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Birth Control Review

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BIRTH CONTROL REVIEW

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CONTRACEPTION is a medical problem, first and foremost The methods generally conceded to be most satisfactory must be prescribed by a physician to suit individual needs In this issue we have endeavored to present different angles of this medical problem Dr Wile discusses it from the point of view of public health, in relation to maternal and infant death rates Dr Knopf shows what the role of the wise family physician should be, and gives data on the present teaching of contraception in medical schools Dr Moses, Dr Stone and Dr Yarros draw conclusions from clinical experience, Dr Dickinson summarizes the medical attitude toward contraception and forecasts future progress, and so on Over twenty prominent physicians from different parts of the country answer a questionnaire, indicating their belief in the need for contraceptive advice to all mothers, in the need for training of all doctors, and of further research by the medical profession Prominent New York obstetricians indicate the need for conscious spacing of children in the best interests of mother and child The forward-looking members of the medical profession realize the place of Birth Control in their work But to offset this, there is a darker picture Letters from women suffering for the want of knowledge of conception control reach us daily Too often we hear the refrain "the doctor doesn't know," "the doctor won't tell me" Often there is no doctor in an entire community equipped to carry on contraceptive work Medical students write to the League, a lay organization, for information This is a medical problem It is to be hoped that the medical profession will attack it as intelligently, as courageously and fundamentally as it has attacked other problems Birth Control is a weapon of great power, for ill and for good It is the doctors who must use it It is the doctors who must teach us how to eliminate the unfit, and build a wise and vigorous race

THE "Hundred Neediest Cases" are again with us, and again they call forth the usual warm-hearted outpouring of money and sympathy Why is it that Americans—known the world over for their efficiency in business matters—are so inefficient in their charities? Can anyone derive comfort from the reflection that all the hundreds of thousands of dollars, given within the last few years in response to these "sob stories," have not conduced to the elimination of such cases, that next year, and the next, and the next, through an endless vista of years, there will still be "hundreds of Neediest Cases" on which to squander our money? The pity of it is that the money might be spent in a more fundamental way, to eliminate the causes of all this misery, to prevent endless multiplication of "Neediest Cases," and to keep mothers and children from bitter suffering A reading of the *New York Times* Neediest Cases this year shows how hard is the lot of

the older child or children in large families There are repeated instances of boys and girls who have had to leave school, to sacrifice laudable ambitions in order to become breadwinners long before their time America wishes to eliminate child labor But as these cases show, it is impossible to prevent child labor when the only alternative is starvation for the child himself, and for little brothers and sisters These cases point to the special need for knowledge of conception control in a time of wide-spread unemployment We read of men long out of work, with babies just arrived or about to arrive—babies who have been conceived since the father lost his job Imagine the constant anxious dread under which the mother of a family of little children lives, when the husband is out of work, when the children already here are underfed, when she knows that the danger of adding to the starving little circle is ever before her What diabolic stupidity permits such mental torture? If ever a woman should be assured of freedom from unwanted pregnancy, it is at such a time as this

SEVERAL letters have been received commenting on the statement of policy which the President of the American Birth Control League addressed to League members and readers of the REVIEW last month These letters show the need for a clear understanding of the present situation The League is a national organization, founded in 1921 by Margaret Sanger Since that time it has worked to demonstrate the social, economic and eugenic importance of birth control, to encourage research and spread knowledge of available methods among physicians, and to provide clinical service for the poor In 1923 it established the clinic now known as the Birth Control Clinical Research Bureau, this was administered until 1928 as the Clinical Research Department of the League In September of that year, Mrs Sanger resigned from the presidency of the League to become director of the Birth Control Clinical Research Bureau, which began to function as an independent organization She also organized the National Committee on Federal Legislation for Birth Control, whose purpose is to amend the present federal law governing the mailing of contraceptive devices, literature, etc

The most important branches of the League's work are organization and education It has been wholly or in part responsible for the organization of many of the fifty-eight Birth Control clinical centres now in existence in the United States Through its medical director, field workers and officers, it has inspired the initial interest, secured the cooperation of physicians, given the necessary information as to methods and clinical procedure, or actually organized the committees or state leagues which have founded and are operating clinics This is however, only one part of the League's work It arranges meetings and provides speakers, carries on an enormous correspondence, both with doctors requesting information on technique, and with mothers asking to be put in touch with doctors, publishes the REVIEW, technical and popular pamphlets, leaflets, etc, and acts as a clearing house for information on the Birth Control movement

The Board of Directors voted in January, 1930, to endorse the bill sponsored by Mrs Sanger's Committee It did not, however, vote to make the enactment of the bill a part of the League's program The League agrees with the members of this Committee and with the large group of law-abiding citizens who resent "bootlegging" of any kind, that the amendment of the federal law is desirable The present law unquestionably has a bad moral effect, the classification of contraception with obscenity engenders a feeling of guilt about birth control, and legal restrictions confuse and discourage the medical profession The league, however, feels that there is other and more urgent work to do at present That the federal law does not interfere with practical and constructive work is evidenced by the successful functioning of the fifty-eight Birth Control clinical centres in the United States, including the Birth Control Clinical Research Bureau of New York There are, however, many angles to Birth Control work The movement as a whole will progress fastest if all workers pursue the particular activities best suited to their interests and temperaments, maintaining meanwhile a spirit of cooperation

Dr. Dickinson on the Control of Conception*

ANY health question calls for presentation under conspicuous medical auspices when it involves frequent decisions by a considerable part of the population and when it influences the well-being of the body, the peace of mind, and the future physique of the race How large a proportion of our adults are affected? Nearly one-fourth How frequently must a decision be made to procreate or not to procreate? About twice a week There were in the United States in 1925 some ten million couples with both partners fertile, the wife neither pregnant nor nursing, who constituted 62 per cent of all the married couples These twenty million persons represent one to every 4 3 individuals over 21 years of age

While striving to limit the propagation of mental defectives and others grossly unfit, and guarding mothers from dangerous or excessive childbearing, we physicians would be grievously remiss if we failed to follow the recommendation of the most impressive of the birth control conferences, the one held in New York in 1925, that "persons whose progeny gives promise of being of decided value to the community should be encouraged to bear as large families as they feasibly can" We will protest against extravagance and selfishness that refuse childbearing We will urge decent salaries for missionaries, ministers and teachers, since it is their children that take the lead in *Who's Who* We will collaborate with church and school and college and the American Social Hygiene Association in exalting marriage and monogamy and in honoring honorable acts of love We will seek opportunities to do our part, as medical societies and as practitioners and specialists, in sex education of the young In other words, instead of *sidestepping*, we will share and lead Then some day one of the halls in the Academy of Medicine or in the American Medical Association, crowded with a worthy audience, will be the Section on Sexology I cannot tell you whether this will be in 1950 or 1940 I *can* tell you that with simplicity and dignity of attitude in such discourses the smirk and the dishonor go, and that underground curiosity will go We whose hypocrisy and silence have fostered them will no longer play into the Devil's hands

Is this hundred years, or even fifty years, too soon to expect some organized medical society or public health body to investigate this problem?

