

birth control review

NOVEMBER, 1937

VOL XXII

NO 2



Scientific Birth Control and
Mental Health — John Favill, M D

Birth Control in the Orient
— Eleanor Dwight Jones



Published by the
AMERICAN BIRTH CONTROL LEAGUE

BIRTH CONTROL REVIEW

Published monthly by the
AMERICAN BIRTH CONTROL LEAGUE, INC
515 Madison Avenue, New York, N Y

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Looking Forward

ATENDENCY seems to persist to look upon birth control work as "done" merely because it has medical sanction. This is curious in view of the fact that no other accepted health work is ever done.

For example, an energetic and wide spread campaign has been launched by the United States Public Health Service to stamp out venereal diseases. Yet Dr Thomas Parran, Surgeon General, has emphasized the continuing need for "one strong national, voluntary agency" to carry forward this crusade. At a dinner in New York City on October first, honoring Dr William Freeman Snow, general director of the American Social Hygiene Association, Dr Parran spoke of the influence of voluntary agencies upon public health work and said he hoped for the day when the interest of every intelligent citizen in every community would be "enlisted in united action to conquer these and other health plagues."

In birth control, as in every work in

the field of preventive medicine, lay interest and support are fundamental needs. Leagues and clinic committees must vigorously interpret the new opportunities offered by the action of the American Medical Association. Today efforts and funds can be applied directly and constructively, and will accomplish many times the results which were possible heretofore.

This fall our member league in Michigan is participating in the Public Health Conference of its state. The Iowa League held an exhibit in the public health section of the State Fair. Encouraging as they are, such achievements are only a beginning in the program of cooperation with health agencies that must be built by physicians and laymen in all states.

We urge that all men and women, who have worked for the right of underprivileged mothers to space their children, shall respond to the encouragement that sanction gives and shall redouble their efforts.

ALLISON PIERCE MOORE

Scientific Birth Control and Mental Health

By John Favill, M D

*Clinical Professor of Neurology,
Rush Medical College, University of Chicago*

A CONSIDERATION of the multitude of minor mental ills that beset humanity serves to clarify what true mental health may be in their absence. I refer to worry, fear, irritability, temper, suspicion, jealousy, "blues," "jitters," indecision, inferiority, over-compensation, rationalization, evasion of responsibility or duty, and withdrawal from competition. The list could be greatly extended, but these things are too common to be overlooked. The presence of one or more of these in an individual, from whatever set of causes, indicates some degree of distance from the goal of mental health.

On the positive side, I wish to quote Drs Howard and Patry, who state in a recent volume*, "In its widest sense mental hygiene has come to mean the satisfaction of an individual or a group in making everyday adjustments to life. The crowning challenge of mental hygiene is to bring to constructive potentialities their optimal realization in the twenty-four hour living of each individual and group."

Summing up, I would say that intellectual honesty, emotional maturity and the ability to get along with people—recently christened "social adjustment"—are the three bright jewels in the crown of mental hygiene.

Now what can scientific birth control contribute to mental health? A fear of pregnancy itself, regardless of economic and physical circumstances, sometimes comes to the attention of the neuropsychiatrist. The approved procedure is to investigate and

evaluate the causes of this fear and make every attempt to give the patient a whole some view of the question. New facts and statistics may have to be brought to the woman's attention and a structure of courage be slowly built up. Sometimes, however, this plan fails. Nothing but sterilization or faith in a contraceptive procedure will bring relief.

A more common condition is that of the anxiety type of neurosis. However opinion may differ as to the fundamental causes behind this disturbance, I am sure that fear of pregnancy, justified by very real reasons, often is the precipitating factor. Economic distress, overcrowding, steadily failing strength, actual disease, possible disastrous effect by heredity, and menacing habits in the husband such as alcoholic or drug addiction or criminality, are examples of causes for such justified fear. After a woman has lived under such a cloud sufficiently long, her fear may spread to other fields apparently unrelated. A monopolizing anxiety state develops, with by products of insomnia, inability to concentrate, loss of confidence and the like. The breaking point, so different in individuals but present in all, has been reached. By this time it may be too late for help from contraceptive advice, which, if previously given, could have averted the storm.

A frequent consequence of either of the above conditions is sexual frigidity in women. Of course this may be dependent on many psychological factors having nothing to do with fear of pregnancy. I am not referring to such types. But the two condi

*"Mental Health," Harper and Bros., N. Y., 1935, p. 484.

tions just discussed are open to remedy by contraception, and a frigidity dependent on either may be ameliorated

A more serious mental condition, known as exhaustion or toxic psychosis, can follow too frequent pregnancies. It does not matter whether or not the underlying personality is the real source of difficulty and the frequent childbearing is merely an excitant. Surely many such cases would escape the mental disease if this particularly severe strain were avoided. Again scientific birth control holds the key.

