The courage and enthusiasm of leaders of the birth control movement throughout the country was reflected in the Fifteenth Annual Meeting of the American Birth Control League, held on January 22 and 23 in New York City. The REVIEW can bring its readers only a brief, factual account of the sessions held and reports presented. But between the lines may be read the story of a memorable year, of the fighting spirit of member leagues in surmounting obstacles and winning greatly increased support.

"Such a splendid Conference! The meetings were helpful beyond all our expectations. We are all so stimulated that things have been humming here." That comment is typical of many received from the 140 delegates, representing twelve States, who registered for the Conference. Friends of the movement from New York and its vicinity swelled the attendance at the annual luncheon to nearly three hundred.

The League is most fortunate in having as its new president, Dr. Clarence Cook Little, distinguished biologist, who is director of the Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine. Dr. Little has served as president of the Universities of Maine and Michigan, and is managing director of the American Society for the Control of Cancer. Long active in the birth control movement, he has been a director of the League since 1925.

In accepting the presidency, Dr. Little wrote, "I am sure that all of us have followed the work over a long period of years feel happier today than ever before. We are conscious of the fact that the truth of the principles for which we have continually stood has taken hold of the American people. The next ten years may well see a more complete realization of our hopes and aims than we would have believed possible five years ago. This prospect should serve to increase our determination to do all that we can to drive forward while the conditions are favorable."

Tribute was paid to the retiring president in a resolution adopted at the annual luncheon, which expressed "the deep appreciation and gratitude of the members of the League, particularly of the Board of Directors, to their President, Mrs. Francis N. Bangs, whose wise, unselfish and devoted leadership during the last two years has greatly strengthened the League and has been an inspiration to them all."

Other officers elected at the meeting were, Honorary President, Mrs. F. Robertson Jones, Chairman Executive Committee, Mrs. Louis de B. Moore, First Vice President, Mrs. Lewis L. Delafield, Vice Presidents, Mrs. Frederick G. Atkinson, Mrs. Richard Billings, Mrs. Dexter Blagden, Mrs. Union Worthington, Secretary, Mrs. Robert McC. Marsh, Treasurer, Mrs. Frederic Cromwell.

Two round table sessions on the first afternoon of the Conference were crowded to the doors. So brisk was the discussion that the chairmen had to ask delegates to raise their hands and wait their turns. The session on clinical problems will be reported in the National Clinic Courier. It was ably conducted by Mrs. Ruth H. Backus, Executive Secretary of the Monroe County, New York, Birth Control League. The publicity round table, a new feature, proved extremely helpful, in the opinion of the delegates.

"Publicity is a highly competitive business," Mr. Fred O. Newman of the New York Herald Tribune pointed out. "Only one out of every twenty releases a city desk receives get into the paper, and that one must be news. News is facts, as opposed to propaganda, which is ideas. News is readable, interesting above all, fresh."

Mr. Newman advised the delegates to use the society columns, women's pages and club pages if at first they could not break into the news columns. "Arrange..."
for events that will make news—a tea, a dinner, a meeting with Important speakers," he said. "When you establish a clinic, out with the news! If there is opposition, it might as well be brought into the open sooner as later."

Mrs James W Craig described how the publicity committee of the Massachusetts League, by planning ahead for its year's work, had secured newspaper space during practically every month. Mrs Union Worth spoke on methods of securing advance publicity for the Baltimore Regional Conference.

On the question of meeting opposition, Marguerite Benson, executive director of the American Birth Control League, said, "Many of us have failed to meet the challenge of attacks against us. We should not resort to vituperation, as do our opponents. But when fight is offered, let us give back fight. Let us take the offensive rather than the defensive in our replies. We have the same right as our opponents to a certain righteous indignation. We should most certainly not lie down under the typical 'bullying' tactics of our opponents."

The reading of State league reports was the feature of the session which preceded the luncheon on January 23. The progress 1935 brought is even more dramatic in view of the lack of funds and the inertia which all leagues encountered, and of the continued noisy opposition in a number of States.