Up to date, medical official action has taken this form The New York Obstetrical Society's questionnaire gave a vote for investigation of birth control in 1923 The New York Academy of Medicine approved a program of study in 1924 The American Gynecological Society in 1924 voted for cooperation in the study and in 1925 recommended changes in the law that would allow medical books and scientific journals containing birth control tecchnique to be mailed

The Section on Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association in 1925 passed a resolution recommending changes in the law wherever necessary to allow control of conception by the physician This was revived two years later but was pigeonholed, although in Pennsylvania, Connecticut and eight other states the law expressly forbids physicians to give contraceptive advice One doctor in every eight in the country has written to the American Birth Control League for information, nearly two hundred county medical societies, covering every state, have asked for talks on birth control by their medical director Nine leading hospitals in Greater New York formally include birth control advice in their out-patient service, and out-patient clinics for birth control are in eight other places

After the refusal of several medical bodies and public welfare organizations to study contraception, a self-constituted body, the Committee of Maternal Health, was organized under full medical control six years ago I am its Secretary, a volunteer worker on a nine-hour day, with four secretaries The Committee has three rooms in the

*Excerpts from an address delivered at the N Y Academy of Medicine February 15, 1929, by Robert L. Dickinson, M D Bulletin N Y Academy of Medicine, May, 1929

Academy, but has no organic relation to it One of our first acts was a report on the medical situation, including the technique of contraception I mailed 1,500 reprints on the day that the journal which contained this article was posted, and another 1,500 have been mailed since The Federal Law fathered by Comstock had, since 1873, forbidden medical knowledge of this kind to be sent by post even to doctors Mine was the first extensive test of the attitude of the Post Office Since then, Dr Hannah Stone's able report on 1,465 well followed-up cases from the American Birth Control League has been published in a medical journal and mailed as reprints, and Dr James M Cooper's large book, "The Technique of Contraception," has gone out to 10,000 doctors Contraceptive devices are expressed without hindrance We may, therefore, infer that public opinion is such that interference with the necessary dissemination of medical knowledge or supplies will not be countenanced

"Does not everybody know?" asks Dr Simon Flexner "Does not any drugstore sell the wherewithal?" In answer let us give, not the sob-story of the propagandist, but fair examples from notable services in the city

A woman in convulsions enters Bellevue, the State's largest hospital, or the Lying-In, the country's largest maternity service The baby arrives dead, the mother is barely saved On discharge, the doctor warns the patient not to become pregnant again till her bad kidneys are well No, he cannot tell her how to protect herself Where is the advice to be had? He declines to inform her True, if she becomes pregnant again, she can come back, and if it is needed to save her life or her eyesight, an operative abortion will be done Indeed, she can be aborted every four or six months if her kidneys go on strike each time But she may not be told in either of these two great institutions how to avoid the jeopardy until well enough to carry on with a pregnancy

Though the law sanctions advice to prevent breakdowns, to have had twelve children is not reason enough for giving birth control advice in our newest and tallest clinic Our woman with kidneys on strike is discovered by a social worker, who sees her through a third therapeutic abortion, and after the third medical warning with treatment refused, takes her to a hospital clinic or separate birth control clinic that *will* give her contraceptive advice (She happens to be a Protestant) Note what happens next Soon the head of the great charity in whose service the worker performed this act of ordinary humanity is officially notified that if word comes again that any worker refers any patient for birth control advice, all contributions from members of a particular denomination will be stopped This is general experience

A feebleminded woman, with children already in the institution, enters Letchworth Village pregnant The new baby joins the other children in the institution for life If, after a few years' training, this inmate is qualified to support herself, or her husband will support her, the superintendent has no sanction to sterilize her before release, however urgently she or her family may ask it We have not the sterilization law that twenty-three states enjoy, to back the doctors of asylums—and the doctors dare not give her contraceptive advice!

We can multiply case records of this kind from our files

The question involves *every* mother after delivery, who requires instruction in measures to take to avoid pregnancy until she is fit to bear another child, it includes every convalescent from operation or real illness and every woman worn down by imperative overwork And the doctor who does not help to prevent the start of a pregnancy that he is persuaded will run his patient down further —how does he excuse himself for a neglect of ordinary health protection? Shall his patient, mother of two or three, without means, and married to a chronic alcoholic, go on bearing? Or this worn-out wife of a hopeless incompetent, just because she has not *yet* gotten tuberculosis, or because her strained heart muscle still compensates?

We doctors are afraid of the words "social and economic grounds" for birth control advice But the father getting mean wages or long out of work or ill, the underpaid teacher with children, the young couple who would marry if the wife could go on working and postpone childbearing a year or two, the couple with all the children they can decently rear—are we to sidestep these problems?

SUMMARY

Histories which disprove many of the common accusations against birth control are in our hands These seem to show that

1 *The usual methods are harmless* It is the little used intrauterine stem and an abandoned German practice that have done the damage

2 *Production of sterility is not proved* Evidence is lacking, in our six-year hunt for case records, of sterility from methods other than the intrauterine stem

3 *The methods are reasonably effective* Clinically approved methods show ninety-five per cent protection, which compares well with medical treatment of other sorts

4 *Women do not shirk motherhood* They come to clinics usually after four pregnancies, with

three living children, nearly half have four or more living This applies to England, Germany, Sweden and Russia, as well as to America

Three of the great strides of medicine are toward

Control of pain in labor and operation

Control of infection in obstetrics and surgery

Control of communicable disease

These three advances made in the face of opposition and indifference on the part of the organized profession, are now its common pride and glory

A fourth control, control of conception, needed to safeguard life and health and happiness, though now suspect and maligned, will take its place of honor with these others Courage and wisdom were required to restrain the forces of disease and death A greater courage and a higher wisdom are called for within our profession to undertake a guiding part in the control of life

Contraception and Public Health

By IRA S WILE, M D *

IF I WERE a health commissioner my interest in the subject of Birth Control would be localized in the effect of contraceptive practices upon public health Every health officer is well aware that economic status has important relations to public health, and everyone is aware of the degree to which ignorance operates as a dysgenic factor in human life Granting that the vast majority of people in this country live on incomes below two thousand dollars a year, one cannot argue at once that a general limitation of offspring would bring about an immediate improvement in public health conditions On the other hand, there is an ample accumulation of data to indicate that infant mortality is highest in those families belonging to the lowest income groups, in those groups having the largest number of children, and most of all, in those groups which at the same time have the lowest income and the largest number of children It is proper for a health officer, therefore, to consider the relationship of contraceptive practice and low infant mortality rates irrespective of income class

The experience of the world demonstrates beyond question that those nations possessing the lowest birth rates manifest likewise low infant mortality rates and low general death rates This fact is indicative of a wholesome state of affairs even though it may lead to a slower natural increase in population of communities The difference between the birth rate and the death rate is significant in that it represents a far higher health value to have a diminished birth rate and a diminished death rate in place of the older types of high birth rates and correspondingly high death rates The gain to the public is obvious in terms of the decrease of disease, deaths, economic loss, familial anxiety and communal distress

There is another phase of public health which should possess significant meaning for health officers and that is the very serious problem of maternal mortality Unfortunately the United States has a higher maternal death rate from puerperal causes than any other civilized country Diminished childbearing patently diminishes the opportunities for death from pregnancy and puerperal complications Multiparity cannot be ignored even though faulty obstetrics appear responsible If it can be shown that maternal mortality increases with the number of children born, it is patent that too frequent childbearing constitutes an element in the general death rate that merits the attention of a health officer, especially because there has been no improvement in maternal mortality in the United States during the past decade

