide,” announced in its August issue that it was glad to present “the alternative view.”

“According to the alternative view,” continues the article on Families on Relief and the Birth Rate, “it is pointed out that the birth rate is well known to vary inversely with the income class of the family, and that the highest birth rates are commonly found among the economically least favored classes. Also, while not so well demonstrated, it is almost certain that families on relief have a higher birth rate than non relief families. In support of this latter statement the result of at least two careful studies are cited.”

The first study cited was that conducted by the Milbank Memorial Fund in four cities, covering the period 1929-32. This revealed a birth rate of 210 per thousand in families on relief, and of only 137 per thousand in families not on relief. Also considered was the study of the fertility of families on relief made by Dr. Samuel A. Stouffer in Milwaukee, which showed 35 per cent more conceptions among 5,520 families on relief than among a control group of non relief families during a three-year period.

The Bulletin comments, “If the situation thus observed in small groups is paralleled in the population at large, we should find our greatest increase in birth rates have occurred in States with the highest proportion of families on relief. It has been difficult to find a measure of the extent of relief comparable for all States. We have taken as a crude measure the payments made by the Federal government to each State, in excess of the payments by the State to the Federal government.

“We have divided the States into two groups, the first including the 30 States which paid less to the Federal government in taxes, etc., than they received in Federal assistance, and the second including the 18 States, and the District of Columbia, whose payments in taxes exceeded the benefits received from the Federal government. The difference in birth rates for the two groups is interesting. In the first group the birth rate in 1934 was 19.2 per 1,000 total population, while in the second group it was only 15.8 per 1,000.

“If we examine the relationship further, we find that among the 30 States which benefited from the distribution of Federal funds there were 28 with an increase in birth rate. Only two of these 30 States, Arkansas and New Mexico, reported lower birth rates in 1934 than in 1933. Among the 18 States and the District of Columbia, whose taxes exceeded benefits received, were the remaining four States with declines in birth rates, Connecticut, Maryland, New Jersey, and New York, as well as 10 of the 13 States with increases of less than 3 per cent in the birth rate. For the first group of 30 States, those receiving a balance of benefit from the Federal government, the rise in birth rate was as much as 5.2 per cent while in the second group of 18 States together with the District of Columbia the increase was only 1.7 per cent.

“While the above evidence is not altogether conclusive, it is at least suggestive, and we shall await with interest future indications as to the true cause of the reversal in trend of the birth rate.”

Roger W. Babson, economist, speaking last summer before the Institute for Social Progress, Wellesley, Mass., advocated birth control for families on relief, as essential to cure unemployment and restore prosperity. One of the six measures outlined in his program for recovery was “I would accompany all relief work with an appeal for birth regulation among those receiving relief.”

“The very fact that a family is on relief shows that too many of that group exist,” he is reported to have said, “hence, I would use every decent means of reducing the numbers until the group no longer needed.
relief That is just ordinary common sense. This whole question of relieving unemployment seems so simple that I cannot understand why any one will permit religious or other prejudices to block the situation. The solution of our problems must come through race betterment. Those who produce more should be encouraged to breed, those who do not should be taught not to breed.

Though some will not agree entirely with Mr. Babson's views on race betterment, it is certain that from the standpoint of relief clients themselves, birth control is vital to any program of public health and economic and moral recovery. The child's right to a fair start in life must also be considered.

Religious pressure and fear of political reprisal are forcing most relief agencies to ignore the question of providing scientific birth control advice to families who want and need it. However, through the energy and expanding facilities of State Leagues affiliated with the American Birth Control League, and through the increasing cooperation of social workers, this year promises to bring an important advance in the one kind of preventive medical advice not yet freely available to families who are on relief.

Sterilization in Great Britain

By Cora B. S. Hodson

Honorary Secretary, International Federation of Eugenic Organizations author, "Human Sterilization Today"

An concerted attempt to secure true eugenic sterilization is going on at present in England and Wales. Women's political organizations, social work organizations, and Protestant churches are among the groups uniting to achieve this end. Many churches welcome the study and discussion which this attempt has brought about for its positive ethical value. The possibility brings parenthood into fresh focus and, possibly for the first time, unites modern altruism and medical practice in a definite way.