Annual Luncheon

Outstanding figures in fields of religion, population problems and medicine sat at the speakers' table during the luncheon. Mrs Louis deB Moore, chairman of the executive committee, who presided, presented highlights from the annual report of the League. "From the reporting clinics we find that a conservative estimate of new patients received during 1935 is 70,000," she announced. "The aim of the League is to make more babies, not fewer—but they will be wanted babies, healthy babies, with happy, healthy mothers."

Dr Eric M Matsner read the statement signed by sixty-six New York City physicians, which appears elsewhere in this issue. This was the fourth of a series of statements recruited in reply to the recent attack by Cardinal Hayes. "People who are sincerely interested in the birth control movement as a factor of social progress and individual happiness, must inevitably fight against those who give lip service to the cause for some fancical reason of their own," Helen M Harris, headwork er of Union Settlement, declared in her talk on "The Individual and Social Change." She continued, "The birth control movement needs no catch words or snap phrases to prove its case. It is based on the right of all wives and husbands to plan their families and to space their children. Its appeal is universal—not to a particular class. Its purpose is humane. It brings nothing but good into the lives of the families who believe in it and therefore it contributes to the good of society."

The claim of dictators that they need colonies in order to relieve population pressure and secure a better living for their people was exploded by Dr Stephen Duggan, director of the Institute for International Education, in an address on "Population and Peace." It is not to live, but to rule, that Italy, Germany and Japan demand room for their surplus populations, he pointed out. Dr Duggan's talk will appear in an early issue of the Review.

Directors' Meeting

At the Board of Directors' meeting, which closed the Conference, it was voted that the Board should meet four times a year in the various regions, as proves expedient. The object of this plan is to bring to the meetings opinion representative of the whole country. The national policy and program in their broad outlines will be determined by the Board. The Executive Committee, meeting monthly in New York City, will submit recommendations to the Board, will be responsible for the carrying out of the program, and will exercise the powers of the Board between its meetings.

It was voted unanimously by the directors that regional committees be formed in New England and in the Middle Atlantic, South Central, Great Lakes and North Central districts. Each State league is to elect a representative to be a member of its regional committee, and the committees will choose their own chairmen.

A financial summary of the 1935 work of the American Birth Control League follows:

<table>
<thead>
<tr>
<th>Income</th>
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<tr>
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<table>
<thead>
<tr>
<th>Expenditures</th>
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</thead>
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<tr>
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<tr>
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To meet the minimum demands for 1936, a budget of $53,290 was approved by the Board.
Modern Medicine Demands Birth Control

A statement signed by sixty six New York City physicians and read at the Annual Luncheon of the American Birth Control League by Dr. Eric M. Matsner

The progress of medicine, in numerous instances, has been hampered and retarded by the opposition of individuals and groups who have persistently maintained that science interferes with the normal processes of nature.

The utilization of analgesia and analgesia in the control of pain, of vaccination in the prevention of communicable disease, and of asepsis in the prevention of puerperal sepsis or child bed fever are examples of significant advances made in the face of timidity and opposition, and now recognized and accepted as major achievements in the field of medicine and as necessary adjuncts to the physician's armamentarium. It is not surprising, therefore, that complete acceptance of birth control as a therapeutic measure and a public health policy is combated on similar grounds.

There is cumulative evidence in the form of authoritative statements from leading physicians and the action of organized medical groups that, in the present day practice of medicine, birth control is essential and is being rapidly accepted as one of the scientific techniques needed for the safeguarding and maintenance of individual and public health. The term "birth control" denotes the prevention of conception only, and not sterilization or abortion. Recent advances in the sciences of physiology, endocrinology, and psychology indicate that sex serves essential human needs other than the reproductive function. The acceptance of these findings places upon the medical profession a new obligation for their interpretation and for the solution of this important phase of familial health.