As a health officer I could discuss the relation of numerous children born at short intervals in terms of the general effect upon the health of the mother, and the part that rapid childbearing plays in neuroses, marital infelicity, malnutrition of children and familial deterioration I am concerned for the present with the reticence of health officers concerning the limitation of offspring by contraception insofar as it affects infant and maternal health and welfare

*Excerpts from an article published in *American Medicine*, November, 1930

There is increasing interest in the importance of protecting the lives and health of mothers because it is definitely acknowledged that a large proportion of sickness and mortality during pregnancy, labor and the puerperium is preventable It is also thoroughly understood that the death of a mother or her continued ill health constitutes an important influence affecting infant mortality All efforts in the direction of prenatal care are designed to obviate the unnecessary loss of vigor or life Every effort to lessen the needless wastage of mothers has the additional value of saving the lives of children Adequate prenatal care should carry with it intelligent guidance on problems concerning pregnancy and childbearing, even at times to the extent of giving advice concerning the importance of securing rational information of a contraceptive nature if maternal health is threatened The health officer knows that maternal lives are needlessly sacrificed but he speaks only of abortions, increased maternal risks, dystocias, hemorrhage, toxemias and operations, ignoring contraceptive prophylaxis

Experience has demonstrated that the mortality rate for infants is higher among those born at short intervals after preceding births—according to Woodbury's report on infant mortality

"The difference cannot be explained by age of mother, order of birth, or economic factors and was apparently due to factors, probably relating to the physical condition of the mother, that were associated with interval"

It has been recognized by various writers that maternal mortality is higher for the first birth, lowest for the third, and gradually increases from the third until it reaches its maximum by the eighth and later children Again quoting from Woodbury

"The infants who were born at the shortest interval had the highest mortality rate (146 7) as compared with those who were born after an interval of four years or more, who had the lowest mortality (84 9) Evidently some factor that is intimately connected with the short interval—perhaps through the influence of frequent births upon the mother's health, affected adversely the chance of life of the infants who followed closely after preceding births"

It is patent, therefore, that a health commissioner, in considering the problems of reducing infant mortality, should take note of the possible effect of diminished child-bearing upon the public health I have not mentioned the problem of the number of women who die annually as the result of abortions because obviously their deaths, though a serious communal liability, do not affect the infant death rate Furthermore, every intelligent person knows that contraception is opposed to abortion Knowledge of contraceptive methods will lessen occasions for and deaths from abortion I have not referred to the high death rate of infants born out of wedlock, because I do not want to complicate my statistics by what may be regarded by some health officers as moral issues, beyond their control I have commented upon facts that health officers know or should know as revealed in the statistics that I have adduced, which, while relating mainly to New York City and State, can be duplicated in any state of the Union

A diminished birth rate carries with it a lower mortality rate, and lower infant mortality rate To this extent the limitation of offspring constitutes an important factor in reducing the deaths of a community Phrased more properly, a diminished birth rate enhances the life values of a population and raises the level of health of the community For this reason health officers should be concerned in present-day discussions of the limition of offspring by contracepton, irrespective of such added interest as may arise from an appreciation of the problems of economics, education, public welfare and public advancement that are bound up in a lowered birth rate Health officers should be leaders in interpreting vital facts and their interest should give them convictions and courage to express their ideas upon the relation of contraception to public health

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DEATHS OF MOTHERS FROM CAUSES CONNECTED WITH CHILDBIRTH PER 10,000 LIVE BIRTHS

	1923	1925	1927
Denmark	26	24	31
England-Wales	38	41	41
Germany	52	53	—
Japan	34	30	28
Netherlands	23	26	29
New Zealand	51	47	49
Switzerland	46	43	37
Uruguay	27	25	22
United States	67	65	65

U S Children's Bureau

When Will Doctors Meet This Need?

Can any unprejudiced person deny that the women who wrote these letters need contraceptive advice? They turn to their family doctors for help Only the doctors can save them from misery, sickness and death

It has been over a year now since I write you At that time I already had two children born within the two years of my marriage, and didn't want any more I told you of my family physician and whatever information you sent him I couldn't find out for he isn't up to date, and anyway, by the time he was through vacationing and I could get in touch with him I was pregnant again Now I have three children all under three years of age, and before the oldest is three years old, I'll have four, for I am pregnant about six months again I must know something about what to do, for I'll be crazy if I go through with this many more times

I have a crippled sister-in-law who has had three babies in three and a half years, every child has had to be taken, and she almost died last fall The doctor who cared for her told her he hoped she would never have another child, but that didn't help her when she doesn't know what to do

I am a woman of thirty-two and three months ago gave birth to a lovely boy and since that time have been in bed with phlebitis in both legs and from under the right arm to the stomach This has left me in terrible physical condition and with a bad heart In view of this fact my doctor tells me that to become pregnant within a period of three years is liable to prove fatal I asked what was to be done about it and his answer was "Be careful or use total abstinence" What shall I do? This is really no advice

I need Birth Control information badly, being only twenty years old, have been married two years and have had three miscarriages The last one I had a hemmorhage and very nearly passed over as we have no car and live sixteen miles from a doctor and two miles from the closest neighbor My doctor wouldn't give me any information, said I must have some children first, but how can I when all I have is miscarriages My health will go and I will have less chance of ever having a child

I have believed in Birth Control for years, yet have never been able to find out a safe method Our doctor is old-fashioned and refuses to give any information aside from that of abstinence I have been pregnant five times—yet only two children are alive My doctor himself says I am not strong enough to go on having children What am I to do? I am thirty-two, my husband forty-one

I was told to write to you for advice on childbirth as I have given birth eight times in ten years Seven full time children and one a miscarriage of four months I have a baby now twelve days old, and my oldest girl is nine years old I couldn't get any help while I was in bed for my husband's work is too poorly paid to pay for help When you see your children cold and hungry you sure feel bad

I am only twenty-eight years of age and have seven robust and healthy children, while I myself am thin, anaemic and always feel mean My maternity specialist has said several times I should have no more children but possibly it is not within his rights to help me, because he never mentions any specific preventative I am anxiously awaiting a reply from you as I have a little son of four months old, and am constantly fearful now

I have been married nine months and my baby has just arrived, so I am desirous of information to ward off another pregnancy so soon again

My wife has just had a Caesarian operation and was told not to have any more children, no contraceptive information was given however due to our state laws She was told that should she become pregnant to report at once I am asking how to secure the information, as I can see no object in locking the door after the horse is stolen If the state law really forbids the doctor to give this necessary information, it is up to the medical society of the state to get the law changed No other profession would tolerate such restrictions

Medical Thought Advances

By JAMES F COOPER, M D

SIX YEARS AGO contraception was taboo, not only socially but professionally Practically no medical schools were teaching the subject and the literature was inadequate Medical societies did not feel that contraception had either professional or scientific possibilities, and therefore neglected it

After the last International Conference held in New York in 1925, I planned a campaign to bring to the medical profession the available scientific material and to interest them in the study of contraceptive problems A circularization of all the more prominent county medical societies of the country brought meagre results I then went out to deal with the problem personally, and, during the past five years I have travelled over 40,000 miles and have spoken to over three hundred medical groups These groups include State and County Medical Societies, medical schools, hospital staffs and Academies of Medicine

