

# birth control review

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## SOCIAL WORK NUMBER

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# BIRTH CONTROL REVIEW

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IT IS now more than a half century since Matthew Arnold in his *Discourses in America* spoke so encouragingly about that quality remnant in our society which he believed would save us from the tyranny of a blind majority. Those of us who love our country despite its delinquencies must have brooded a great deal about this remnant during these fateful days of totalitarianism in Europe. We have seen how it is now possible to so wield the instruments of modern propaganda as to cause all minorities to disappear. We have seen how an extravagant promise on the one hand and an impending terror on the other may eliminate all criticism and bring quickly into existence a society of imposing uniformity, a society in which individuals are willing to subordinate themselves wholly to the will of a dictator. We have witnessed these things and we have shuddered because the entire method of totalitarianism runs counter to our basic American tradition. If however our democratic inheritance is to survive we must give renewed attention and devotion

to the doctrine of remnants that is the thesis which holds that small groups dedicated to truth and wisdom, beauty and justice must always be free to criticize and restrain willful majorities.

As the tempo of modern life increases and as our awareness of problems is quickened we are presented with more and more important decisions. Scarcely a day passes which does not bring to our consciousness the necessity of making at least one vital choice. Gradually we come to see that the chief meaning of life in a technological society is that conscious control tends to extend to all spheres of existence. Nothing operates automatically in a society in which the natural environment is fundamentally disturbed by science and technology. This awareness of the need for expanding consciousness impinges particularly upon our professional classes upon whom falls the major responsibility for maintaining the essential functions of our society. Over a long period of history it was assumed that scientists and technicians could and should

refrain from participation in the discussion of human and social values, their task was to decide *how* functions were to be performed, not the *ends* which these functions were to serve. We now come to see with increasing clarity that the development of science and technology, divorced from the question of human values, ends in confusion and chaos. If the various professions are not to find themselves one day obliged to serve ends which are revolting to the spirit of truth, they must soon, that is, the quality remnants among them, must soon come to grips with the problem of significant values.

It is now my purpose to apply the three principles noted above to the profession of social work. Numerous issues might be selected as illustration, but since this editorial is to appear in the *Birth Control Review* I shall select that issue for which this journal serves as official organ.

In the first place, it seems to me unthinkable that modern societies will not sooner or later extend conscious planning to their future population. This means that procreation is not to be left to mere chance or whim or accident. It means, further, that parents and prospective parents are to approach the responsibility of bringing children into the world with a sense of dignity which derives from knowledge. Parenthood, in other words, is to be lifted from its animal plane and elevated to a high cultural status.

In the second place, it seems to me equally clear that the privilege of determining when children should be conceived and how many children are to be born to a given family should not be restricted to those who are financially fortunate. In other words, if birth control is a legitimate privilege for some, it must be extended to all, otherwise the democratic principle becomes a farce. At the same time, it should be said that in a democracy no single family should be

compelled to practice birth control except in those instances where further propagation becomes a certain threat to the mother's health or to the community's welfare. The birth control movement is an attempt to extend human rights, not to impose external duties.

The two professions most intimately connected with the problem of birth control are medicine and social work. In each of these professions there has existed a remnant, a small group of devoted adherents to the principle that family and population planning are essentials and that such planning should be founded upon scientific knowledge and professional standards. It is to this remnant in social work that I now address myself especially.

There are signs that seem to me ominous. Some social workers, who only a few years ago spoke with candor and vigor with respect to this issue, are now silent. Recently an associate informed me that his reason for abstaining from the struggle for right in this sphere was his belief that the present called for a wholehearted, frontal attack upon certain environmental situations, such as housing. I do not contradict his statement, but if this is used as an excuse for "letting up" on the equally basic problem of our human stock, it seems to me to constitute a gross fallacy. I am also interested in housing, but I want the new houses to be occupied by healthier and happier people. And so, I appeal again, as I have so many times in the past, to that small but courageous remnant in the social work profession to stand forth and be counted as

"Men who their duties know,  
But know their rights, and knowing, dare  
maintain."