The emphasis at the present time is not on the need for contraception but rather on a substitution of scientific methods under medical direction for questionable, sometimes dangerous, and frequently ineffective measures that are now generally available and widely used by the public. Birth control is essential for the spacing of births in conformity with the statistical evidence that deliberate and conscious control of fertility materially reduces mortality in both mothers and children. In the presence of certain acute and chronic diseases, pregnancy is dangerous, and its avoidance is frequently a life-saving measure. The medical profession recognizes this fact by assuming responsibility for interrupting pregnancy where such conditions exist. Common sense would therefore indicate that the prevention of pregnancy under these conditions is the more humane and rational procedure.

Over ten years ago, the American Gynecological Society and the Section on Obstetrics, Gynecology, and Abdominal Surgery of the American Medical Association recognized contraception as a medical problem. In May, 1935, the Medical Society of the State of New York formally requested the American Medical Association to study the whole matter of birth control and the laws involved, taking the stand that the laws are conflicting and that the importance of the control of reproduction in medical practice, where it constitutes a therapeutic measure, is obvious to all medical men.

In the judgment of the Public Health Relations Committee of the New York Academy of Medicine "the public is entitled to expert counsel and information by the medical profession on the important and intimate matter of contraceptive advice. The guidance of the public in sexual matters should be as earnestly and effectively given in which the public is interested and informs the medical profession wherever it naturally comes in the scope of its work."

At the 1935 meeting of the House of Delegates of the American Medical Association, a resolution was unanimously adopted requesting the study of birth control by that organization.

The undersigned physicians, as individuals, and not as representatives of the various organizations and institutions with which they are connected, hereby state as their considered opinion that:

1. The public, in order that it may be protected against false and misleading claims, is entitled to know the present medical status of birth control.

2. Birth control is important for the maintenance of the health of the individual and plays a significant role in preventive medicine in the preservation of public health.

3. Clinical research extending over a period of fifteen years has demonstrated conclusively the effectiveness, safety and harmlessness of medically approved contraceptive methods.

4. There is no evidence to indicate the causation of cancer, pelvic injury, sterility, or injury to offspring as the result of the use of clinically advocated contraception.
Arkansas

Read by Mrs. Harry Pfeifer, Jr.

During the five years the Little Rock clinic has been functioning, not a cent has been paid for rent or salaries. Our total number of clinic visits last year was 1202, and new patients numbered about three hundred. Since September, we have been compelled to charge a minimum fee of fifty cents. This has resulted in better cooperation from the patients. If the patient does not have the fee when she visits the clinic, she is fitted and the appliance is held until she can pay the fee. This is almost always in a week or two.

Arkansas has two clinics, one in the northern and one in the southern part of the State. Physicians in small communities—some of them living among the sharecroppers—have indicated a desire to care for patients in their localities.

Our clinic now believes that only one check-up is necessary unless the patient does not seem to understand the method thoroughly.

Connecticut

Read by Mrs. A. Morgan Pease

Connecticut is organized by counties. The duty of each County Chairman is to organize her own county, create a County Committee and appoint a City and Town Chairman. Local units contribute to the State treasury through their county organizations. The allocation of the budget is made by counties. Three of our eight counties are very active, but five are rural and are not yet well organized. Clinics have been established in two counties, and one is being organized in a third.

The first clinic in the State was opened last July, after the bill to amend the State law was lugged in committee in the General Assembly last June. One interested woman offered to finance the clinic for the first year. An influential board of sponsors was secured, including physicians, lawyers, clergymen, and prominent citizens. At first the only advertising was by person to person, but since newspaper publicity has appeared, the patients have been coming in increasing numbers and as yet there has been no Interference from State or city officials.

Admission requirements are married, living with husband, at least one child unless physically unfit for pregnancy, physically or economically unfit for another pregnancy at the present time, and unable to pay for private care.

During the year, sixty public meetings were held and our speakers addressed twelve different civic groups, fourteen church and other religious meetings, and one social service group. The newspapers have been used as a medium for meeting opposition, and a Publicity Committee is in process of formation.