Occasionally, remorse over having had an abortion becomes a menace to mental health. Psychotherapy is needed here as in any type of remorse, with emphasis on the present and future and a fuller understanding of those factors which made the past what it was. The abolition of abortion by means of contraception will take care of such problems.

Thus far, we have been confining discussion to problems of mental health in women. The men, however, are far from immune to disturbances connected with sex relations. Anxiety neuroses also occur in males. Often these neuroses appear to be associated with the undesirable and inefficient method of birth control known as *coitus interruptus*. Again we may argue about academic theories of causation. But if the displacement of the poor method by a good one brings relief—and it does in certain cases—we are justified in scoring another point for scientific birth control.

Men are often rendered impotent by purely emotional causes. Careful psychologic investigation is called for. No matter how thorough or satisfactory the investigation and the resulting comfort and reassurance to the patient, there must be a rebuilding of confidence by successful performance. Suppose that for some reason pregnancy must be avoided. Contraceptive devices which are used by men are under these circumstances

almost guaranteed to perpetuate failure. Scientific birth control entirely in the woman's province permits and encourages normal function by the man and is often the one factor that turns the trick and leads to recovery.

Various personality difficulties can come to men from unwise measures to which they resort because of the problem of too frequent pregnancies at home. The tension of self-enforced continence is one. Conflict and remorse and strain connected with extra-marital relations is far more common. Sometimes serious inferiority states due to substitute procedures are present. Knowledge of a suitable method could prevent all these developments.

In both men and women there is no more serious mental disease problem than that of general paresis. As this is caused only by syphilis, anything operating to diminish the incidence of syphilis should diminish the amount of paresis. The old argument, to my thinking, still holds good: contraception permits earlier marriage, which discourages prostitution, which lessens the number of syphilitic infections, which cuts down the total of paretics.

These conditions just touched upon are gross and often obvious. There are countless phases of mental life, not medically labeled or dignified by a diagnosis, which nevertheless are very real and important and where scientific birth control may improve the pattern and color of existence. Many minor physical disturbances can upset mental poise. Also, a disturbed emotional life can cause a great variety of physical effects, some of which, if sufficiently prolonged, can actually lead to organic disease. The high blood pressure group includes a certain number of these.

While the placing of conception among the controllable events of existence is not by any means a cure for all the ills of civilization, it seems to me to offer one of the

greatest forces to be used in planning for a better world life. Like other great forces, if misplaced or unwisely managed, it can do harm. If it were permitted only to the more intelligent and denied to the lower levels of human minds, we might reasonably predict an obvious lowering of the average intelligence before many decades pass by. The mental health of nations as a whole may easily be affected by the population pressure and the growing feelings of abuse from

overcrowding. The usual consequence, as seen today in several nations, is a clamor for more territory and for more babies to furnish the necessary armies to acquire such extra territory.

At some time, I trust not too far in the future, the powerful on this earth may give more attention to improvement than to invasion, and such a policy will require a widespread consideration of the possibilities of scientific birth control.

(From an address by Dr Favull at the National Conference of Social Work, Indianapolis)

On the Massachusetts Front

MORE than 1,450 signed protests have already poured in to the Birth Control League of Massachusetts from physicians of the state. This concerted action was urged in a recent letter to doctors signed by Dr. George Gilbert Smith of Boston and fourteen other eminent physicians. The letter enclosed a form of protest as follows:

"Believing that in the closing of the Mothers' Health Offices in Massachusetts, there is a definite threat against the public good and a serious menace to the rights and privileges of the medical profession as granted by law, I protest against

"1. Police action which invades the long established immunity of legitimate and confidential case records of a physician, unless such action is imperative to the detection or prosecution of crime.

"2. The jeopardizing of the rights of physicians to preserve the health of their patients by giving contraceptive advice when such advice is indicated for medical reasons."

The cases of the four workers in the Salem Mothers' Health Office were heard in the Essex County Superior Court on October 15th. Judge Wilford D. Gray imposed

the minimum fine of \$100 each. He admitted that a large section of public opinion had changed considerably since the Massachusetts law on birth control was enacted in 1879, but said that the statute must be enforced until it had been interpreted by the Supreme Court of the State or changed by the legislature. The next step will be an appeal to the Massachusetts Supreme Court.