Proposals for legalizing eugenic sterilization in Great Britain have been definitely before the public since 1928, when a measure was prepared by Major Leonard Darwin and Sir Frederick Willis and published in the "Eugenics Review." It was short and simple, framed to make legal an operation performed solely on the grounds of preventing procreation where there was a likelihood of transmission of serious defects, mental or physical—the operation being at the request of the patient. Clauses empowering the guardians of the feeble-minded to act on their behalf were included. Further provision for expenditure by the public health authority was provided for those who could not pay privately.

It was some time before public discussion had advanced so far that the representatives of the local authorities responsible for the sick, the feeble-minded and the insane, were sufficiently interested to take up the matter seriously. Their deliberations resulted in a request to the Ministry of Health to institute a full inquiry into heredity and the experience of sterilization gained in other parts of the world. A departmental committee was appointed for this task, now generally known from its chairman, as the "Brock Committee." The report reached the public in January, 1934.

Extension of sterilization was unanimously recommended. It is interesting that eugenic grounds formed by no means the sole excuse for allowing the operation. In the case of both mental categories (the feeble-minded and those suffering from mental disorders in the widest term) diagnosis of these conditions is held to be sufficient ground for permitting the operation when the patient desires it. This should be rightly understood as a measure of child protection in that such parents, unable frequently to fulfill their duties adequately, may do cause much suffering to offspring. The voluntary principle, being fundamental, removes the necessity for stating categories in regard to the condition justifying operation. The simple fact of a diagnosed condition generally regarded by specialists as hereditary is sufficient. Further, the patient need not himself be afflicted, as the likelihood of transmission by carriers is included.

Very soon after the publication of the Brock Report, societies most concerned faced the problem of securing legislation on the lines of the recommendations. The machinery suggested in medical practice entirely met the situation which administrators foresaw as likely to arise. This greatly simplified the effort to secure assent and also to draft a satisfactory bill, a group was formed. This consisted of the County Councils Association, the Mental Hospitals Association, and the Association of Municipal Corporations, which formed a central bloc cooperating closely with a body called "Joint Committee on Sterilization." The latter represented the principal medical societies, the Eugen...
In the October, 1935, issue of the American Journal of Nursing, Margaret Sanger, Chairman of the National Committee on Federal Legislation for Birth Control, accepted the invitation of the All India Women’s Committee to be the principal speaker and guest of honor at its annual conference in Trivandrum in December. The conference, representing over twelve million Indian women, first went on record for birth control in 1932, and has reiterated its stand each succeeding year.

Mrs. Sanger will spend sufficient time in India to instruct native midwives in contraceptive methods. China, Japan, and Hawaii will then be on her route, and she will return to Washington early during the new session of Congress.

In view of the sale of worthless and harmful contraceptives by filling stations, canvassers, commercial operators “clinics,” etc., bills aiming to protect the consumer might well be adopted by other States.

The band of State Leagues affiliated with the American Birth Control League now spans the continent. Washington has the distinction of forming not only the twenty first affiliated State League, but the first on the Pacific Coast. Sponsored by a group of prominent clergymen, physicians and business men, the Washington Mothers’ Clinic Association has just been organized, with headquarters at 707 Mohawk Building, Spokane.

A drive is under way to raise funds to meet the expenses of the Association’s first clinic, until such time as it can be made self-supporting. Dr. Irene Grieve is chairman of the committee sponsoring the clinic, and four physicians are in charge of contraceptive advice. It was due to the interest and enthusiasm of Mr. Paul Jones of Spokane that the plans for the clinic were initiated and brought to completion.

“The clinic will function within the laws of Washington,” Mrs. Fred B. Slee, executive secretary, explained to the press. “It is not charitable, but a non-profit enterprise for public service. It will be a known agency for giving scientific birth control information, and will also direct clients to reputable physicians for approved birth control service.”
ARKANSAS

Celebrating its fourth anniversary, the Little Rock clinic of the Arkansas Eugenics Association can point to 950 registrations. One branch clinic has been established in a rural section of the county, and another is contemplated for Hot Springs.