Delaware

Read by Mrs. Union Worthington

Our one clinic is located in Wilmington. Most of our patients come from the city and its immediate vicinity, though we do have patients referred to us from time to time from what is locally known as "down State.

During the last year a marked progress has been seen in interest and in the disposition to regard our work as an integral part of the general social service program. For instance, the State Boards of Charities, of Education and of Health each sent a representative to the Regional Birth Control Conference held in Baltimore in November.

Until a few months ago, the number of patients per 100,000 inhabitants compared very favorably with other clinics. Lately a smaller number have been coming, so we have formed a motor corps, as we found that many women had no means of transportation. The corps is cooperating with the social service departments of our three Protestant hospitals, to which many maternity cases have not been returning for post natal examination. By this service, we hope to gain more support from these departments.

Illinois

In addition to our six clinics in Chicago, there are now one in Peoria, one in Downers Grove, which opened in February and is conducted by a committee of the Downers Grove Woman's Club, one in Chicago Heights, under the supervision of an active group of women in that town, and the Evanston clinic, which is run by our Evanston Committee. All of these are affiliated with our League.

Last April we opened a new clinic in South Chicago, which is an almost entirely Catholic community. However, we have had no active opposition, and the attendance is growing slowly. More than one thirtieth of our patients at all clinics last year were Catholics.

Our budget varies from year to year, but it runs between $16,000 and $17,000. We are planning a drive this year for funds that will enable us to do the things we have wanted to do for a long time, such as sponsoring clinics throughout the State.
Iowa

Read by Mrs. John Cowies

Four birth control clinics are functioning actively in Iowa, at Cedar Falls, Cedar Rapids, Sioux City and Des Moines. Last year the Cedar Rapids clinic had 174 patients, and the Des Moines, 497. The Sioux City group, the latest to affiliate with the Iowa League, has its clinic in the public health nurses' quarters in the City Hall. We look forward to the formation of several new local groups during 1936.

Kentucky

Our clinic attendance at Louisville more than doubled in 1935. We have two new clinics in prospect for 1936, one opened with the aid of the Clinic Fund of the American Birth Control League. Response from the colored patients cared for in a doctor's office has been so encouraging that we are hoping to offer the first clinic for Negroes.

A good deal of favorable publicity has been secured for our clinical work as well as for our meetings. We have been able to offer a number of speakers to meetings of various types—medical, civic, religious and social service—and we feel that real understanding has resulted from these efforts.

Maine

Read by Mrs. Deane Small

The Maternal Health Center in Portland has had more than 400 patients since it was established in 1934. This clinic is open every morning with a member of the Board in charge to answer questions and sell supplies. The doctor, who gives his services, and the nurse, are there only one day a week. One of the best things about our clinic is the fact that all our doctors have been on staff at the hospital dispensary at the same time, and have helped a great many of our patients by referring them to the gynecological clinic for treatment of conditions which would never have been discovered if the women had not come to us.

By the strictest economy we have managed to operate on a budget of $618—rent, $240, telephone, $60, light, $12, nurse, $256, incidentals, $50. So far, the clinic fees have paid for supplies. Fees range from nothing to three dollars, according to the ability of the patient to pay.

With the help of the field worker of the American Birth Control League, clinics have been started in Brunswick and Standish, committees have been formed in Bangor, Rockland and Augusta, and contacts have been made in a number of other communities.

Recently we took a paid advertisement in the newspaper for the Portland clinic, and we have found this a successful way to reach more patients.

Massachusetts

Read by Mrs. Weston Howland

At our annual meeting in April, we pledged our selves to make the starting of new clinics our major activity this year. To do this and to support the Brookline Mothers' Health Office demanded a much larger budget. In October our Finance Committee launched a campaign for funds which was most successful and brought in generous gifts from entirely new sources. At a series of teas in the homes of prominent persons, our work was set forth through dramatic sketches. The dialogue, taken from actual experience, moved the audiences to laughter, tears and substantial contributions. Points which we had failed to make by our most impassioned oratory, sank in through the drama.