The cases of Mrs. Leslie D. Hawkridge, president, and Mrs. Caroline Carter Davis, educational director, of the Massachusetts League, and of Dr. Itha Galleani of the Brookline Mothers' Health Office, are awaiting hearings in superior courts. Judge Riley of the Boston Municipal Court on October 6th imposed fines of \$200 each on Mrs. Hawkridge and Mrs. Davis.

In a newspaper interview Mrs. Hawkridge said, "It was an interesting experience for Mrs. Davis and me to wait our turn in a court with drunks and other men and women arrested for disorderly conduct. The situation speaks for itself when those responsible for printing the address of a medical service supported by such institutions as the Massachusetts General Hospital, are tried under a statute having to do with indecency and obscenity."

Birth Control



A blind Chinese mother, with her three children, begs for alms at the Temple Fair in Peiping

ON MY trip through the East last winter, I found a strange situation, enthusiastic birth control committees, clinics offering free advice, millions of poor women in desperate need of the advice, yet few coming to get it

At first I could not understand why the clinics were not thronged. The women are overburdened with children. Wherever they go, whatever they are doing, they carry babies with them. In China we watched them sailing junks in heavy seas and unloading great packing boxes, with babies strapped to their shoulders. In Japan we met them walking over high mountains on pilgrimages, and climbing endless flights of temple stairs, with babies slung on their backs. In Java and Bali they tramp mules to market, great towers of fruit and vegetables on their heads and naked babies straddling their hips like little monkeys.

The maternity wards of hospitals are overcrowded. In Colombo, for instance, the supply of beds is so inadequate the mothers can be kept in them only forty-eight hours after delivery. I saw about sixty mothers sitting on the floor in a long corridor, holding their tiny babies in their laps and looking limp and miserable. Throughout Ceylon

and India severe anemia of pregnancy is prevalent. I was shown woman after woman lying with her eyes closed, blue-lipped and languid, her blood only twenty per cent of normal strength. When I asked the cause, the answer was, "Malnutrition and too many babies."

The high birth rate is accompanied by a tragically high infant mortality. In parts of India six out of every ten babies die before they are one year old. In China it is impossible to make anything but a rough estimate of the birth rate, because there is so much infanticide. In the cities one can calculate rather closely by adding to the registered births the number of living, dead and half-dead babies found lying in the streets. Last year 30,000 of these unwanted children were picked up in Shanghai alone. But there is no way of counting all the little bodies thrown into the rivers or buried in the fields.

I asked our guide in Canton what the average family is. He said, "One father—two, three mothers—about twelve sons. Don't know how many girls."

The death rate of adults as well as of infants is very high compared with that in the West. But even with all this waste of life, the Orient is suffering terribly with overpopulation. Such poverty I have never imagined. In India we stumbled over people sleeping all night on the sidewalks among cows and donkeys. Outside the city walls at Ahmedabad dozens of families were camping in the dust, with no shelter whatever, and no possessions but their ragged clothes and a few dirty quilts and clay bowls. At Benares many families had not even money enough to pay for fagots to burn their dead. As they carried the corpses along the streets to the burning ghat by the Ganges, they held umbrellas upside down, for passersby to throw pennies into

In the Orient

By Eleanor Dwight Jones

Beggars who had washed their rags in the muddy river were drying them in the heat of the burning corpses

In China we saw hundreds of thousands of people living in sampans moored four deep in river banks. The water is very convenient—they wash clothes in it, throw garbage into it and use it for cooking and drinking. In Japan the most tragic sign of poverty was an unlicensed "red light" district in Tokyo, where a young girl's face was framed in the window of each tiny house. Parents sell their daughters for as little as 500 yen (about \$166) to work in this district for five years, but few of the girls last more than two years.

Wages are very low. To pay one cent for laundering a dress, and twenty five cents a day for a man and rickshaw, makes traveling delightfully cheap. But it is depressing to think how the families dependent upon such wages must live. In India some miners get only nine cents a day. In Tokyo 100,000 families averaging four children each, have a monthly wage of \$10 or less. And we saw how they lived. We went through a typical tenement where forty one families occupy forty one rooms, many with no window except on a dark inner hallway.

The unemployment dwarfs anything we in the West had in the worst years of the depression. In China, if all degrees and grades are counted, the total amount is equivalent to the full time unemployment of 50,000,000 persons.

In India and China, even when crops are normal, there is not nearly enough food to go around, in fact not enough to feed properly more than two thirds of the people.

In the spring when we reached China, one of the recurrent famines was raging in the

province of Szechuaan. Five thousand had already starved to death in Chungking alone. In the West the positive Malthusian checks of population are just dim classroom conceptions, in the East they are grim realities.