Since August of this year, a charge has been made for services and materials at the clinic. The fees are based on WPA wages, with consideration given to the clients' financial responsibility. Fifty cents is the minimum charge. When the family income exceeds seventy-five dollars a month, the client is referred to a private physician.

DELAWARE

Colored physicians have been cooperating in the recent effort of the Delaware Birth Control League to introduce the work of the Wilmington clinic to the city's large Negro population. Social workers have been slowly but surely showing an agreement with and appreciation of the purpose of the League. This promise to lend Impetus to its program to establish as many Intramural clinics as possible.

IOWA

After a busy summer during which three clinic sessions were found necessary, the Des Moines clinic of the Iowa Maternal Health League is adding a part-time social worker to its staff and is increasing the number of hours the clinic will be open with a nurse in attendance for the purpose of making appointments.

At its first annual meeting, the Birth Control League of Cedar Falls and Community reported that its goal of one hundred members had been exceeded. The cooperation of women's clubs in the vicinity has been secured, and thus fall the League's aims also to enlist the rural women who are members of Farm Bureaux.

A round table discussion of birth control led by representatives of the Cedar Falls, Cedar Rapids and Des Moines Leagues will be on the program of the Iowa Conference of Social Work, to be held at Cedar Rapids, October 29. The educational exhibit of the American Birth Control League will be shown.

MAINE

Plans for a network of clinics strategically situated all over the State were laid this summer through contacts made in 35 towns by Mrs. Edwin Gehring, field secretary of the Maine Birth Control League. Doctors and lay groups in these towns are sending patients to the five clinics already established, and are working to form new clinics.

Through the hospitality of a local member, who has turned over two rooms of her own home for a clinic, Brunswick was able to open its first center in August. The Portland clinic has had over 300 patients, many of them from the rural districts.

MASSACHUSETTS

"Planned Motherhood" is the slogan for a State wide campaign just announced by the Birth Control League of Massachusetts. The purpose of the campaign, Mrs. Leslie D. Hawkridge, President, stated in a press release, is "the education of the people of this State on birth control and on the legal status of dissemination of information on thisationally important subject."

The summer holidays brought no slackening of activities for the League. New committees created at a special meeting in June include a Health Extension Committee to foster more maternal health centers throughout the State and to be responsible for their affiliation with the League, a Medical Consultants Committee, a Publicity Committee and a Research Committee.

Roman Catholic patients still comprise 50 per cent of those treated at the Brookline Mothers' Health Office. The number of new cases handled during the summer was 20 per cent higher than during the previous summer, but the number of patients on the welfare lists showed a slight decrease. Worcester is the location for the third Mothers' Health Office in the State, opened on September 11.

The Massachusetts League is heartened by the news of the progress being made in Vermont and New Hampshire and is looking forward to the New England Regional Birth Control Conference to strengthen the cooperation between the Leagues of the New England group.

MICHIGAN

To extend birth control service to the Upper Peninsula of the State, where a large percentage of the population is on relief, is an outstanding objective of the Maternal Health League of Michigan. A trip by Marjory Davis, executive-secretary, laid the foundations for organization work last summer. At least eight groups are eager to go ahead, but are waiting for the support of local medical bodies. To obtain such support, the League has arranged for talks on contraceptive technique before county medical societies of the Peninsula, to be given this fall by Dr. Harold A. Furlong.

The League is also working closely with county med
STRIKE AHEAD

Eleven Affiliated Groups

Real societies to secure their recommendation that the Kellogg Foundation approve and sponsor the giving of contraceptive information to indigent patients in both rural and urban communities. Plans are now being drawn up for the establishment of a birth control service to cover the whole of Hillsdale County, and the League believes that the other four counties under the Kellogg Foundation health units will initiate a similar service.

MINNESOTA

The most exciting news from the Minnesota Birth Control League "is its acceptance by the Minnesota Conference of Social Work as an associate group. For several years this recognition has been sought unsuccessfully. In the Conference's action lies the real motive behind the recent order of the Catholic Archbishop of St. Paul that members of his archdiocese withdraw from organizations advocating birth control. After publication of the Archbishop's letter, the executive committee of the Conference met and reaffirmed its action recognizing the League.

September 19 was birth control day at the meeting of the State's social workers in St. Paul. Dr. Sophus Kleeberg of New York gave the principal address.