During 1935, the Brookline clinic advised 469 new patients. Forty per cent of these women are receiving some form of relief, and 51 per cent are Roman Catholics. Of 8,013 active cases on our lists there were reported 33 pregnancies through admitted carelessness and only thirteen unexplained. We feel that this high record of success is due to our intensive follow-up work.

Eighty-eight hospitals and welfare agencies are now referring patients to the clinic.

The medical advisors of the League have drawn up a set of articles to be signed by centers meeting our requirements who wish to be affiliated with us. The Springfield center, which opened in December, 1934, and advised 100 women before the end of the first year, and the Worcester Mothers' Health Office, which opened last September, are both affiliated.

A pernicious bill, which would prohibit the prescription, use, or even possession of contraceptives, was introduced at the State House in May. It languished in the House Rules Committee, but we are on the watch for its resurrection. The filing of it was a tacit admission that the advice given is within the law.

Michigan

Read by Mrs. Bilings Keeney

The Michigan League, which is organized by cities, was formed in 1931. At that time there were four clinics in two cities. Now there is clinical service in twenty cities. In fourteen of these there are active clinics, and in the other six, central committees refer patients to physicians. The entire budget for the clinics in four of the cities is supplied from public funds—Community chests, county poor commissions, or the FERA.

The most extensive piece of work accomplished last year was in the Northern Peninsula. Three active committees have been formed there as the result of visits by a field worker and addresses by a physician to seven county medical societies.
Lectures on contraceptive technique were officially included this year in the post graduate medical course sponsored by the University of Michigan. During the year, sixteen medical societies were addressed on the subject of technique. Speakers were furnished for forty lay meetings, including that of the State Parent Teacher Association.

**Minnesota**

*Read by Mrs. Frederick G. Atkinson*

Minnesota is being organized on the basis of county groups. Under the leadership of our medical director, we have secured the cooperation of at least one physician in each of 56 counties out of a total of 87 in the State. Each of these physicians has signed the minimum standards of the American and Minnesota Birth Control Leagues and has signified his willingness to care for indigent patients.

During the year clinics have been opened at Duluth, Hibbing, St. Paul, Rochester, and Bagley. Our main clinic in Minneapolis serves as a demonstration center for physicians, social workers and interested persons coming from all parts of the State.

Whereas we formerly accepted paying patients at the main clinic, we now limit our service to indigent or lower income patients and to those referred to us by physicians. If a woman who has no physician can afford to pay one, she is given a list of Minneapolis physicians giving reliable contraceptive advice and told to go to one of her choice.

During the summer Archbishop Murray of St. Paul issued a bulletin forbidding all members of the Catholic Church to retain membership in any organization sponsoring or sanctioning the birth control movement. This was instigated by the League's recognition as an associate member of the State Conference of Social Work. The bulletin has had little or no effect on our work or on our clinic attendance.

**Missouri**

*Read by Mrs. Frederick G. Atkinson*

At the Annual Meeting of the American Birth Control League in Chicago last year, we became sharply conscious of our duty to organize the State. When the suggestion that we hold a Regional Conference presented itself, we felt it to be both an opportunity and a challenge. Five States were represented at the Conference, held in St. Louis on December 2 and 3. The reporting of the sessions exceeded our best hopes. The metropolitan papers gave in all 143 inches of space, and excerpts from the speeches were carried by the Associated Press and United Press. Our Catholic friends helped by holding an opposition meeting and by distributing handbills at the door of the hotel where the Conference was in session. All of this made splendid publicity. We anticipate many positive benefits as a result of the Conference.

Our Annual Meeting, addressed by Bishop Scarlett and by Dr. Stuart Queen, was open to the public and drew a capacity audience. Three Open House Afternoons for social workers were held during September. The clinics in St. Louis and Kansas City are open to all married women having an income of $200 a month or less, and no referral is required. Patients unable to pay are never refused advice, the service being put on a charge account.