EDUARD C. LINDEMAN

*Professor of Social Philosophy,  
New York School of Social Work*

# Birth Control as a Welfare Measure

By Geraldine B. Graham\*

*Executive Secretary, the Children's Agency,  
Louisville, Kentucky*

ADVANCEMENT in human welfare is a slow process. We are all familiar with this statement, but perhaps the social worker appreciates its truth more than many other people do. The past century did much to advance our standards of living in a material way. However, our advancement in mechanical and industrial fields has far outdistanced our progress in human relationships, the field in which the social worker operates.

As a new idea is advanced, it must break slowly through an enormous amount of prejudice and ignorance. Perhaps no other field of endeavor undertaken by a socially minded group has had more prejudice to overcome than has the birth control movement. This prejudice has expressed itself in various ways and in many different fears, it is strongly rooted in our attitude toward sex and all that pertains to this subject. For years we apparently believed that, if we could hide our heads in the sand regarding the sex question, the many problems involved in it would be overcome.

The past few years with their staggering load of unemployment relief have vividly emphasized the fact that scientific knowledge of birth control should be made available to thousands of families. The social worker would not force this question on any family for economic reasons, but she does want to see reliable information made available to those parents who are interested in limiting their families for financial

reasons or for other social reasons. Who knows better than does the social worker how an increase in family, beyond the earning ability of the bread winner to support, brings down the standards of many a family below the level of decent living conditions?

There can be little argument against preventing pregnancy for serious health reasons, and there appears to be a rapidly growing acceptance of this fact. It is accepted even by groups whose religious views are opposed to the use of scientific contraceptive methods. But the prevention of pregnancy is only one part of the birth control movement. Proper spacing of children is another of its aims, with which many people are not yet familiar.

Today we realize that mental health is as important to the individual as physical health. Though many more people would acknowledge the right of a mother to have contraceptive knowledge when physically ill than to have it as a matter of good mental hygiene, it seems to me equally important to consider what the continual fear of pregnancy does to the mental health of the average mother. How can a mother's attitude toward pregnancy be one of happiness and security when she knows that the coming of another child too soon will decrease her own physical stamina and cause the living standards of the family to fall below a minimum level of decency?

The position of the social worker in the birth control movement is a very significant one. She has the confidence of the

\*Excerpts from a talk given at the Regional Conference on Birth Control, Louisville, Kentucky, April 25, 1938.

mother in those families with whom she is working. The mother, if given the opportunity, will frequently discuss with the social worker whether or not she is using more expensive and less effective means of contraception than those prescribed in a maternal health center, whether the fear of another immediate pregnancy is undermining her courage, causing her to fail the children she now has, and whether this ever constant fear is the basis of marital difficulties and is threatening the stability of the home.

The social worker knows that a child has the best chance for developing into an emotionally mature individual in a home where his parents are securing emotional satisfaction from their marital adjustment, and that this satisfactory adjustment depends partly upon their sexual adjustment. There

fore, for the sake of the child as well as of the parents, she cannot avoid the vital question of birth control. She sees the many problems which develop in the unwanted child. Frequently, these problems are so deep seated in the child by the time he comes to the attention of the social worker or the psychiatrist, that he cannot make a good life adjustment even with the help which we are at present equipped to give him.

Though the social worker realizes that there is no one panacea for all social ills, she does see many family situations in which she believes that scientific birth control information is one of the basic needs, and that the application of such knowledge will do much toward maintaining the home and improving the family relationships, thus working for human happiness.

## On Farms, in Isolated Regions —

*photograph by Lee courtesy Farm Security Administration*



Thousands of mothers are hoping, like this one, for a good life for their children.

No mothers in America more urgently need scientific information on child spacing. Maternal and infant mortality rates are highest in rural areas. The heaviest levies for the replenishment of the nation's population now fall on families in the agricultural regions most impoverished economically and culturally. In 1930 the fertility of the population in rural "problem areas" was 76 per cent above the permanent replacement level.

The next great step forward for the birth control movement is to bring medical advice directly to rural mothers as a routine measure in public health and maternal welfare programs.

