

PLANNED PARENTHOOD REVIEW

PLANNED PARENTHOOD
LIBRARY

DECEMBER, 1939

VOL. XXIV · NO. 2

SOUTH CAROLINA ADDS BIRTH CONTROL TO PUBLIC HEALTH PROGRAM

NEWS FROM THE SOUTHERN CONFERENCE — THE UNWANTED CHILD, Olga Knopf

RELEASE FROM THE COMSTOCK ERA, Morris Ernst and Harriet F. Pilpel

IMPORTANT ANNOUNCEMENT OF OPENING OF 1940 FINANCIAL CAMPAIGN

BIRTH CONTROL REVIEW

PUBLISHED BY THE BIRTH CONTROL FEDERATION OF AMERICA, INC

Formerly American Birth Control League Inc and Birth Control Clinical Research Bureau
501 Madison Avenue, New York, N Y

SENT TO ALL MEMBERS OF THE FEDERATION AND ITS AFFILIATED ORGANIZATIONS
COPYRIGHT 1939 BY THE BIRTH CONTROL FEDERATION OF AMERICA

EDITOR Mrs Leopold K Simon

CONSULTING EDITORS

Clairette P Armstrong Ph D
Robert C Cook
Henry Pratt Fanchild Ph D
Rabbi Sidney E Goldstein
Ernest R Groves
Mrs Sidonie M Gruenberg
Frank H Hankins Ph D

Frederick C Holden M D
Ellsworth Huntington Ph D
Mrs F Robertson Jones
Foster Kennedy M D
Eduard C Lindeman
Clarence Cook Little Sc D
Eric M Matsner M D

William J McWilliams
Carl G Roberts M D
Edward A Ross Ph D
Raymond Squier M D
C Lester Walker
C E A Winslow Dr P H
Rev L Foster Wood Ph D

VOL XXIV

DECEMBER 1939

NO 2

CHRISTMAS—1939! In the world about us international tragedy makes a mockery of the peace, the harmony, and the good will that are associated with the season. Yet as long as the fires of faith and brotherhood and love burn brighter in countless homes at Christmas tide, there is hope for a saner civilization ultimately. For society basically is the family unit, gigantically multiplied. And so those of us deeply concerned with the necessity for strengthening family life and family security through family planning may draw strength and inspiration from the knowledge that our efforts are reflected not only in family welfare, but also help to lay the ground work for the mass thinking that must ultimately be applied to the family of nations. An intelligent adjustment of national needs to national resources cannot forever be ignored if we are to see the light of peace and prosperity shine again throughout the world.



MARGARET SANGER

HONORARY CHAIRMAN BIRTH CONTROL FEDERATION OF AMERICA INC

AT CHRISTMAS, when infant health seems so especially important, it is cheering to know that for the Birth Control Federation the almost full year since the merger has been a period rich in achievement and full of promise for future gains in maternal, infant and family well being.

The fact that another state just has added birth control to its public health program encourages us in our hope that all public health services will, at a not too distant date include birth control. The more general acceptance by doctor, social agencies, nurses and the general public strengthens our belief that birth control will thus become an integral part of every public health program.

This increasing medical acceptance is evidenced by the attitude and activities of doctors in all branches of the profession. Greater emphasis is being placed on child spacing and help in planning pregnancies. These services now are recognized as a vital part of our program for race building through healthy mothers and babies.



RICHARD N PIERSON, M D

CHAIRMAN BOARD OF DIRECTORS BIRTH CONTROL FEDERATION OF AMERICA INC

The Unwanted Child

By OLGA KNOPF, M D

*Assistant Visiting Physician, Bellevue Hospital
(Cornell) Neurological Department*

Even somebody not convinced of the justification of birth control on a general basis can be made to admit the advisability of avoiding the conception of children in cases where one or the other parent suffers from a disease definitely established as inheritable. The factor which overcomes finally all further hesitation is the consideration that offspring inflicted with inheritable diseases are apt to become a liability for either the family or the community. Moreover, the money spent on such people by the community does not serve any constructive purpose, but is a constant drain on the commonwealth.