**New Jersey**

*Read by Mrs. Caleb S. Green*

The State now has seven clinics, two of which were opened last year. Eight counties are already organized, two are in process of organization, and eleven are unorganized, though two of these unorganized counties have clinics.

We have had one very large public meeting, with Mrs. Sanger, Mrs. Hepburn, Dr. Kleege and Dr. Maisner as speakers. At least 64 other meetings have been addressed by speakers secured through the American Birth Control League, by the Speakers' Bureau of our League, or by the committee members themselves. In addition, many informal talks have been made before medical groups, social service workers, district and visiting nurses, church, civic, and charitable organizations, business and professional women, and mill workers.

Poster and literature exhibits were held at the Missouri Fair, the Trenton State Fair and the State Conference of Social Work, of which we are a member. Our Publicity Committee reports over 300 clippings, of them front page material, and a number of favorable editorials.

The budget for 1936 is $3,650. This includes the salary of our Field Secretary. Funds are secured from individuals and local and county organizations not responsible for a clinic. In a county responsible for a clinic, ten per cent of the funds received—other than clinic fees—is requested.

**New York**

*Read by Mrs. George C. Barclay*

Twelve out of 62 counties in New York State are affiliated with the Federation. In all but thirteen counties some patients can be referred to physicians. Ten of the 29 birth control centers in the State were opened in 1935.

Last year the Federation's budget was $3,533. A chart has been prepared showing the essentials of clinic costs for all the centers in the State. This material can be used by the various groups as a basis of
The centers cost from 1500 to 63,000 a year. The Federation is financed by the county organizations, which pay to it ten per cent of local receipts, exclusive of clinic fees and special gifts. The Federation, in turn, pays the American Birth Control League fifteen per cent of its receipts.

The New York City Committee raised $7,718 by a theatre benefit last fall. The Committee has twelve centers, all in settlement houses. Clinicians are paid a nominal fee, but usually the settlement houses donate the nurses' services. Volunteers keep the records.

The recent publicity has greatly stimulated clinic attendance. More consideration is being given to follow-up work by all the groups this year.

Pennsylvania
Read by Mrs. R. D. Kitzmiller

Because of greatly increased activity, the Federation moved its offices last summer to new quarters occupying an entire floor in a central downtown location. We have sublet part of the floor to the Philadelphia Maternal Health Committee for its largest clinic, and another room to the Marriage Counsel, so that all associated organizations are now under one roof.

We are delighted to announce the opening of seven new clinics this year, with three other committees formed and almost ready for action. This makes a total of 21 clinics. Six of these clinics were organized in approximately seventeen weeks of our field secretary's time, which means that a little less than three weeks was averaged for each one. We have medical contacts in all but eight of the 67 counties.

An active chairman of publicity has engaged the services of an experienced newspaper man who oversees releases sent out by headquarters. We believe that publicity is the most important project of the year, and since the first of September five releases have been sent out to more than 200 newspapers throughout the State.

Our chairman of volunteers has been most successful in building up a competent volunteer corps. Ten volunteers have regular charge of two of the city clinics and assist in the others. Seventeen other volunteers help at headquarters and enable us to do a great deal more routine work than we otherwise could do.

Rhode Island
Read by Mrs. Dan Jones

Our two clinics, one in Providence and one in Newport, have rotary staffs of paid doctors who serve three months each, and a graduate nurse, executive secretary and trained social worker in attendance.

The League is sub-divided into five counties, each of which has a chairman who in turn organized her own committees. These county committees comprise the State Advisory Board, whose chairman is a member of the Executive Board of the League. We found that much in the outlying rural districts differed so greatly from that in the metropolitan areas that it was necessary to have a State chairman who understands county conditions and can present them to the Executive Board.

All money raised in our annual membership drive is turned over to our State Treasurer. The county units are then reimbursed with amounts necessary to their needs and the remainder goes toward the support of our largest clinic.