Expansion of clinic service is the main task the League has set for itself. The Minneapolis clinic is increasingly being used as a demonstration center for physicians, nurses and social workers.

MISSOURI

September 10 was a day of rejoicing for the Maternal Health Association of Missouri. On that day the Association advised its 2,000th case since its inception in August, 1932. "We resolve that the next three years will bring our help to many more than this number," reports Mrs. Helen S. Buss, executive director.

Starting with one clinic, the Association now has five-two at its headquarters and the rest in connection with settlement houses and dispensaries.

A series of three Open House Afternoons were held during September for social workers. The clinic staff discussed the medical and social aspects of birth control informally with visitors, and members of the Board of Directors acted as hostesses. These receptions not only strengthened the Association's cooperation with social workers, but gave an occasion for releasing to the press figures on the number of women that had been served by the clinics.

NEW JERSEY

To reach rural families, have an exhibit at a county fair, is the suggestion of the New Jersey Birth Control League. Attendance at the Morris clinic has been great as a result of the League's booth at the Morris County Grange Fair. Patients are coming from outlying communities within a radius of fifty miles. Interest at the booth centered on the poster exhibiting the American Birth Control League. The New Jersey League is planning to occupy a large tent among the public health exhibits at the Trenton State Fair, also.

The Morris County Council has initiated a new policy of establishing cooperative committees in each community which its clinic serves. As a result, many prospective patients have learned of the clinic. A drive to raise funds for Monmouth County's first clinic had brought $700 early in September.

PENNSYLVANIA

"We now have a real birth control center for all city and State work," announces the Pennsylvania Birth Control Federation. The Federation's headquarters and principal clinic have been consolidated in a splendid new space at 253 South 15th Street, Philadelphia.

Through the work of a newly organized Expansion Committee, composed of interested members all over the State, the Federation looks forward to additional clinics this winter. A clinic was opened in Waverly this summer. Out of 67 counties of the State, there are now only eight in which it is not yet possible for the Federation to refer a woman to a qualified physician for contraceptive information.

This fall the Federation will give a course of lectures on the history and present day importance of birth control. A modest charge will be made to cover expenses. Special educational work will be done with the Pennsylvania League of Women Voters, who recently endorsed birth control and sterilization.

RHODE ISLAND

Activities of the Rhode Island Birth Control League are getting under way early. The fall membership drive will begin on October 9 and will continue until November 7, the date of the annual meeting. Dr. Eric M. Matsner, medical director of the American Birth Control League, will be the principal speaker on October 9.

A new clinic has been opened at Newport. Impetus has been given to the League's work through the endorsement of the State Federation of Women's Clubs, who went on record for birth control this year.
New Books Reviewed

FACING TWO WAYS—The Story of My Life by Baroness Shidzue Ishimoto, Farrar and Rinehart, New York 373 Pages $3.50 postpaid from The Review

MEMBERS of the League had an opportunity to hear gentle, flowerlike Baroness Ishimoto speak at the annual meeting in 1934, and they will find her autobiography Intensely interesting. After a charming description of her sheltered girlhood in the feudal atmosphere of a Samurai household, occupied with flower arrangement and tea ceremonial, and imbued with the Buddhist ideals of womanly gentleness and resignation, Shidzue Ishimoto tells of the awakenmg of her social conscience by the suffering of the women who work in the coal mines of Japan, carrying their suckling infants on their backs and sometimes even giving birth to babies in the dark pits. "Why must the mother breed and nurse while she works?" she asked, and this question was, she says, "the seed which was to grow and revolutionize" her life.

The remarkable quality of Baroness Ishimoto’s intelligence is shown by the fact that she was not content with the superficial relief of suffering by charity, but realized that the surest way permanently to improve the lot of the laboring classes is to decrease the supply of unskilled labor by reducing the birth rate. She recognized birth control as "the pole star guiding women from slavery and increasing poverty," and she made up her mind "to carry the banner of birth control in Japan," and soon became the national leader of the birth control movement.