## Child Welfare and Planned Parenthood

*Messages sent for this number by leaders in child education and protection*

IT WOULD seem that by advocating birth control the New York Kindergarten Association, a kindergarten and nursery school organization, is slowly putting itself out of business. Quite the contrary is the case, however, for it is the enlightened mother who strengthens our work. First, she knows what it means to a child to be wanted, and she does want him, planning his arrival and rejoicing when he is born. Then she wants a healthy child who can have her attention during his early years, attention she cannot give him if she has another baby on the way or another baby in her arms. Besides this, she is acquainted with the trends in child care and development and so knows that the nursery school and kindergarten have much to offer her, and she knows what she has to offer them.

We have been associated with mothers so many years that we rejoice that the old days of self-induced abortions have to a large extent passed, at least in our groups. We rejoice that there is a dignity in motherhood now due, we feel, to the fact that reliable information has been given to mothers in so many centers, and that they are no longer the victims of old wives' tales. We hardly ever have a group discussion that the subject of the planned family does not come up. We do not, of course, give birth control information ourselves, for we know that is the function of experts in the field. But we see that the family having children because the parents want them is the family that taps every source to secure the betterment of its children. That is why the level in our nursery schools is higher than it was before thought was given to con-

trolled birth, and that is why, we believe, that we get more intelligent cooperation in the field of child education.

JENNIE N HAXTON, *Supervisor,  
New York Kindergarten Association*

DURING the past twenty five years the three Jewish Agencies looking after dependent children under the auspices of the Federation for the Support of Jewish Philanthropic Societies have placed a certain increasing proportion of their wards in foster homes. The task of finding suitable foster mothers and fathers for these children whose own homes have been disrupted has been a difficult one.

The children themselves present complicated problems. Crises which always brought children to foster home agencies have been deepened and aggravated by the depression. There has been an increased number of serious family rifts, of mental and physical breakdowns of parents, relatives are unable to render assistance, their incomes having shrunk to the marginal levels, and the children, many of whom have suffered intense deprivation, require more careful placement.

The Brooklyn Hebrew Orphan Asylum, the Hebrew Sheltering Guardian Society and the Hebrew Orphan Asylum are now in the midst of a city wide campaign to find 1,000 foster homes. These substitute mothers we are looking for must be women who have made harmonious, well regulated homes for themselves and their families.

Planned parenthood increases the number of such women in the community. Its wider use would also avert some of the family catastrophes which leave children homeless, their faith in the adult world and in society badly shattered.

MRS RICHARD J BERNHARD  
*Joint Home Finding Committee for  
Jewish Foster Children, New York*

# Men and a Maternal Health Program

By Gladys Gaylord

*Executive Secretary, Maternal Health Association,  
Cleveland, Ohio*

**W**HENEVER the primary reason for a maternal health program is better babies and thereby a better race, then men are definitely interested. The phrase "better babies" means more babies where the physical and mental background is sound. It means fewer babies when such indications of a good heritage are not present.

Men, as taxpayers, are concerned with the cost and the care of the physically and mentally unfit in our public institutions and they also realize that the majority of those on relief today fall in this same category.

Men, as employers, recognize as a good employee a man whose family is healthy and whose home is happy, and as a poor risk a man whose children are sickly and who comes to work worn out with quarrelling and irritability.

Men, as fathers, want their children to be healthy, normal and active, and may be relied upon to be deeply interested in any service that contributes to this end.

Men are, therefore, vitally concerned with a maternal health program which does affect all of these conditions. Yet we find most of the maternal health or birth control centers of the country organized by women for women and the men of the community knowing of their programs only vicariously through the interest of their wives.

Despite its name, the Maternal Health Association in Cleveland has been open to men since 1931, when it established a Consultation Service for men, conducted by men physicians. Twenty five to thirty men a month use this service and other men come in with their wives at other clinic sessions.

Each husband receives his own card admitting him to any of the clinic services, including a lending library, at the time that his wife is admitted to the service. Men frequently come to inquire about the clinic before their wives appear, often making the first appointment for them.