The question of opposition we avoided as much as possible by working quietly the first three years. How ever, during the last year, the subject has become such a public issue that we have blossomed forth with much publicity, due to the hearty cooperation of our newspapers.

South Dakota

The League was incorporated under the laws of South Dakota and received its charter from the Department of State in November, 1934. About a year ago a clinic was established in Sioux Falls and has been open each Wednesday afternoon. The physician is assisted by three registered nurses, one of whom is supervisor. Fifteen local physicians have volunteered their services on the Medical Advisory Board. Clergy men representing practically all the Protestant churches in the State have signified their interest in the work.

The clinic report shows a total of 93 patients, nineteen of whom were unable to pay even a small fee. Contacts have been made by one of the field workers in several of the strategic centers of the State, with the result that arrangements for several additional clinics are now under way.

WILLIAM J. ROBINSON, M.D.

The death of Dr. William J. Robinson marks the passing of the foremost medical pioneer in the American birth control movement. A spirited and convincing writer in the field of social medicine, he had the vision more than thirty years ago to predict, "There will come a time—and it is not far off—when the prevention of undesired pregnancy will be as proper, as respectable and as much the function of the medical practitioner as is now the prevention of typhoid, diphtheria or tuberculosis."

In urging birth control as essential to any constructive program of public health, Dr. Robinson's courage was outstanding at a time when only a few dared to raise their voices in the wilderness.
To Reach America’s Mothers

Fording swollen streams, ploughing through muddy roads and climbing mountain trails, the field nurses of the American Birth Control League travelled 50,000 miles by motor last year. Their experiences and achievements make an absorbing story.

To carry the birth control movement to remote sections of the country calls for versatility. These nurses educate individuals, organize and address meetings, assist in fund-raising and help communities to start clinics—even to the final technical details of renting quarters and equipping and setting up the functioning center. Trained in contraceptive technique, they frequently are called on by physicians for information about this phase of modern medical education, not taught when the physician received his training.

Three field workers were on the national staff for varying periods during 1935. A registered nurse with a background in social service is ideal for this work, the League has found. Her training makes her acceptable to physicians, and she can select and train clinic personnel, as well as unite for concerted action the club groups, social workers, clergy and other nonmedical sponsors.

Emphasis has been put on field work in the coal mining districts of West Virginia, the rural sections of New England and farm regions of the Middle West. From the South, where the League has given special service because of the widespread poverty and the high relief load, came field reports with the following items:

“Not an exceptional case is to find from fifteen to twenty in one family living in two rooms.

One family with seven children, three of them idiots, live in a shack with only one bed, a stove and two chairs.”

“The work of getting birth control service to these mountain districts has given me an opportunity to help the desperate, broken, prematurely aged women as they have never before been helped in all their desolate lives.”

“A nurse in one of the mining towns reported that forty deliveries were scheduled recently in a period of twelve days. Here is a formidable challenge for families with from eight to fifteen children, living in unspeakable poverty and suffering.”

Introducing Our New Members

Member leagues enrolled during 1935 bring the present total of groups affiliated with the American Birth Control League to 21 States, one county and rural cities. The groups with the broadest service stripes are the Illinois and Massachusetts Leagues, organized in 1917. Here are the members that joined last year:

- American Maternal Health League of Nebraska
- North Carolina Maternal Health League
- South Dakota Birth Control League
- Washington State Mothers’ Clinic Association
- Birth Control League of Alameda County, California
- Maternal Health Clinic of Bangor, Maine
- Concord Maternal Health Committee, New Hampshire
- Maternal Health Center of Houston, Texas
- Middlebury Maternal Health Council, Vermont
- Maternal Health Council of Charleston, West Virginia
- Maternal Health League of Clarksburg, West Virginia
- Logan City Maternal Health League, West Virginia
- Norton Mothers’ Health Committee, West Virginia
- Maternal Health League of Milwaukee, Wisconsin

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