The literature on psychiatry and criminology shows that the great majority of maladjusted people come from broken homes. This includes divorced, widowed and separated parents, or those who live together, but in disharmony. It does not mean that any person who is unhappy in his or her marriage is likely to be a bad parent, but the effect of disturbances at home makes itself felt in the child, no matter how hard the parents try to conceal it.

The parent, especially the mother, may, for instance, not even be aware of not wanting a new addition to the family. Even if she realizes during her pregnancy that the expected child is unwanted, she may feel so guilty about it, that she will cover up this refusal by oversolicitude when the child is born. An overprotected child is just as much exposed to the inability to cope with life as is the child openly rejected.

If the marriage is unhappy, one of two

things may happen. The mother may turn to the child and may try to satisfy her unfulfilled need for tenderness in her love for the child, with the result that the dependence of the child on the mother will make him unsociable for the future. It is also possible that the child is made into a buffer between the parents and will grow into life expecting to be bribed for whatever he does.

The other possibility is that the parents will regard the child as a new obstacle to the regaining of freedom and independence from an unendurable relationship.

It has been a fallacy played up too long that a child is a bond between parents. Of course it is a bond, but only if the parents love each other. It is no remedy and no panacea for broken hearts.

Unwelcome children, therefore, have great difficulties in their social and emotional integration into society. In the long run they are a liability to any social group because, if they stay with their family, they are likely not to contribute their expected share in the maintenance of their family group and if the family is unable to take care of them, they are a direct burden on the community. Unwelcome children are more apt than others to become a burden to the community or state by joining the group of nonproductive wards of the commonwealth.

The problem resulting from such considerations is whether a mother may be allowed to practice birth control for emotional reasons. If we take the welfare of the child as the focus of our considerations the question begs the answer.

Release from the Comstock Era

By

MORRIS L. ERNST AND HARRIET F. PILPEL

THE leaders of the birth control movement have long known that they must advance simultaneously on two fronts, the one legal, the other educational. But they have failed to realize fully the importance of the impact of each upon the other. For, on the one hand, it is undoubtedly a fact that public opinion influences the courts. To the extent, therefore, that the educational drives of the birth control movement make an impression on the public mind, the chances of winning legal battles in the courts are greater. Even more important, perhaps, is the converse of this situation, that is, the reaction of legal victories on public opinion. People like to feel they are on the side of the victor. A cause the history of which is studded with victories is more likely to attract support than one which has a continuous record of defeat. Furthermore, every time a judicial or administrative official approves some aspect of contraception, the subject is removed just that much from the limbo of suspicion to which its opponents make every effort to consign it. Despite these facts, however, birth control groups have not featured as a prominent part of their educational campaigns the really significant steps forward which have been taken by the courts and by administrative officials acting under the impetus of the courts.

A brief glance backward suffices to demonstrate the amazing progress which has been made since 1873 when Anthony Comstock shanghaied his censorship laws through Congress. Prior to that time there were no restrictions on the distribution of contraceptive supplies and information. Even the respectable newspapers carried contraceptive advertising

With the passage of the Comstock laws, however, a new and dark era set in. First, it became illegal under *Federal* law to import, mail or send across state lines contraceptive supplies and information. Then, one by one the states adopted like legislation prohibiting the sale and advertising of contraceptives within their territories.

This repressive trend continued from 1873 to 1915 when, for the first time, some legal headway was made in the direction of removing from the stigma of illegality what was rapidly becoming an approved medical technique. Oddly enough, the first ray of light filtered through in a case involving abortion, which is of course the antithesis of contraception, but which was lumped together with it in the Comstock laws. A Federal court held that despite the flat words of prohibition, a doctor was legally free to recommend abortion where on examination he believed that the health of his patient required it. Shortly thereafter, the New York Court of Appeals followed suit, liberally construing the exception for the prevention of disease in the New York ban on birth control appliances.