The beginning of a change in the attitude of the medical profession is indicated by the appearance of articles and opinions on contraception in medical journals One president of the American Medical Association, Dr William Allen Pusey, has written effectively on the subject of *Medicine's Responsibility to the Birth Control Movement* Many articles of like character and of a more technical nature have appeared in the *Journal of the American Medical Association* and other leading medical journals Reprints of these articles have had a wide distribution and a great influence on medical men who are beginning to realize the necessity of further enlightenment on these problems The modern position was expressed by Dr J Whittridge Williams, one of America's foremost obstetricians, in an article in the *Journal of the American Medical Association,* Vol 91, page 1241

"Where should we stand as medical men? To my mind there can only be one answer, and that is that we must give contraceptive advice whenever it is medically indicated, but that it must depend on our conscience as to what advice should be given under other conditions I hold that it is just as much our duty to give such advice when medically indicated as it is to advocate the employment of any other prophylactic measure I feel very strongly that our state and national laws should be amended so as to make it possible for physicians to prescribe contraceptive means with the same freedom and decency as any other prophylactic or medical device, and I resent very strongly the attempt of the government to interfere in this respect, as I regard it as an unwarrantable aspersion against the integrity and *bona fides* of the medical profession"

The education of physicians whose medical training did not include the study of contraception, and the education of students now in our medical schools must proceed until the practice of contraception is accepted as essential in lowering obstetrical mortality In the United States this reaches as high as 25,000 per year It must proceed until there is contraceptive service in all of our larger hospitals and health centers so that the poor and the unfortunate, who so often sadly need this advice, may find it as readily available as any other measure recommended for the prevention of disease and the conservation of health

There is good reason to feel that this time is not too distant When the first clinic started in New York most of the materials used had to be imported Now, several supply firms are selling to thousands of physicians all over the country and the number of clinics has increased from one to fifty-eight Some of these are independent clinics, some are contraceptive services in connection with hospitals In all of the clinics, whether of independent or hospital type, the work is always done by trained physicians and the medical committees who direct these activities are almost invariably composed of outstanding medical men, thus assuring efficient, scientific and ethical treatment The interest is growing and more clinics are contemplated It is quite possible that advice is given in many more hospitals, where special arrangements are not made The records kept in these clinics are fairly uniform, the methods are similar, a mass of scientific data is being gathered, and the results so far have been gratifying Modern contraceptive methods appear to be highly successful

It must be admitted that women may have other than strictly medical reasons for wishing to regu-

late the coming of their children But when women decide to limit their children, they present medical problems, and family physicians are the ones to advise simple, safe, and satisfactory methods It is therefore urged that women take these problems to their family physicians and that the physicians consider all of the circumstances in these cases and let themselves be guided by their social, ethical and humanitarian instincts as well as their scientific, medical judgment

The ideal conditions will exist when scientific, effective contraceptive methods are as freely available to the poor as the rich, when physicians will have no legal restrictions in giving advice and women will have no embarrassment in receiving or using contraceptive measures, when children will be conceived only whe nthe physical and mental health of the parents and the social and economic outlook are such that the new generation will have a fair chance for a normal life

Do Doctors Know About Prevenception?

By WILLIAM J ROBINSON, M D *

ISN'T a book on prevenception for physicians something in the nature of carrying coal to Newcastle? Isn't a physician supposed to possess all this knowledge? Yes! He is supposed to and he should I have always maintained that it was just as important for a physician to know how to prevent undesirable and undesired pregnancy as it is to prevent the spread of typhoid or the contraction of any infectious disease But alas, the percentage of physicians who know nothing, or practically nothing, about the prevention of conception is truly and tragically amazing I have had physicians in my office from the West and the South and from small urban and rural communities in general who had not *heard* of, handled or seen any prevenceptive device And how should they know? Such knowledge does not come by instinct or inspiration You have to *acquire* it And in most of our medical colleges not a single word is uttered on the topic, and in all the textbooks that we, as medical students, are required to study, not a paragraph is devoted to the subject From a study of all the books on biology, physiology, internal medicine, obstetrics and gynecology, you would not suspect that there exists such a thing as prevenception (or contraception), you would not learn that to prevent conception is sometimes of *vital* importance, *i e*, a matter of life and death, and that it is therefore important for the practicing physician to be familiar with the various methods and appliances necessary to prevent undesirable and undesired pregnancies And proportionately to the general population, we get as many requests from the medical profession for prevenceptive information as we do from the laity This, I believe, answers adequately the question as to the need of a manual on prevenception for physicians No class in the community needs it more

Do you know of any more pitiable figure than that of a physician who tells a woman with a dangerous heart lesion, or a mother exhausted and weakened by numerous pregnancies, childbirths and nursings, that under no circumstances must she become pregnant again, but to the question—what is one to do to prevent another pregnancy, has nothing to say, except to shrug his shoulders, smile embarrassedly or mutter something about keeping away from the husband? There is *nothing* that makes the laity more contemptuous of and bitter against the medical profession than just the refusal to give prevenceptive advice when it is vitally needed, particularly so because they are convinced that this refusal is not due to ignorance but to selfish unwillingness It *is* sometimes the latter, but more often it is the former—a condition which this book aims to remove

A word about the term Birth Control "Birth Control" is misleading It is a translation of the German *Geburt-Regelung* and is now a permanent addition to our language, which nothing probably will uproot or displace But it is a bad term, the worst that could have been coined It is due to that term that prevenception (or prevention of conception) is still so frequently confused in the popular mind with abortion

*Excerpt from the Foreword of *Practical Prevenception, The Technique of Birth Control,* by William J Robinson, M D The American Biological Society, Hoboken, N J

Are These Answers Typical?

Prominent physicians give their opinions on three fundamental points of medical policy, at the request of the editor

1 *Should a mother who has just borne a child be given contraceptive information in order to time the beginning of the next pregnancy?*

B M Anspach, M D — Yes

Charles S Bacon, M D — Yes, if she wants it

Joseph L Baer, M D — Yes she should be told not to become pregnant too soon again—then on her request she should be instructed

Kate Baldwin, M D — Yes

Lewis T Buckman, M D — Yes

Lida S Cogill, M D — Yes—most assuredly

George H Coleman, M D — Yes

N S Davis, M D — Yes

A Lovett Dewees, M D — Yes The necessity for suitable spacing of babies is the most frequent indication for contraception Every obstetrical case is potentially a contraception case, and a wise physician will offer to discuss technique

John Favill, M D — Yes, if she does not already know

Alice Hamilton, M D — Yes

B C Hirst, M D — Often, yes

Selim W McArthur, M D — Yes

Adolph Meyer, M D — Yes—but that is not enough, there also is need of adequate instruction of the husband

Stuart Mudd, M D — Yes, if circumstances of her case make it seem advisable I do not think this would be true in every case, but would certainly be true in many, probably the majority of cases

Hiester H Muhlenberg, M D — Yes

Wm A Pusey, M D — Yes

Aaron J Rosanoff — Yes

George L de Schweinitz, M D — Yes

Joseph Stokes, Jr , M D — She should have the information even before the first child

Eugene S Talbot, M D — Yes

Kenneth Taylor, M D — Yes

Norris W Vaux, M D — By all means That is part of what I consider should be her postnatal instruction

2 *Should all physicians have complete knowledge of contraception as part of their general medical training?*

B M Anspach, M D — Yes

Charles S Bacon, M D — Yes

Joseph L Baer, M D — Certainly

Kate Baldwin, M D — Yes

Lewis T Buckman, M D — Yes

Lida S Cogill, M D — Yes

George H Coleman, M D — Yes

N S Davis, M D — Yes

A Lovett Dewees, M D — Yes It should be no more difficult for a woman to consult a doctor about prevenception than about indigestion There is nothing indecent, obscene, illegal or unethical about one more than the other