Yet in these countries suffering so deplorably from overcrowding, the population is steadily growing. Sir Vepa Ramesan of Madras told me that when he studied geography as a schoolboy, the population of India was 250 million, and now it is more than 350 million. In Japan the annual increase is 800,000, in China four to five million. With the further development of health services and reduction of mortality rates, we can look forward to a continuation of this increase, to greater and greater pressure upon the standard of living, to more and more multitudes doomed to a sub human existence.

Of course the only way out is birth control, and many of the educated people of the Orient see this. At first I brought up the subject with some trepidation. On the Pacific and Orient boat, in a conversation with a Parsee business man, I asked rather tim-

Mrs F Robertson Jones, honorary president of the American Birth Control League describes in this article her observations during a recent world cruise



idly, "What do you think of birth control for India?" He warmed up at once. In his home town, Karachi, he told me, the highest wages for unskilled labor were \$1.50 a week. If a man had more than two children, his family could not maintain a decent standard of living. In the last session of the city council, Mr. D— had introduced a resolution providing for birth control service in all municipal hospitals. The resolution had been thrown out, but he would persist.

Again, when I was going through a dingy, primitive hospital in the native Indian state of Udaipur, I told one of the attendant doctors that I worked for birth control in America. "Oh," he exclaimed, "birth control is what we need here. The infant death rate is 400 per 1,000. And so many mothers die! Will you tell me how to start a clinic?" He came around to our hotel and spent two hours getting information.

In Benares our Hindu guide, a college graduate, took us through the labyrinth of narrow passageways—you could not call them streets—that ran between cave-like hovels. "What horrible poverty!" I said to him. "What can be done about it?"

He replied, "I heard American lady—her name was Mrs. Sanger—make speech about birth control. I think it is the best thing for my country." In China and Japan it was the same—the educated people I met realized the need for birth control.

Resolutions in favor of it have been adopted by many important bodies. The All India Women's Conference has called "upon all constituencies to induce municipalities and other organizations" to open birth control clinics. The National Council of Women in India, comparable to our League of Women Voters, has urged "provincial councils to give the matter (contraception) their sympathetic consideration." The All India Medical Conference has recommended "that instruction in con-

ception control methods should form part of the curriculum in medical colleges and schools."

The Chinese Medical Association was two years ahead of the American in taking favorable action, and it went further in recognizing "that birth control is a part of the activities of public health, especially in the field of maternity and child welfare." In Japan the Social Democrat Party several years ago pledged itself to promote birth control.

In some thirty cities birth control committees are actually at work, and in about two dozen of these they have opened clinics.

(Next month, in the conclusion of this article, Mrs. Jones will describe birth control clinics in the Orient, the difficulties the movement faces, and possible solutions.)

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Seen in the Press

One fourth of the 18,000 women who die annually in the United States in pregnancy and childbirth are victims of toxemia in pregnancy, Dr. Nicholson J. Eastman, professor of obstetrics at Johns Hopkins University, told the International Medical Assembly, meeting October 20th in St. Louis. He recommended the practice of birth control by women subject to toxemia in pregnancy.

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The great need for better maternity care in America's rural districts was emphasized at the Annual Meeting of the American Public Health Association, held in New York City the week of October 4th.

Reporting a study of pregnancy wastage, Dr. Regine K. Stix and Dorothy G. Wiehl of the Milbank Memorial Fund stated that illegal abortions in 1935 were more than twice as frequent in families with less than \$1,500 income as in those whose income was above that level.

News from the States

Vermont

Welcome to the Vermont Maternal Health League, twenty fifth state member league of the American Birth Control League! With the formation of the Vermont group on September 30th, all New England is now organized for birth control service. The interest of Vermont individuals and communities was united in this concerted effort through the field work of Miss Doris Davidson of the American Birth Control League.

The organization meeting, held in the home of Mr and Mrs William Hazlett Upson of Middlebury, was attended by thirty men and women from various parts of the state. Five towns are represented on the executive committee and representatives from two more communities will be appointed later. Mrs John H McDill of Woodstock was elected president and Mr Upson, vice president. Mrs Charles Sheldon of Woodstock is secretary treasurer.

Contraceptive service already has an encouraging start in Vermont, with a clinic functioning in Bennington and referral services in Brattleboro, Middlebury and Woodstock. The task of the Vermont Maternal Health League will be to encourage and assist in the organization of local groups throughout the state.

Iowa

More than four thousand pieces of literature were handed out to the crowds that swarmed around the booth of the Iowa Maternal Health League at the Iowa State Fair. The League secured space for its exhibit in the section assigned to the State Health Department. This was the second year that birth control had been represented, and the interest shown was much greater than that of last year.