She never developed into a fanatic, however, but retained the gentle sweetness of a true daughter of the Samurai. Her point of view is characterized by breadth and moderation, respect for the opinion of others, and generous recognition of their achievements. In describing Margaret Sanger’s dramatic visit to Japan in 1922, Baroness Ishimoto says with warm heartedness that she became the most talked of person in the land and lifted the struggling birth control movement to one of major concern for the nation.

On the whole, the Baroness pictures conditions in Japan as favorable to birth control. Religion she writes, is an asset and not a liability as in the West. Although Buddhism, in teaching resignation, tends to have a paralytic effect upon insurgent thought, yet it never attempts to rule public opinion through clerical interference, and does not oppose birth control. Furthermore, the movement has the active support of many labor leaders, who, unlike their brothers in the United States, see that their struggle will be strengthened by checking excess labor at its source. The masses, too, are eager for birth control. Despite the long taught doctrine of submission, the cry for the cure of poverty and hunger has grown sharp and bitter, and when birth control is offered as a remedy, "the poor Japanese grasp its value quicker than the ruling class." The outlook appears promising for the rapid spread of birth control, and we are not justified in believing that when it is within reach of the whole people, the population of Japan will gradually become adjusted to the country’s economic resources and the conquest of new territory will prove unnecessary.

In leading her people to birth control, Baroness Ishimoto is leading them also toward peace.

Eleanor Dwight Jones


The creative endeavor appears to be especially pronounced in connection with writings concerning birth control. Dr. Fielding has presented a well organized and clearly written volume, interpreting the meaning of contraception, the reasons lying behind its advocacy and the methods that have been presented for its practice. While he does not offer this book to deal comprehensively with the subject, a large variety of the themes significant to individuals has been covered.

Two things mar the book first, the false implication that "This volume is to be sold only to physicians or upon a physician’s prescription." The Introduction reveals more purpose in stating that readers who wish to use the book "simply and solely as a practical manual" may skip those sections devoted to the "medical, sociological and ethical aspects of birth control."

The second weakness lies in Appendix IV containing the names and addresses of manufacturers and retailers of contraceptives. This advertising factor is wholly unwarranted. Appendix III offers an especially useful survey of the facts and fancies in the Ogino-Knaus theory of "the safe period."

The general discussions of contraceptive methods afford nothing particularly significant or unusual. There is perhaps a little too great implication that the methods of contraception are "very easy to apply."

This very simplicity is one reason for a considerable
The sociological discussion is too limited to be regarded as more than suggestive. The theoretic portion of future methods includes Grafenberg's method, the use of X rays, spermatotoxins and hormones, and also of new chemical substances.

The objections to birth control are weakly presented although possibly adequate from the standpoint of the laity. The emphasis upon venereal disease is too great considering the tremendous amount of venereal disease which is obviated by the intelligent regulation of pregnancy even to the extreme of complete contraception.

Ira S. Wolfe, M.D.

A Marriage Manual. By Hannah M. Stone, M.D., and Abraham Stone, M.D. Szmon and Schuster, 334 Pages $2.50 postpaid from The Review

This book is a treasure house of knowledge for the perplexed. It is a practical and painstakingly written volume by two physicians, man and wife, whose experience as marriage counsellors is second to none in the United States.

The conversational question and answer form is delightfully readable and strikes the personal note in a sympathetic manner. The biological, chemical, social and spiritual factors of marriage and procreation are handled with admirable balance. The authors have accomplished a difficult task for they have avoided the pitfalls of many well intentioned books upon sex. Too often do writers on these topics reveal their own pathetic exhibitionism or fixations. The book is also happily free of what Dr. Dickinson so aptly calls the "prolix mush" of sex teaching. The Doctors Stone approach their subject in a realistic but withal sensitive manner.

Bearing in mind the fact that many of those who most need such instruction are people of limited culture who read little and that little laboriously, it may be suggested, perhaps, that in a few instances simpler words might better serve than these syllable profession al terms, but the book is too fine to lose much by this slight fault. To the physician, the clergyman and the lay reader, a Marriage Manual is enthusiastically recommended.

A reading list follows each chapter, which listing (praise be it) gives the reader an idea of the character and scope of each volume recommended. At the end a general alphabetized bibliography includes both the chapter end lists and further supplementary reading covering a wide range. This admirable device assists both the novice and the student. Indexing for every possible cross reference further enhances the practicality of this excellent work.