John Favill, M D — Yes

Alice Hamilton, M D — Yes

B C Hirst, M D — Yes

Selim W McArthur, M D — Yes

Adolph Meyer, M D — Yes, with due information as to the drawbacks, misuses, hazards, etc

Stuart Mudd, M D — Yes There are a number of well recognized medical contraindications to pregnancy For this reason therapeutic abortion is taught as a routine in most if not all medical schools The more humane alternative is prevention of conception It is both inhumane and irrational to teach therapeutic abortion and not contraception The latter should be taught in all as it is now in some of the more progressive medical schools

Hiester H Muhlenberg, M D — Yes, if there is such a thing

William A Pusey, M D — Yes

Aaron J Rosanoff — Yes

George L de Schweinitz, M D — Yes

Joseph Stokes, Jr , M D — Yes, decidedly

Eugene S Talbot, M D — Yes

Kenneth Taylor, M D — Yes

Norris W Vaux, M D — Absolutely, just as much as knowledge of urine analysis, blood counting, etc

3 *Would it be advisable for the medical profession to make a thorough study of contraceptive methods? How could this be done?*

B M Anspach, M D Yes

Charles S Bacon, M D Like all kinds of research it should be made by those who have an interest in it and who will devise the methods

Joseph L Baer, M D Superfluous — answered under (2)

Kate Baldwin, M D First step—remove legal restrictions and interest the research laboratories

Lewis T Buckman, M D Yes As in all else, this can be done only on the basis of numbers of cases This supposes the establishment of clinics where controlled series can be studied Under the present legal restrictions, this is difficult Just as anti-vivisection legislation endangers scientific medical progress that is based on animal experimentation, so does legislation that forbids dissemination of contraceptive knowledge, and for just that reason the medical profession should unite to free itself of legislative restrictions

Lida S Cogill, M D Yes—by becoming a member of the American Birth Control League, keeping in touch with the work done at the birth control clinics and the literature on the subject

George H Coleman, M D Yes By a commission

N S Davis, M D Yes

A Lovett Dewees, M D Yes—by study of printed reports and objective methods of clinics which are often research centers—by putting the subject on the programs of medical meetings, and by all the methods used to modernize and advance medical practice A great deal of the difficulty lies in a lack of understanding of what a clinic or doctor can do When it is made clear that all that may happen at a clinic is a painstakingly dignified discussion of matters about which most intelligent married folk already know something, and many need to know more, when medical staffs and hospital boards realize it is just the application of a scientific attitude and intelligent medical effort to problems which every married adult faces every day, then I think opposition evaporates

John Favill, M D If by "the medical profession" you mean a suitable group of doctors trained for such a research, my answer is yes If you mean a wide-spread general participation in such an investigation—no

Alice Hamilton, M D Yes In well supervised clinics

B C Hirst, M D Yes

Selim W McArthur, M D The first essential step is in obtaining sane, modern, ethical viewpoint—sane legislation—and a divorce from absurd religious views

Adolph Meyer, M D It is most probable that such studies can only be undertaken by competent investigations with adequately controlled records This does however, require definite willingness of many physicians to collaborate

Stuart Mudd, M D Yes The establishment of clinics under medical auspices should be encouraged Careful analysis of case histories and follow-up of results should be made both in these clinics and by individual practitioners The results of such studies should be published in the regular medical journals just as is work in any other field of medicine

Hiester H Muhlenberg, M D Yes—long clinical trial of various methods

William A Pusey, M D Yes The first thing is to allow dissemination of information about the methods, then investigate it and follow such lines as seem desirable without being trammelled by restrictions

Aaron J Rosanoff Yes—in hospitals, out-patient clinics and in private practice

George L de Schweinitz Yes Abolish present meaningless obstructive laws Reports of followed-up cases from clinic and private practice

Joseph Stokes, M D Through the Committee on Maternal Health, of which Dr Dickinson is Chairman

Kenneth Taylor, M D Yes By the incorporation in all public clinics of a control department for the free dispensing of advice and medical supplies by competent workers with a follow-up of results

Norris W Vaux, M D Yes, by establishing well-run clinics under strict medical supervision

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I find the great thing in this world is not so much where we stand as in what direction we are moving

—*Oliver Wendell Holmes*

Directors of Clinics Evaluate Results

The Baltimore Clinic

By BESSIE L MOSES, M D

THE BUREAU for Contraceptive Advice in Baltimore, with which I am associated, is run entirely as a medical clinic and without any propaganda activity whatever Our aim, since the opening of the Bureau in November, 1927, has been to give contraceptive advice only to such women as are referred by physicians in whose opinion these women are considered either physically or mentally unfit to bear more children

Although I do not want to sound a pessimistic note, because I believe that there is nothing in the field of medicine of more importance than making contraceptive advice available to those who need it, yet I feel that we cannot afford to be too sanguine regarding our results The group with which we are dealing is a difficult one Many of the women are of the lowest social stratum, many are low grade mentally and are economically dependant wholly or in part on charitable organizations Such women are careless and ignorant and have neither the intelligence nor desire to carry out directions of any sort, no matter how essential for their health or happiness

The methods which we are advocating are those in general use at most of the clinics in this country and abroad and although they are the best available at the present time, it must be admitted that they are not as simple as might be desired and they require a certain amount of intelligence and care for detail in their use Many of our patients live in very crowded quarters, with no privacy and no sanitary conveniences It is obvious that from the point of view of such patients the method is far from ideal To me it is a very interesting fact that most of the women of this group do not have any difficulty in learning the method Knowing what to do, however, and doing it are two entirely different matters We find that large numbers of the patients, when followed up, are not using the method prescribed The whole thing is a vicious circle the crowded living quarters with no hygienic facilities, the women ill and over-tired from too much work and too many children, too tired, lazy or indifferent in fact to make use of the advice which has been given to prevent one more undesired and undesirable child—hence more crowded quarters and more work ad infinitum

These are the very women whom we particularly want to reach, but how? Now that the whole subject of contraception is being discussed widely in both lay and medical circles, and no longer has to be whispered about, I am optimistic enough to feel sure that some good scientific research will put into our hands contraceptive methods which will be dependable, non-injurious and simple enough for use among that large group who, of the entire population, needs our help most and whom we are certainly not reaching at the present time

But this, to be sure, is not the whole picture Many of our patients—women of average intelligence or less—do carry out instructions conscientiously and carefully even in the face of tremendous difficulties They report back to the clinic regularly, and among this group are to be found our most grateful patients Such women make us realize that if we get satisfactory results only with part of our clientele, our work is still very well worth the effort

Present Day Methods and Research

By HANNAH M STONE, M D

WHAT about the contraceptive methods which are being advised at present in the birth control clinics? Are they at all satisfactory?