During the past ten years, talks about the maternal health program of Cleveland have been given to groups of lawyers, to clergymen and to other men's organizations, but it is only since January of this year that groups of men have been invited to the clinic rooms in the same way that we have invited women to tea on non clinic days. Men in general are not tea addicts nor are they available for afternoon functions. The noon hour is a different matter. The clinic rooms are downtown near the business section, so invitations were sent out for luncheons. The response was immediate in spite of the warning that this was no sit down affair with hearty food.

Young lawyers, clergymen, physicians, heads of social agencies and business men came, hung up their hats and were introduced to each other. They sat down in the waiting room for a short presentation of the work by the Executive Secretary. They challenged statements and asked questions and then moved down the corridor to an office where desks had been covered with gay cloths on which were plates of thick meat sandwiches (labelled), cheese and doughnuts, a pitcher of milk and a coffee urn. Cups were soon filled and every man helped himself. Conversation continued and many angles of the service were discussed before

the doctor host led the way into the clinic rooms for a practical discussion of various contraceptive methods

There have been four such luncheons to which men have been individually invited by telephone and the date confirmed by a written invitation. Thirty attended one luncheon and the smallest attendance was fifteen, the aim is to invite twenty, which

is the number that can be handled most easily in our rooms. The waiting list includes approximately one hundred who want to be invited when the luncheons start again next fall. Some have telephoned to make sure that they will not be forgotten.

What does this interest mean? Only that a maternal health program is of vital concern to men as well as to women.

## News from the States

### Massachusetts

Undaunted, the Birth Control League of Massachusetts intends to make to the United States Supreme Court an appeal from the adverse decision handed down by the Massachusetts Supreme Court on May 26. The decision upheld the conviction of Dr. Lucile Lord Heinstejn and three other staff members of the Mothers' Health Office in Salem. It held that the state law, enacted in 1879 and forbidding the distribution of contraceptive devices and literature, applies to physicians as well as to other persons.

"The terms of the statute are plain, unambiguous and peremptory," stated the decision. "There is nothing in the circumstances of the cases at bar, or in the history of the statute, to support the conclusion that physicians or those acting under their instructions were intended to be excepted from the operation of the statute. The relief here urged must be sought from the law-making department and not from the judicial department of government."

The Birth Control League of Massachusetts has stated to the press, "In failing to except the practice of medicine from decency laws, the court has lost a chance to bring Massachusetts abreast of a more enlightened world. Common sense is outraged by a decision so out of touch with

the realities of the world today. It means that a safeguard to the health of women and children is considered illegal. It means the continued prevalence of abortion and of harmful bootleg contraceptives."

Just five days before the decision, the New England Conference of the Methodist Episcopal Church adopted a resolution stating that the closing of birth control centers in Massachusetts "is a definite threat against the public good."

### Connecticut

The opening of new contraceptive centers in Bridgeport, New Britain and New London brings the total in the state to nine, it was announced at the annual meeting of the Connecticut Birth Control League, held on June 2 in Westport. Mrs. A. Morgan Pease, president, stated that, slowly but surely, birth control is being recognized as an established social service in communities of the state. Dr. Eric M. Matsner, medical director of the American Birth Control League, addressed the meeting.

### Florida

Representatives of six counties organized the Florida Maternal Health Federation at a meeting held in St. Petersburg on April 5, concurrently with the State Social Work

Conference Dr Robert L. Hughes of Barrow was elected president. Mrs. William DeBeck, chairman of the Mothers' Health Center of St. Petersburg, is state clinic chairman. The St. Petersburg center, organized with a grant from the Evelyn Seligmann Fund of the American Birth Control League, has become an outstanding demonstration of sound clinic organization in the state.

### Maine

At the annual meeting of the Maine Birth Control League, which took place May 6 in Portland, Mrs. Deane Small was reelected president. The speakers were Mrs. Leslie Hawkrige, president of the Birth Control League of Massachusetts, and Marguerite Benson, executive director of the American Birth Control League.