The limp binding, the format, and rounded page corners render the book comfortable in the hand and easily referred to. Qualities which fully justify the title "manual," M B B

From a Small Town Mother

American Birth Control League
Dear Sirs or Mesdames,

I obtained your address from a library book. I have been married only a little over fifteen years and we have five children already. We really don't want any more children, because my husband does not make wages enough to properly care for them all and pay the debts that seem to be mounting higher and higher. The kiddies are asking why they can't have what other little friends have and it just breaks my heart to tell them we can't get them such and such. Our explanations as to why don't make them understand and it hurts to see them look at and wish for things we can't get them. By the things I mean, clothes and good food and the eternal bicycle that seems so dear to the hearts of all boys.

Our doctor bills mount so terribly as I'm sick the entire nine months and not well for a long time after it's disheartening-always being in debt and sick. The children sure keep us humping to scrounge up something to eat. I couldn't part with any one of them I have, but I just don't want to have any more. And what can I do? When I found I was pregnant with my last baby, I took some medicine a friend recommended and I nearly died—but I had my baby just the same.

My husband is always very careful—but these haps just do happen, and before another occurs I do wish you'd tell me of birth control. Don't tell me to ask my doctor because I have and he says there is nothing I can take nor preventatives I can get to use that really will work. If you know of any please tell me, won't you?

Hopefully,

Mrs. R. W.

October, 1935

A Special Meeting of the American Birth Control League will be held at 10 A.M. on Thursday, October 31, at the Bank of the Manhattan Company, Madison Avenue at 46th Street, New York, for the purpose of amending the constitution and by-laws. Changes are proposed affecting principally Article II, Section 2, Article III, Section 1, and Article V, Section 1.
I Believe Jimmy Knew

The following story appeared in a recent article "Mental Tests as Social Reflectors," by Edna Brand Mann, in The Nation. The author described her experiences as a psychologist giving intelligence tests to children in New York City schools.

What is the difference between poverty and misery? This is a routine test question to which Jimmy, twelve, clean necked and slick of hair, answered "Poverty is when you are poor and miserable. Misery is when you are not poor—just miserable for nothing." The answer must be scored minus, but, as I was soon to learn, so must Jimmy’s life, from which the answer had sprung.

Jimmy was the last of his family I had tested in that school. They ranged from the first to the sixth grade. All of them were bright.

A home visit disclosed an absolutely clean and bare home—dark, crowded, crushing in its gloom. To smile or laugh in it is simply unthinkable. Jimmy’s mother is overworked as janitress. The father gets odd jobs when he can. He is a stern disciplinarian, a decent man according to his lights, bowed down by his own failure as provider and by the burdens of his mounting family. One child has a tubercular eye, all except Jimmy appeared wan and undernourished. There are eight of them now and another coming. The mother has acute diabetes. She says calmly, "It will be fatal for me to have this child in my condition." She seems relieved at the thought.

At the clinic which she attends for diabetic treatment, she was told that it would be dangerous for her to be come pregnant again. She and her husband are Catholics, yet they were eager to cooperate in a plan whereby they might limit the only surplus heaven had ever sent them. The hospital referred Jimmy’s mother to a Catholic physician for instruction in birth control technique. She explained her case to the doctor. This is what happened:

"Are you a Catholic?" the doctor asked.
"Yes."
"You know what our church teaches?"
"I was sent here by the clinic because I have diabetes and must not have any more children. I have had fifteen children and eight are living. I am only forty," she said.
"You are a Catholic."
"But I was not born a Catholic. I only became one after I married."
"That makes no difference. The holy church to which you belong forbids birth control."
So was her sixteenth pregnancy indorsed by the church.

And somehow or other, the months rolled by and Junny’s mother did not die, but gave birth to a fifth son. The hospital records that this was the first child in its history born of an acutely diabetic mother who did not die. But—one more? What of this newest little Jimmy? He wears the clothes that the school principal has begged from charity. He suckles from a mother exhausted and embittered. What will he eat when she is dry? What chance has he? "Poverty is when you are poor and miserable. Misery is when you are not poor—just miserable for nothing." I believe Jimmy knew what he meant.