It is a noteworthy fact, first of all, that the methods prescribed in most birth control clinics in America, in Europe, and even in Asia are quite similar in type and in character They may differ in certain details of form, composition or manner of application, but they are all based upon the same fundamental principles

Now, a contraceptive to be adequate must above all be harmless and reliable The methods advised at the clinics meet these two requirements quite fully They are entirely harmless and, if carefully and intelligently prescribed, are efficient to a high degree This was the consensus of opinion of the members of the Seventh International Birth Con-

trol Conference who have had a wide experience in the field of contraception, and one of the conclusions reached quite unanimously at this conference was that "Reliable and harmless methods exist for the great majority of couples, but have to be adopted by the medical advisor to the individual requirements"

There is, nevertheless, a distinct and urgent need for much further research in contraception and for the development of improved methods and technique Reliability and harmlessness are not the only criteria for an entirely satisfactory contraceptive The method must also be psychologically sound, it must be simple, comfortable, convenient and aesthetically acceptable Most couples find the methods prescribed at present in the clinics quite satisfactory even in these respects, yet there are some for whom present-day methods are not entirely satisfactory, and we must look to the future for the development of an ideal and universally acceptable method

As a matter of fact, contraceptive knowledge has lagged far behind the scientific developments in other fields of medicine The reasons are not far to seek Until very recently the subject of birth control has been surrounded with taboos and restrictions which made any progress in this field very difficult It is only during the last few years that investigators have paid any attention to the problems of contraception The collecting and collating of records and the follow-up work in the several clinics will throw much needed light upon methods The study of ten thousand cases from the Birth Control Clinical Research Bureau of New York which is now in the course of preparation should prove very valuable in this respect Important research work along physico-chemical and bio-chemical aspects of contraception are now being carried on by scientists in many laboratories in various parts of the world Newer methods are being devised and studied There is no doubt that a great deal of experimental work and research is yet to be done but we may confidently expect that eventually a method will be evolved which will meet the many requirements of an ideal contraceptive

It is indicative of Margaret Sanger's understanding of the scope of birth control that the Clinical Research Bureau under her direction instituted records and scientific follow-up work Only by a thorough check on present methods can we plot the lines along which further research is most needed

Objections Disproved by Clinical Findings

RACHELLE S YARROS, M D

THE present aim of the special birth control agencies should be not only to extend clinic facilities but to make every effort to enlist the interest and cooperation of the physicians For through them birth control information can be spread to all groups of society in every section of the country

To interest the older generation of physicians is not easy since they are still under the influence of the old taboos towards matters of sex, and, having had no experience in modern scientific methods, they consider it beneath their dignity to deal with a pseudo-scientific subject The young groups are more ready to consider the whole subject of birth control Because they are more apt to have the franker attitude towards sex, as part of the modern point of view, birth control has become for them a personal problem fully as important as it is to the layman

One of the most valuable means of removing such apathy as exists is the systematic reporting of findings based on experience with large numbers of cases, such as are treated by the birth control clinics conducted under proper supervision Exchanging this information and making it available for the use of physicians generally will help to determine the best methods available and greatly increase the appreciation of birth control as a means of promoting health and welfare

The principal objections to birth control still raised by physicians may be summed up as first, the unreliability of methods used, second, the danger of possible inflammation, third, sterility, and fourth, that the methods are of such nature that only individuals in the middle and upper classes can use them

It is interesting to test these objections in the light of the added evidence as presented by our recent work in the Illinois Birth Control League clinics, of which there are six branches, located in different sections of the city In 1929, 1340 cases were given contraceptive advice At the end of that time 582 of these cases had reported upon the use and success of the methods prescribed Of this number, 561, or rather more than 96%, reported successful use for from one to fourteen months Eleven

cases, or 2%, had discontinued the use of the method two of these because of pregnancy, one because of separation from her husband, one because of the illness of her husband, one because of an operation, one because of a desire for pregnancy, one because she did not understand the method, one because "it was too much trouble," and three because of general dislike for the method

Of the ten cases in which pregnancy was reported, one admitted that the method had been discontinued, one used a broken appliance, one gave no reason, one desired pregnancy, four admittedly did not follow instructions, and only two, less than 1% of the total reporting, became pregnant while using the method correctly according to their own statements

In 1930, up to December 1, 1530 cases received advice, and to date, in about 621 cases who have reported, there were only three cases of pregnancy, or 0 5%

A HIGH DEGREE OF RELIABILITY

From this evidence, it would seem that the methods advised possess a high degree of reliability even in the hands of the relatively ignorant, economically lower classes For in 1929, 799 of the 1,340 cases were demonstrably from the low grade of skilled and from the unskilled grade of labor classes, while in 1930, 941 cases were from the lower economic and foreign groups

That this success cannot be interpreted as resulting from a general lack of fertility is shown by the following figures Only 316 of the 1,530 cases in 1930 to date had not been pregnant, and these were the newly married or those about to be married More than half, or 855, had had from one to four pregnancies before coming to us for advice More than a fifth of this group, or 307, had had from five to nine pregnancies, and fifty-two had had over ten

There is not the slightest evidence in all our experience in the clinics, or in my own private work during twenty-five years, that there has ever been an authentic case of inflammation in the pelvic region as a result of the contraceptive information that we gave We have, however, seen many injuries caused by methods learned through unreliable sources

As to sterility and its relation to contraception, we have had an increasing number of young married women or those about to be married, and among these there have been a number that have become pregnant after discontinuing the use of the prescribed contraceptive This is particularly the case in my own work among the groups whom I have watched for a good many years Since we make a gynecological examination in every case and register the findings, we have often discovered conditions which might prevent pregnancy and in some of these cases we have been justified in our diagnosis, while in others we have been mistaken, since they subsequently became pregnant In some the fact of sterility could not be explained upon any basis

The methods advised seem to be used equally well by all classes of society They are well within the reach of the lowest classes from the cost standpoint, at least where instruction and supplies are provided through philanthropic and semi-philanthropic clinics, as could and should be done in all our large hospital dispensaries The methods are as successful in the hands of the ignorant element as in the hands of the middle classes, the percentage of failures being little higher in the clinics frequented by the foreign group than in the centrally located clinic dealing with those of a higher economic level

The success of the method depends largely upon the adequacy of the instruction given, the completeness with which the patient is won over to confidence in the method, and the thoroughness with which she is trained to be an expert in her own case This requires infinite sympathy, understanding and patience on the part of the doctor Knowing the success of the method as used in our clinics, I was amazed to find, during a recent trip to Russia that 15% of failures resulted in the Russian clinics This was explained, however, when I found upon visiting a clinic that instruction to the patient was given in only the most cursory fashon, because of the great number applying for this information and the inadequacy of the personnel, although the same methods are used They, therefore, are resorting as a medical welfare policy to legalized abortion to escape from the mortality and morbidity incident to criminal abortions, as evidenced even today in our own and other countries

That all religious groups are represented in our clinics is evidenced by the fact that of the 1,340 cases reported, 782 belong to one or another Protestant denomination, 391 were communicants of the Catholic Church, 146 were Jewish, 12 Orthodox Greek, and only 9 gave no religious affiliation

Twenty Prominent Obstetricians Answer a Question

QUESTION Under existing urban conditions in this country today, how close together, in the best interest of the mother and baby, do you consider it advisable for a normally healthy woman to have her children?