In the years that followed, the wave of repressive legislation subsided, but what had already been passed remained on the books. In the early 1930s, however, a number of cases arose which have made clear that even the existing laws will not be interpreted to prohibit the marketing of contraceptives to the medical profession. Two leading Federal appellate courts took the position that statutes designed, as the Comstock laws were, to protect the public moral should not be

construed to injure the public health. The Customs Department, which is in charge of enforcing the importation phases of the Federal law, and the Post Office Department, which enforces the mailing sections, have followed these court decisions. Today, it is legal to send contraceptives to physicians or to patients on the prescription of physicians. Recently, the Post Office Department went still further and ruled that manufacturers of contraceptive supplies may legally advertise their products to the drug trade as well as to the medical profession, and this without the euphemism 'feminine hygiene' as a substitute for birth control.

Furthermore, just as the Federal laws set the pace for repression in the nation, so the relaxation in their interpretation has had its effect upon the states. Two states, Idaho and Oregon, have within the last few years passed statutes designed not to prohibit the marketing of contraceptives, but to insure to the public decent quality in the contraceptives they buy. A third state, North Carolina, has inaugurated a system of state run birth control clinics in an effort to prevent the death and disease which unrestricted births breed among its population.*

Of course, there are occasional setbacks. Massachusetts, for example, has ruled that birth control clinics under medical supervision can not legally function in that state. The Supreme Court of the United States has not thus far been presented with a case in which it is willing to review the question. Only last summer the authorities in Waterbury, Connecticut, attempted to close the clinic

there. The legality of their action is still under consideration by the courts of the state.

On the whole, however, great strides forward have been made. After more than sixty years, medically supervised birth control is almost everywhere in the United States plainly permitted. The protagonists of birth control have a record of victories of which they may well be proud and which they should certainly publicize far more than they have done so far. By informing the public of what they have done, they will pave the way for further victories. Much more can be done even within the framework of existing law. Under that law, in our opinion, it is entirely legal for newspapers and magazines addressed to the general public to carry a commercial advertisement along the following lines:

When you go to your doctor for contraceptive advice, ask him about our product."

The timidity of manufacturers and publishers has prevented the appearance of such an ad, they are afraid of violating laws with whose present day contours they have not been made sufficiently familiar. If the birth control forces proceed to acquaint the public adequately with the great advances they have made, much of this timidity will disappear. And as it disappears, public opinion will come into being which will make possible still further strides forward.

* EDITOR'S NOTE — Since the writing of this article South Carolina as explained elsewhere in this issue also has announced the addition of birth control to its public health service.

Annual Meeting

Hundreds of delegates are expected at the annual meeting of the Birth Control Federation of America, Inc. As announced in the November *Review*, this meeting will be held at the Hotel Roosevelt, New York, on January 23, 24 and 25, 1940. Mrs. Francis N. Bangs is chairman of the committee in charge of arrangements for the meeting. Other members of the committee are Mrs. William I. Hayer Brown, Mrs. Gilbert Colgate, Mrs. Henry L. deRham, Mrs. Robert G. Hilsley, Mrs. Franklin S. Koons, Mrs. Robert McC. Marsh, Mrs. Louis deB. Moore, and Mrs. Henry C. Taylor. The tentative program, as announced in this issue, is subject to change.

Race Building in a Democracy is the title of a symposium, in which distinguished speakers will take part, to be held on Tuesday afternoon.

The annual meeting of the New York State Birth Control Federation will be held Tuesday morning with the election of their officers to take place at that time. Two hundred delegates are expected to attend and to remain for the meetings of the Birth Control Federation of America. An informal luncheon is scheduled for Tuesday noon.

The state presidents' dinner will be held on Tuesday night.