### Minnesota

The tenth anniversary of the Minnesota Birth Control League was celebrated at its annual meeting on May 10. Mrs. Frederick G. Atkinson was reelected president. The principal speaker was Dr. Dwight E. Minnich, chairman of the zoology department of the University of Minnesota, who praised the birth control movement for furthering the equalization of the birth rate among families of various ability levels in the population.

### New Jersey

Definite progress in understanding and cooperation between the New Jersey Birth Control League and physicians and social workers of the state was reported at the League's annual meeting held on May 17 in Princeton. Mrs. Robert G. Ilsley was elected president.

An exhibit of the League was shown at the annual meeting of the New Jersey Medical Society held in Atlantic City in May.

### New Hampshire

At the meeting of the State Medical Society in Manchester, May 17 and 18, the New Hampshire Birth Control League had a display of literature.

The annual meeting of the League will be held in Concord on June 28 at 2:30 p.m. Tea and a dinner for new members and guests will follow. It is hoped that other New England Leagues will be represented.

### Rhode Island

A recent survey of 1607 patients who have been advised by the Rhode Island Birth Control League shows that the families of 53 per cent of them had an income of \$1200 a year or less. Each family included three or more children. Six per cent of the patients had had no schooling, and 43 per cent did not finish grade school.

The League had an attractive exhibit and distributed literature at the Women's Exhibition and Home Show, held May 28 in the Rhode Island Auditorium.

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### Dr. Holden Honored

The election of Dr. Frederick C. Holden on June 2 as president of the American Gynecological Society, honors one of the staunchest medical friends of the birth control movement. In 1929, Dr. Holden was among the physicians who, at the hearing following the New York City clinic raid, testified that contraception is an important and legitimate part of preventive medicine. Since then his keen judgment and loyal support have constantly been at the service of the birth control movement, and have played an indispensable part in its advancement. Dr. Holden is chairman of the National Medical Council on Birth Control, medical advisory board of the American Birth Control League, which now has a membership of 77 distinguished physicians in 25 states.

## • BOOKS •

*Youth and Sex* by Dorothy Dunbar Bromley and Florence Haxton Britten *Harper and Brothers* 303 pages, price \$3 postpaid from *The Review*

Sex, which in one form or another has always been a trial of human nature, has in our time become for most young people a basic problem and for many of them one that is self conscious, conflict bringing, and frustrating. The authors of *Youth and Sex* have made a sincere and intelligent effort, as objective an investigation as such a study with its inherent difficulties permits, to uncover the sex practices, ideas, and ideals of college youth. The result, taken as a whole, is an incisive picture of human need and academic complacency. Our young people, the victims of a rapid social transition, receive for the most part from the institutions that live upon youth and claim to serve them, little or no help as the young men and women try to handle the mating impulses now so artificially stimulated and complicated.

The most interesting question that the book will bring to most readers is, "How will college administrations react to this honest attempt to bring into the open the perplexities, uncertainties, temptations, and experiments of modern college youth?"

In this attempt to picture present conditions, certain facts stand out.

1 The colleges, in so far as they un- necessarily, through academic routine, lengthen the time taken from the students for the getting of the degree and delay their entering vocations, add to the burden of those whose interest they are presumed to protect. Educational inertia, determination to protect vested interest, is the only explanation of the waste of time of youth associated with the formal requirements of

some courses in both graduate and under graduate curricula.

2 The colleges, as a rule, are not as yet conscientiously or seriously attempting to meet the challenge of sex, although this challenge characteristically appears with greatest force in the average person's career during the college period.

3 Although the existing sex freedom among college youth must be explained by many diverse influences originating in a changing social environment, some knowledge of birth control is now widespread among college students. It is not usually accurate knowledge. As a consequence, youth, because of ignorance and over confidence, are being exploited for commercial motives.

4 Abortions are far more common among college youth than college authorities believe.

5 College young people in great numbers are asking for courses that will help them understand sex and marriage. When such instruction is offered, providing it is fact finding, competent, sincere, and constructive, young people seek it not with morbid curiosity but with eagerness for insight. It may be added that more and more parents also welcome and appreciate the college's attempt to give students assistance in their sex problems and in their preparation for marriage.