[*It is obvious that the interval between childbirths can only be controlled by the use of scientific Birth Control If the medical profession believes in proper child spacing, it must also believe in giving contraceptive advice to parents*]

The proper spacing of children is three years If parents decide to have more than one child, they should space them as mentioned, otherwise the older child gets to be a burden, and interferes with the bringing up of the smaller child

MOSES BACHER, M D

Bearing of children, especially of the working and middle class women, should not take place for a period of between three to five year intervals

H B BISCOW, M D

In the interest of both mother and child, two years should be about the minimum period of time intervening between consecutive pregnancies

ARTHUR S CALMAN, M D

Three years

EDWARD HOENIG, M D

A period of two and one-half years between pregnancies is advisable for normal, healthy women

AUSTIN B JOHNSON, M D

Two and one-half years would be the proper spacing of babies, as an optimum minimum

SOPHIA J KLEEGMAN, M D

In my opinion the spacing of three years between births, and limiting the number to four, is advisable

ABRAHAM KOPLOWITZ, M D

As a rule, in my opinion a woman in ordinary circumstances would be better by not having her babies closer together than two years In a number of cases it has been my experience that nature seems to regulate these matters fairly well

We all meet with cases where the mothers have their babies too close together for their own health, and also for the sake of the baby, as well as the others in the family where she has to give them her personal care

However, there are a goodly number of patients who conceive but should not bear children on account of the presence of a serious cardiac, pulmonary or kidney condition

GEORGE BOLLING LEE, M D

I should say that children should not be *more* than three years apart as they are too uncompanionable where the difference in age is greater than this How close together, is much more difficult to state Much depends on the social condition of the mother and the number of children that mother intends to have If the woman expects to have only two or three children, with nurses to take care of them, fifteen or eighteen months apart would not be too close If the mother expects to have many children under the same social condition, I should say two or two and one-half years would not be too close

If the mother has no nurse and intends to have a large family, two and one-half years apart is near enough, but if under the same conditions she expects to have only two or three children, again they could be closer together

A normally healthy mother such as you mentioned may however be a large robust woman, an

average woman or a small, frail woman These conditions again, in my opinion, would modify the spacing in addition to the social position and size of the family

Another modifying factor would be the type of pregnancy and labor A woman who has had a miserable pregnancy certainly should not repeat as soon as one who has had an easy pregnancy A difficult labor should also be considered an indication to wait a longer period of time before another pregnancy is begun

HOWARD E LINDEMAN, M D

A child every three years, and a family of four children, is about as large as one ought to permit oneself

P J LIPSETT, MD

Experience seems to point out these two facts First, that for the average woman, pregnancies repeated as often as once a year are not in the long run satisfactory, and that at least eighteen months should intervene wherever this is possible Second, that in the case of the average woman a great number of pregnancies cannot be beneficial to either mother or offspring

Generally speaking, frequently repeated pregnancies, such as a year apart, and a large number of pregnancies in an individual, predispose the mother to poor health, to repeated miscarriages and frequent lessened health to the later living children Among the poor such a life for the mother means almost invariable economic distress

RALPH W LOBENSTINE, M D

For the best interests of both mother and child I feel that there should be a minimum time interval of two years between the birth of children

ERIC M MATSNER, M D

The frequency for child birth is dependent upon two features first, sociological and second, medical The sociological aspect has to do largely with the ability of the parents to take proper care of the children they bring into the world The medical problem deals principally with first, the health of the parents, especially the mother, second, the ability of the mother to bear children without sacrificing her health, third, the ability of bringing a normal healthy child into the world Some women might be able to give birth to a child every year Many would not be able to do so A general statement applicable to all women cannot be made

FRANK R OASTLER, M D

Assuming a woman to be married at the age of twenty years and that she would consider her family complete with four children at the age of thirty-six years, I should think that the spacing of four years between children would be ideal

PHILIP OGINZ, M D

I believe that mothers having from two to four children, should have them from two to three years apart

M B PEARLSTIEN, M D

From the psysiological standpoint the uterus should be quiescent for one year between pregnancies, which would permit of delivery every two years

SAMUEL B SCHENCK, M D

In the best interests of the mother and baby I consider is advisable that there should be about two to three years between children

ARTHUR STEIN, M D

Two and a half to three years is advisable

HERBERT E STEIN, M D

An interval of three to four years between children is to the best interest of both mother and baby

IRWIN WELLEN, M D

I do not advise a woman to have children more often than once in three years, under New York City conditions

ROBERT L WOOD, M D

The Family Doctor and Birth Control

By ADOLPHUS KNOPF, M D

Formerly Professor of Phthisio-therapy N Y Post-Graduate Medical School, Major Med Off Res Corps, U S Army, Consulting Physician to Riverside Tuberculosis Hospital, Gabriel Sanatorium, N Y , L'Institut Bruchesi, Montreal, Canada, Member of the National Council of the American Birth Control League, etc

NO ONE has a better opportunity to help the married couple in case of maladjustment than has the family physician He will also have many an opportunity to convince well-to-do, healthy and somewhat selfishly inclined couples that it is their duty and to the interest of the one child they are often content with, to have more children A moderate number of children (about three or four), well reared and educated, and in whom are instilled high ideals, should be the object of the average family The well-to-do and healthy portion of the population should be particularly eager to have several such children Being able to advise the spacing of childbirths, the physician may help to encourage young, healthy people of good moral standing, to marry early The great number of illegitimate children and the alarmingly high percentage of young men afflicted with venereal disease would thus be greatly diminished Here, again, the family physician can make his influence felt for the good of the country and race The need and reason for this is obvious, for alas, it is now the inferior element in the population which propagates too fast, and these too-numerous children cause many of our unfortunate social conditions, such as overcrowded tenements, unemployment, child labor, truancy, disease and even crime

The present economic depression and unemployment have led to an increase in tuberculosis in old and young Undernourishment, overcrowding, and insufficient protection against the cold, and mental anxiety, are results of the present crisis, these are at the same time the strongest predisposing factors to tuberculosis Judicious and scientific birth control must become a factor in the alleviation of the present condition, and therefore an earnest word must be spoken to married people at this time

Most family physicians and tuberculosis workers know by experience that if a woman becomes pregnant, who is even but slightly afflicted with tuberculosis, her tuberculous condition is very apt to become aggravated In a study of the obstetric histories of 484 patients of the Trudeau Sanatorium, published as recently as December 6th, by Mathews and Bryant, we read as the first conclusion "Pregnancy has a definitely deleterious effect on tuberculous women "

Statistics show that in the majority of cases, even a slight tuberculous condition becomes a serious disease and often ends fatally We then have to mourn the loss not only of one, but often of two lives The baby, if not already diseased, comes into this world with a poor physique, strongly predisposed to a post-natal infection of tuberculosis and other diseases of infancy

A long experience in tuberculosis and the careful recording of all my cases, has shown me beyond a doubt that in large families, particularly those in moderate circumstances, it is nearly always the later born children who have contracted tuberculosis The reasons for this are obvious The mother, already worn out by too many pregnancies, cannot give the later child that strong physiological inheritance which the older children received when she was young and vigorous Aside from that, with the increase in family, there is hardly ever a concomitant increase in the earnings of the husband As the result, food, clothing, living quarters, and last, but by no means least, the maternal care of the latter born, are not what they were for the children who came in the earlier married life of the couple

Since, as stated above, undernourishment and mental anxiety are the strongest predisposing factors to tuberculosis, it seems evident that there must be many married women—some perhaps mothers of good sized families—who now owe it to themselves, their husbands and their other children, to consult a regular physician or reputable birth control clinic for advice, so that a future pregnancy may be postponed until they have regained normal strength and vigor and are sure that there will be ample nourishment for themselves, their other children and the newborn babe