Mrs. Frederick G. Atkinson, president

of the Minnesota Birth Control League, is chairman of the Wednesday morning session at which the subject will be A Coordinated Program. Speakers include Dr. Woodbridge E. Morris, general director of the Birth Control Federation of America, Charles M. Smith, the Federation's director of public information, Mrs. Kathryn Trent, director of regional organization, and Miss Helen Kennedy Stevens, secretary of extension program.

The annual meeting of the New York City Committee of Mothers' Health Centers will be held Wednesday morning at eleven.

The annual luncheon will be held on Wednesday in the grand ballroom. In the afternoon state league reports will be given. The membership meeting will be held Wednesday noon. The slate of officers will be presented by the nominating committee, of which Mrs. Francis N. Bangs is chairman. Mrs. Dexter Blagden, Mrs. Stephen W. Blodgett, Mrs. O'Donnell Iselin, Mrs. Margaret Sanger and Mrs. Henry C. Taylor are the other members of the committee. A change in the by-laws also will be voted.

Thursday is being reserved for consultation service, with Mrs. Henry J. Mahi, chairman of the Federation's regional organization committee, presiding. A Board luncheon also will be held.

THE 1940 CAMPAIGN

The Citizens Committee for Planned Parenthood will publicly launch its 1940 fund raising effort on behalf of the Birth Control Federation by combining its opening with the Federation's annual luncheon on January 24th.

By combining these events, the opportunity is provided to present an attractive and interesting program, first, of the accomplishments of the Federation and second, to give a picture of the future and of what remains to be done. Thus it will be possible for potential contributors and workers to obtain an unusually comprehensive portrayal of the Federation of today and tomorrow.

South Carolina Adds Birth Control to Its Public Health Program

SOUTH CAROLINA has added birth control to its public health program. It thus becomes the second state to make this vital service available to every married woman in the state who needs it and is not able to pay for it. North Carolina, the pioneer state in this field, already has gained in the health of mothers and babies as a direct result of the broader service offered by the state's doctors, nurses and clinics.

A decisive step in the important action just taken by South Carolina was the resolution passed by the House of Delegates of the South Carolina Medical Association in April, 1938, directing that the State Board of Health, through the county health units, provide instruction and material for contraception to such patients as in the opinion of a licensed physician were in need of it, and should have it. On March 15, 1939, the executive committee of the State Board of Health, according to a statement by Dr. Robert E. Seibels, chairman of the committee on maternal welfare of the South Carolina Medical Association, approved the plan submitted by the committee on maternal welfare of the state association to have a trained public health nurse, experienced in southern community welfare work, loaned to the county health departments and all the county and district medical societies to assist in putting into proper operation such methods of contraception as may be approved by the executive committee, and the county and district medical societies, and to assist further in installing proper records to safeguard the intention of the committee such a nurse to have access to information on the various methods in use.

The Birth Control Federation of America has made a grant of sufficient funds to defray the salary, living and traveling expenses of this nurse and to provide her with sufficient material to give each county twelve contraceptive units to begin the project. Dr. Seibels added: "The disbursement of these funds, he continued, and therefore the entire direction of the activities of the worker is through the secretary of the State Board of Health, on the advice of the consultant in obstetrics (R. E. S.). She is carried on the roll as Consultant Nurse in Pregnancy Spacing."

The Director of Rural Sanitation and County Health Work wrote a letter to each county health officer. "Hereafter each county health officer went before his local medical society and outlined the plan, showed the record form to be kept and requested the society to approve the project. The basis of this plan is that no patient will receive this information until it has been established."

First, a medical certificate has been filled out by a licensed physician stating the reason for the patient to have advice and materials over a period of time, and when such materials should be discontinued. If the patient has no physician, the county health officer may sign the certificate, but it is to be clearly understood that he is not to do so when a patient is able to pay a private physician for this service, so that there is no interference with private practice.

Second, the remainder of the record establishes the fact that the patient is married and thus that the material has not fallen into the hands of those who should not have received it. The form provides also for a record of results.