Mrs John Cowles of Des Moines, presi-



Des Moines Register
Mrs John Cowles (right), Iowa Maternal Health League president, discusses clinic problems with Nurse Myrna Johnson

dent of the Iowa Maternal Health League, reviewed the history of the birth control movement in a recent talk before nearly one hundred members of the Sioux City Maternal Health League. Dr R E Crowder, medical advisor of the Sioux City League, discussed the clinical program.

Kentucky

The Kentucky Birth Control League is entering its fifth year of successful service. As we go to press, the League is preparing for its annual luncheon meeting, to be held on October 26th at the Brown Hotel. Miss Doris Davidson, field representative of the American Birth Control League, will address the meeting.

In a letter to members of the League, Mrs Charles G Tachau, president, pointed out "Every dollar contributed to this cause goes far in the constructive work of build-

ing up the health of mothers and children and improving the standard of living in the individual family”

Kansas

A resolution approving plans for establishing birth control services in Kansas was passed during a meeting on September 25th of the Northwest Kansas Social Workers, who were addressed by Mrs Marion Post, field representative of the American Birth Control League. After the meeting, Mrs Post continued the discussion with additional social workers from 21 counties

Michigan

To incorporate its work into the public health program of the state is the goal of the Maternal Health League of Michigan. An important step forward will be the League's participation in the State Public Health Conference to be held November 10, 11 and 12 in Lansing. Dr Haven Emerson, director of public health, College of Physicians and Surgeons, Columbia University, will speak at the League's session on the morning of November 11th and will be present at an afternoon round table to answer questions. The League will display the American Birth Control League exhibit.

Cooperation with public health and social work agencies was the keynote of the luncheon meeting which the League held on October 1st in Detroit, in connection with the State Conference of Social Work. The luncheon was well attended by prominent social workers. Mrs Addison P Cook, League president, who acted as chairman, introduced the new executive secretary of the League, Mrs Charles Gore. Lay support behind the medical boards of the clinics is the cornerstone of birth control progress, Mrs Cook pointed out. Mrs James McEvoy, first vice president, explained clinical procedure, urging the social workers to visit the League's clinics.

Pennsylvania

A drive for \$25,000 is planned by the Pennsylvania Birth Control Federation, to finance both the state program and that of the Philadelphia Maternal Health Committee. The work of Dr Alla Nekrassova in reaching isolated mothers and stimulating clinic committees in the anthracite region has proved so valuable that the Federation has increased its budget to provide for additions to the medical field staff.

The clinics in Wilkes Barre, Bethlehem and Easton have just added paid social workers to their staffs, and other birth control centers of the state are eager, as soon as funds permit, to do likewise.

The Birth Control League of Allegheny County was represented at the Regional Conference of Social Work in Pittsburgh by a discussion meeting held on September 30th. Miss Gladys Gaylord, executive director of the Cleveland, Ohio, Maternal Health Center, spoke on "The Relationship of the Maternal Health Program to Social Case Work." Mrs William Thaw, Jr, president of the League, acted as chairman. Preceding the meeting, a luncheon honoring Miss Gaylord was given by the League.

Rhode Island

The annual membership drive of the Rhode Island Birth Control League was opened on October 18th, to continue through October 29th. At the dinner meeting which launched the campaign, Dr Arthur H Ruggles, superintendent of Butler Hospital, spoke on "The Mental Health Aspects of Birth Control."

Throughout the campaign an exhibit was displayed on Westminster Street, in a vacant store loaned to the League for this purpose. Mr Frederick R Hazard served as general campaign chairman, Mrs Edmund H Keiler, Jr, headed the women's campaign teams, and Mr Ashbel T Wall, Jr, the men's teams.

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Deeds and Dollars

A distraught mother has just written us

"I have had eight children, four living, ages 19, 18, 8, 5 years My husband is unable to do hard labor and hasn't any trade and it is so hard to get along and I don't want to have any more children I and my husband worry so much over the possibility of my becoming pregnant We would be glad to do without every luxury and even some of the necessities to pay a doctor Can you help me?"

"My mother and two sisters died before they were thirty due to abortions and I would be frightened to try anything like that I was only a little girl when my mother died, but her three years as an invalid and her suffering are still alive in my memory "



Dollars given to the American Birth Control League are spent to bring medical aid to women like this

Won't you help speed the day when all mothers will be free from the besetting fear that prompted this letter, and all babies will be wanted babies?

Please make checks payable to the

AMERICAN BIRTH CONTROL LEAGUE, INC.
515 MADISON AVENUE NEW YORK CITY

(or send to us through your own state league)