6 A code for youth cannot be built as a negative program. Fear of pregnancy is a hazardous basis for the policy of chastity. Threats of social ostracism are less and less effective, since they lead to the emotional drawing together and self determination of youth, who make within their own group, where sex pressure is great and experience insufficient, the sex policy they follow.

7 No society can endure sex individualism, but the basis of our conventional code must shift from negations to an emphasis of

advantages The code must be related to the long period interest of marriage and parenthood Sex education cannot function if it is not forward looking, tied closely to the life long values of marriage Attempts to compare with the conditions of the past are futile The intelligent reaction to this stimulating book is that modern young people have present needs that offer to education a clear opportunity for the serving of those who are eager to be helped

ERNEST R GROVES, *Research Professor, Institute for Research in Social Science, University of North Carolina*

**Birth Control History in Braille**

For the first time, a discussion of the birth control movement has been made available to blind readers A Braille edition of "Birth Control—Yesterday—Today—Tomorrow" by Mrs F Robertson Jones, honorary president of the American Birth Control League, has just been issued and is being contributed to libraries and institutions for the blind throughout the country

Since birth control can play a significant role in the prevention of blindness, this pamphlet will reach a group in particular need of information on sources of reliable contraceptive advice Studies have shown that congenital and hereditary factors are responsible for the largest group of cases of blindness among pupils in schools for the blind

In a valuable article "Abortion and the Public Health," published in the *American Journal of Public Health*, May, 1938, Dr Regine K Stix and Dorothy G Wiehl of the Milbank Memorial Fund state that the establishment of clinics which would make reliable contraception more readily available would be an immediate and direct approach to the abortion problem

**AMERICAN BIRTH CONTROL LEAGUE SESSIONS**

NATIONAL CONFERENCE OF SOCIAL WORK

Seattle, Wash., June 26 — July 2 1938

MONDAY JUNE 27—2 00 p m —3 30 p m

First Methodist Church

**PUBLIC HEALTH and BIRTH CONTROL**

An analysis of the importance of birth control to the public health and a survey of progress in making birth control service an integral part of public health programs

ERIC M MATSNER MD Medical Director American Birth Control League presiding

**Medical and Philosophical Aspects of Birth Control**

GOODRICH C SCHAUFFLER MD Executive Editor Western Journal of Surgery Obstetrics and Gynecology Portland Oregon

**Birth Control as a Public Health Service**

NADINA KAVINOKY MD Supervisor Mothers Clinics Los Angeles County Calif

TUESDAY JUNE 28—2 00 p m —3 30 p m

First Methodist Church

**ORGANIZATION and ADMINISTRATION OF CLINICAL SERVICES**

A round table on practical problems of organizing and administering birth control services under medical direction

MARGUERITE BENSON Executive Director American Birth Control League presiding

THURSDAY JUNE 30—2 00 p m —3 30 p m

First Methodist Church

**BIRTH CONTROL and EUGENICS**

A review of the present eugenic and disgenic effects of birth control the democratization of birth control as a basic factor in a eugenics program

MARGUERITE BENSON Executive Director American Birth Control League presiding

**Positive Eugenics and Population Trends**

ERIC M MATSNER MD Medical Director American Birth Control League

**The Family of Tomorrow**

LENA KENIN MD Staff Member Department of Gynecology and Obstetrics University of Oregon Medical School Portland

# THE CONQUEST OF PAIN

BY ROY P. FINNEY, M.D.

## The Story of Motherhood from 3000 b.c. to the present

From Imhotep of Egypt the first doctor to leave a record (grateful patients erected a temple and worshipped him as a God) down through the Chamberlans who re-discovered the forceps Long and Morton who discovered the anesthetic value of ether, Lister champion of antiseptics to modern medicine with its dramatic life and-child saving aids Dr. Finney has chronicled the absorbing story of the struggle of science against ignorance and bigotry to spare mothers from needless suffering and death.

Chapters on present day problems of birth control illegal abortion and sterility are most important and timely.

The Conquest of Pain is a book of permanent value and interest, not alone to mothers and expectant mothers but to the layman and to the social scientist to the doctor and to the student of human history.

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The American Mercury