South Carolina's Public Health Service Will Give Birth Control Advice Through



Prenatal clinics
such as this one
in a
health center

Visiting public health nurses



Doctors
in
prenatal clinics
in
health centers

To Help Build Fine Citizens for South Carolina and the Nation

These three year old twins are members of a family of 10 children. The 39 year old mother, pregnant again, has borne two sets of twins.



Home and mother for these two children

These South Carolina twins need the help of the state's public health service to preserve their mother's health.



We have felt that the patient should pay for the material when she is able to do so, and certainly some part of it, in order to make her feel that it is worth while. We have used foam powder because it will most nearly suit the purchasing power of the patient who needs it and in general meets our requirements for a minimum necessity of instruction and supervision. Material sufficient for about four months use costs the county health department \$ 40, and it was suggested that it be sold for \$ 50 to establish a little fund to take care of destitute patients.

These patients have been referred by the clinicians conducting prenatal clinics after delivery, by the field nurses by the clinicians conducting the well baby clinics, by welfare workers and of course, by physicians in general. The material has not been made available to drug stores so far, as we feel that the patient should return to her clinic for it, in order that her health may be watched.

Each county health officer is at liberty to use such other materials as he sees fit. For the sake of uniformity we have furnished the same material to all clinics to start their work.

The county health officer conducts no distinct and separate birth control clinics, nor do we refuse information or advice to a patient at any clinic, if in the opinion of the clinician that is the appropriate time to give it.

News from the Southern Conference

More than 350 outstanding doctors, public health officials, economists, sociologists and leaders in community life attended the Southern Conference on Tomorrow's Children held in Atlanta in November through the cooperation of the Birth Control Federation of America and leading Southern groups.

No campaign of publicity has been carried out in the newspapers or otherwise, as we have felt that this would be undesirable as the resources at hand were insufficient and the clinics too limited in facilities to take care of additional patients.

We control and supervise this phase of public health activity, for it has been in general under the supervision of the central office of the State Board of Health, and its local activities under the county health officer and the local medical society. Since March 1939, when it began the program has been endorsed by each county and district medical society in South Carolina, the field worker has visited each county at least once and the program has been set up and is working in each county.

It has not met with any opposition on the part of physicians or laymen, in groups or singly. It has been received strictly as a public health measure of the same dignity and managed under the same ethics as smallpox inoculation or any other of our public health measures.

Two Southern states thus are blazing a trail for all others to follow. Their recognition of the need for including birth control in public health if we are to build a better race will, we are certain, make the citizens of other states eager to have similar service available to poor mothers as it already is to those able to pay for medical care.

The purpose of the conference, as announced by Mr. Barry Bingham, its honorary chairman, was to bring together a number of people who have an active interest in the southern region, with particular emphasis on the welfare of the children who form so heavy a proportion of the South's population.

Dr. William E. Cole, Professor of Sociology, University of Tennessee, and chairman of the Conference, in speaking of it, said

'The City of New York will pay some cost of the ill health and illiteracy in the Southeast in this generation. Likewise the prosperity of the Atlantic seaboard in any generation will be reflected in an improved South.

The South in the past accepted great natural increases in population, likewise a high infant death rate. Now it is beginning to emphasize quality rather than quantity in population and to place value upon each unit of its population.

Mr. Bingham, who is president and publisher of the Louisville *Courier Journal*, spoke on 'The South's Tomorrow', at the opening session of the conference.

It is high time, Mr. Bingham said, that the South ceased to think in terms of the charming and cultured life that a few of our forefathers lived on the fabled plantations of ante-bellum days. The South needs to think, instead, of the life our children and our grandchildren are going to lead in the South of tomorrow.

The problem of the South is always at root a problem of people. The South has the highest birth rate in the nation, and it hits its highest peak among the families of our poorest regions, such as the Appalachian and Ozark areas. The South is literally staggering under the burden of this ill-placed, ill-balanced population.

The South has the highest infant mortality rate and the highest maternal death rate in the United States. I can see no possible solution for this staggering problem of the South's children except public dissemination of birth control information in a way that will reach down into the lowest economic

brackets. North Carolina has shown the way, and I believe the other Southern states must soon follow. Those who insist that public sponsorship of birth control would still further reduce the rate of reproduction among families in the upper income brackets are overlooking the fact that birth control information is already fully available to those people. It is quite possible, I believe, that the reduction of excessive families among the very poor in the South would not actually start a downward trend in the population of the region. Experience in Holland and Sweden, for instance, has proved that when births begin to decline in low income families as a result of widespread birth control knowledge, births in upper income families show a tendency to rise while the marriage rate correspondingly mounts.

The Southern Conference on Tomorrow's Children considered the factors which contribute directly to the improvement of the individual lives and the social media of tomorrow's children. The Conference now is attempting to carry forward the idea by having the states and local communities give consideration to tomorrow's children. The Conference is prepared to offer suggestions and to give assistance to those interested in discussing these problems and in making plans for their solution.

With a view to breaking down the discussion so that the special problems of each state can get the intensive study necessary, there will be state conferences. Two of the Southern states have already included the study of population problems in the program of their state conference of social work. The present board of directors of the Southern Conference on Tomorrow's Children is now making plans for the second conference to be held in November, 1940.

News from the States

Three hundred women, many of them carrying babies attended a showing of *Why Let Them Die* sponsored by the Boulder, *Colorado*, Maternity Health Center. Of the number about 200 either themselves are on W. P. A. or are married to men on those lists.

An increase in clinic attendance was reported at the November meeting of the *Connecticut* Birth Control League.

The volume of patients at the Indianapolis center of the Maternal Health League of *Indiana* for the first eight months of 1939 already has exceeded the entire year's work of 1938. Many additions have been made to its out-state referral list of doctors.

More than sixty per cent of the new patients of Louisville, Kentucky, Maternal Health Clinic already have returned for their third visit, according to a recent report of the *Kentucky* Birth Control League. Physicians have cooperated with the League in bringing contraceptive advice and materials to indigent patients in thirty Kentucky counties through the State Extension. Two new clinics have been opened and the Pine Mountain Health Association is handling supplies for all the 1500 families under their care who want such material.

Nine new rural patients came to the clinic of the Bangor, *Maine*, Maternal Health League. The clinic, which recently engaged a visiting worker, in November had more patients than in any previous month.

Dr. Henry Pratt Fairchild of the Department of Sociology, New York University, spoke at a November meeting of the *Massachusetts* Mothers Health Council. Canon Cornelius P. Trowbridge of St. Paul's Cathedral was another speaker at the luncheon at which Mrs. Hollis I.

Gleason presided. Throughout the state there is a growing interest in the council's program.

Five radio announcements of the lecture by Dr. Clarence Cook Little, former president of the University of Michigan and managing director of the American Society for the Control of Cancer, were made over four different Detroit stations recently. In addition fifteen minutes radio time was given which was used for a questions and answer period. Dr. Ralph H. Pins, president of the Wayne County Medical Society, asked the questions and Dr. Little answered them. The broadcast aroused wide interest, some approving, some asking more details about clinic locations, and some protesting. More than 800 people attended the announced meeting of the Maternal Health League of *Michigan*.

An opening membership luncheon of the Maternal Health Center at Duluth, *Minnesota*, launched a year's program planned to include varied activities. About 200 members attended.

Dr. Woodbridge E. Morris, General Director of Birth Control Federation, spoke at a meeting of the *New Jersey* Birth Control League. The meeting was part of the conference of the New Jersey Welfare Council. The New Jersey League also took part in the annual meeting of the New Jersey Health and Sanitary Association. Their share in that program included showing the talking slide film *Why Let Them Die?*

New Jersey now has thirteen clinics. A report given at the November meeting stated that these clinics last year had been instrumental in saving the lives of thirty mothers by discovering serious diseases which probably would have proved fatal if not treated and corrected.

Fourteen prominent physicians have accepted invitations to serve on an enlarged medical advisory board for the *New York State Birth Control Federation*. Memoranda on sources and varieties of contraceptive supplies have been sent to 300 cooperating private physicians, or 'referral doctors', in answer to a state wide demand for this type of material.



Photograph sent in by Dr. Clarence J. Gamble
Sign Board on Main Highway Entering Eastern Border of Oklahoma City

The Maternal Health Center of Pittsburgh, *Pennsylvania*, has added more clinic sessions and opened two branch clinics.

Dr. Woodbridge E. Morris, was the principal speaker at the annual meeting luncheon of the *Pennsylvania Birth Control Federation* to which Mrs. Thomas Hepburn had spoken at an earlier meeting.

At its annual meeting in November, the Rhode Island Birth Control League changed its name to *Rhode Island Maternal Health Association*. The date of the annual meeting was changed to April, the present officers and board to hold office until April, 1940.

Mrs. Carl Stafford of the Birth Control Federation took part in a panel discussion on social welfare problems at Nashville, *Tennessee*.

The Birth Control Clinic of El Paso, *Texas*, had an exhibit at the three day November meeting of the Southwestern Medical Association. The cooperation of

their medical board added to the success of the Conference. This clinic serves two countries, many of their patients coming from Juarez and the Mexican interior. They have pamphlets including directions for patients printed in both English and Spanish.

The Vermont Maternal Health League elected officers at their annual meeting held

on November twentieth.

Reverend John L. Nixon, social welfare director of the Federation of Churches, spoke at the November meeting of the Mothers Health Association, Washington, *District of Columbia*.

A striking and informing exhibit was presented at both the *West Virginia Conference of Social Workers* in Morgantown, October 25 to 28, and the *West Virginia Public Health Conference* in Fairmont, November 6 to 8. The State Conference of Social Work passed this resolution:

Believing it to be against the conscience of the American people that unwanted children be born to parents unable by reason of mental or physical disability or poverty to give those children a fair start in life, we endorse the inclusion of maternal health and family planning service in all social welfare and public health programs.

West Virginia's map of clinics with their record of service to nearly 7000 patients stimulated many social workers and nurses and some doctors to ask for help in starting services in their communities.



From the Editor's Desk



¶ A recent newspaper report states that London shopkeepers fell in with the new movement of keeping life running in normal channels by placing prominent business as usual signs over their doorways. Among them were a birth control specialist whose announcement appeared beside air raid precaution posters.

¶ In East Orange, New Jersey, the Public Health Department for more than two years has included birth control in its services.

¶ The December Atlantic Monthly reports that so far comments on their recent birth control articles presenting both sides of the question are "477 letters in favor of birth control, 21 letters opposed, 1 Yes and No, total 499."

¶ The *Journal of Contraception* states in its October issue that the government of Bermuda increased its annual grant for birth control instruction to two hundred pounds in 1938 and also has granted this amount for 1939.

¶ A speech delivered at a birth control session at the National Conference of Social Work in Buffalo on "Population Policy for the United States" by Professor P. K. Whelpton, Scripps Foundation for Population Research, is printed in full in the September issue of the *Journal of Heredity*.

¶ Data on fourteen foreign countries, all in Europe except New Zealand and the Union of South Africa, as given by Dr. Henry S. Shycock in "Trends in Age Specific Fertility Rates" shows a decline in gross reproduction rates in every country tabulated except Latvia.

¶ The German paper *Volk und Rasse* re-

ports that in 1938 families of physicians were among the smallest in Germany.

¶ President Roosevelt has called a White House Conference on Children in a Democracy on January 18 to 20, 1940.

¶ Miss Helen Kennedy Stevens has been appointed Secretary of Extension Program for the Birth Control Federation. Miss Stevens, who has just resigned from the post of Assistant to the Dean of Barnard College, Columbia University, New York, which she held since March 1, 1936, will be in charge of developing national support for the Federation. Previous to her work at Barnard, where she directed the raising of the fiftieth anniversary fund, Miss Stevens was publicity and finance secretary for the Westchester County Children's Association and also worked on its program with the public departments. She was director of the National Speakers Bureau and Exhibits in the War Work Council for the National Board of the Y. W. C. A. just after the war. Miss Stevens is a member of the American Association of Social Workers and has served on committees of various organizations in that field.

¶ The West Virginia Maternal Health Association's new director of education, Mrs. George P. Boomsliter, was among the earliest of Margaret Sanger's supporters and has had twenty-five years experience in civic and welfare organizations.

¶ Proceedings of the Southern Conference on Tomorrow's Children, about which there is a short article in this issue, will be available in printed form at the offices of the Birth Control Federation of America shortly after the first of January at a nominal price.

BIRTH CONTROL FEDERATION of AMERICA Inc

Formerly American Birth Control League
and Birth Control Clinical Research Bureau

501 MADISON AVENUE NEW YORK N Y

Administration
Regional Organization Department
Public Information Department

17 WEST 16TH STREET NEW YORK N Y

Medical Department
National Clinic Service
Clinical Service Bureau

OFFICERS

Honorary Chairman
Margaret Sanger

Chairman of the Board
President Pro Tem
Richard N Pierson M D

Vice Presidents

Robert L Dickinson M D
Henry Pratt Fairchild Ph D

Frederick C Holden M D
Clarence Cook Little Sc D

Secretary

Mrs Stephen Whitney Blodgett

Treasurer

Gilbert Colgate

General Director

Woodbridge E Morris M D

THE FEDERATION'S SERVICE DEPARTMENTS

MEDICAL COMMITTEE

Chairman
Richard N Pierson M D

REGIONAL ORGANIZATION COMMITTEE

Chairman Mrs Henry J Mali
Vice Chairman Mrs George C Barclay

Director

Kathryn Trent R N

NATIONAL CLINIC SERVICE

Chairman
Mrs Henry C Taylor

Director
Elmira Conrad

Medical Director
Clinical Service Bureau
Hannah Stone M D

MEDICAL TEACHING

Chairman
Frederick C Holden M D

MEDICAL PUBLICATION

Chairman and Editor
Abraham Stone M D

PUBLIC INFORMATION COMMITTEE

Executive Vice Chairman
Mrs Mary Woodard Reinhardt

Director
Charles M Smith

EXTENSION PROGRAM

Secretary
Helen Kennedy Stevens

FINANCE COMMITTEE

Chairman
Gilbert Colgate

IFGAL COMMITTEE

Chairman
Chauncey B Garver

DECEMBER 1939

THE SOUTHERN CONFERENCE ON TOMORROW'S CHILDREN

was one of the most helpful and encouraging series of meetings held in recent years. Leaders of public opinion in their various fields were there. Their acceptance of birth control as part of the necessary planning for Tomorrow's Children was both sane and scientific.

It was the consensus of opinion that birth control should be part of the health program in every state. The South was proud to point to the fact that it had led the way in this, that both North and South Carolina had already accepted this program, and that birth control service was now an integral part of the work of their State Departments of Health.

The problem is nationwide. The money to provide help for those mothers needing it comes from taxes of all the people. No woman will be forced to accept such help and advice, but no woman should be refused access to it.

All polls taken show that public opinion by large majorities favors birth control. It is our job to make this opinion articulate, and to translate it into action. If it can be done in the South, considered a more conservative section of the country, it can be done elsewhere.

The South is facing its problems and studying them courageously and with optimism, feeling that they can and will be solved. We, as a nation, can eventually solve our problem of building a better and healthier race if we also face it courageously and with nation wide action.

WOODBRIE E MORRIS, M D
GENERAL DIRECTOR,
BIRTH CONTROL FEDERATION OF AMERICA INC