Fortunately, the State of New York is blessed with a rational law on this subject In many

other states, birth control instruction, even in medical schools, is legally prohibited, and we have a Federal postal law which makes inter-State information on the subject a criminal offense

The maintenance of the ever increasing number of insane, mental defectives, and criminals, costs the citizens of the United States many millions of dollars The people at large should realize that the physician is not only a healer of physical and mental ills, but he is also a tax payer who must share in the support of all these institutions, including even the hospitals for the treatment of physical, nervous and mental diseases and tuberculosis sanatoria In addition, the physician is usually expected to give his services gratuitously as visiting medical attendant Yet the physician also suffers under the present economic depression The many medical centers, free clinics and hospitals, which so often treat well-to-do patients gratuitiously or at prices with which the general practitioner cannot compete are seriously diminishing his income The general practitioner who has spent thousands of dollars and years of study for his medical education is expected to and usually is humane enough to reduce his fees or wait for payment of his services until his patients are in better financial circumstances

Health departments, industrial corporations, insurance companies, birth control clinics, etc , should bear all this in mind and compensate more generously than heretofore the valuable service the general practitioner is rendering to the men and women in their employ In my humble opinion, richly endowed hospitals, sanatoria and preventoria should compensate their visiting staff as well as their resident physicians and interns

To remedy the appalling conditions which lead to the deterioration of our population caused by this constant increase of the physically mentally, and morally unfit, there would seem but one remedy, namely, sterilization of the hopelessly defective, and the segregation of those who may possibly become again useful members of society At the same time, in individual and normal families, the physician should have a right to advise and apply contraceptive methods to space the arrival of the children, so that the mother's health will not be impaired by too frequently repeated pregnancies and self-induced abortion There is no doubt in my mind that, in spite of our splendid prenatal care propaganda, too many and too frequently repeated pregnancies are largely responsible for our sad distinction of having since 1924 the highest maternal mortality rate of any civilized land, 6 5 deaths of mothers per 1,000 live births

The first thing which comes to mind in this connection, is to wonder why it is, in this supposedly enlightened land, that the physicians should not know the best and safest method of contraception, as well as sterilization, and be legally entitled to impart such information wherever and whenever, in his opinion, such advice is timely for the preservation of the health of the mother, the prevention of the coming into this world of physically and mentally unfit children, and also the avoidance of economic distress in the family as the result of too numerous children

To inform myself on just what the facilities are for learning the scientific and safe methods of contraception and sterilization in our medical schools, I addressed letters to the 75 Deans of the medical colleges mentioned in the last educational number of the *Journal of the A M A* Some answered promptly to my questionnaire, some needed a second, and some a third letter of inquiry, and even then failed to reply The results obtained thus far are as follows

Special courses in contraception and sterilization are given in

University of California, College of Medical Evangelists, University of Colorado, George Washington University, University of Chicago, Rush Medical School, State University of Iowa, Washington University, Columbia University, N Y University & Bellevue Medical College, University of Texas, The University of Wisconsin, The University of Rochester

Incidental instruction

University of Arkansas, Yale University, Howard University, University of Georgia, University of Illinois, Indiana University, The University of Kansas, Tulane University of Louisiana, Boston University, Harvard University, Tufts College, University of Minnesota, University of Nebraska, Albany Medical College, University of Buffalo, Cornell University, N Y Homeopathic Med College and Flower Hospital, Syracuse University, University of Cincinnati, University of Oregon, Hahnemann Medical College, Woman's Medical College of Pennsylvania, University of Pittsburgh, Meharry Medical College, Tennessee, Vanderbilt University, Baylor University, Medical College of Virginia, University of Virginia

No instruction

University of Alabama, Georgetown University, Washington, D C , Emory University, University of Louisville, Creighton University, Omaha, Nebraska Ohio State University, Temple University, Medical College of the State of South Carolina, University of Vermont, University of Tennessee

Contraception taught but not sterilization

Stanford University

(*Continued on page* 30)

The Doctor's Dilemma in Massachusetts

By ANTOINETTE F KONIKOW, M D

THE physician willing to do birth control work in Massachusetts is faced with an ambiguous law and an outwardly apathetic public In past years, with a law apparently prohibiting all such work, he could hope that the law did not apply to physicians, and that the friends of birth control would at once rally to his side if trouble should come Such trouble might even save the situation, for through it a favorable court interpretation might be obtained, or public opinion might be aroused to the point of demanding a change

Recent developments have somewhat clouded these hopes The Massachussetts Birth Control League consulted three eminent attorneys for an interpretation of the present law All three agreed that it permitted oral birth control advice by a registered physician, but that a physician had no right to give a patient any contraceptive device The solution seemed easy enough The physician gives the advice and the patient then obtains the necessary appliance from the pharmacist or surgical supply house, for the latter is ignorant of the purpose to which the device is to be put The attorneys were divided as to whether the physician might give the patient a written slip with the name and number of the appliance or whether the physician must confine himself to oral information while the patient himself did the writing

However, such a procedure is almost impossible The common idea that all the physician needs to do is to write a prescription is absolutely erroneous This is not the place for an enumeration of the diverse appliances required, it will suffice to state that they differ in many respects, and that they are too numerous for the average druggist to keep in stock Only a druggist specializing in this line could be expected to do so, and it is ridiculous to suppose that he would be ignorant of the purpose for which they were to be used To make sure of his carrying the correct appliances there would have to be definite collusion between him and the physician, and this would be just as illegal as if the physician gave the appliance in the first place Then too, the cost would be greater, for the druggist must have his profit, whereas the physician, obtaining the devices at wholesale, is willing to receive merely a fair fee for the visit with no profit on the appliances, and sometimes contributes them as well as his time We must also consider that an appliance often proves uncomfortable or needs changing after a short time Finally the physician needs to see the patient at least once a year, and it is more difficult to obtain this contact if the patient renews the appliance at a drug store

This interpretation of the law would make a clinic impossible, for who could pretend that the clinic pharmacist would be ignorant of the use to which the device was to be put? The Massachussetts General Hospital abandoned the idea of starting a birth control clinic for this very reason

These are the considerations which have led a group of prominent physicians, at the behest of of the League, to petition the legislature for a change in the law which would exempt physicians from its provisions But in the meantime, what of the physician already doing birth control work, and what if the exemption is not granted? Several women physicians who have been giving birth control advice for years, particularly to the poor and the foreign-born, and often with little profit to themselves, have told me that they now seriously consider giving up this branch of their practice And there is no clinic

The apparent hope held out by this interpretation is its worst feature because it emasculates enthusiasm To the uninformed the exemption seems hardly worth fighting for, and with the best fighting spirit legislative changes are difficult If the effort fails, it would be puerile to delay longer A group of responsible persons should immediately set about establishing a clinic The director should be a physician of the highest standing, if possible on the teaching staff of a local medical school and connected with a hospital It is likely such a clinic would not be disturbed for years, if at all, and its existence would be a stimulus and a guide to the physician in private practice If, however, the staff of such a clinic were arrested, we would at last secure an official interpretation and would know where we stand

It seems to me that the makers of the law, if they had physicians in mind at all, either intended that nothing should be given, not even advice, or

that a physician should be exempt altogether The Massachussetts statute against abortions contains no exemption for physicians and it is only because of court decisions, cutting through the wording of the statute, that physicians have the right to perform therapeutic abortions I should consider a similar decision in the case of our birth control laws likely One wonders how the lawyers would have interpreted the abortion law if their opinions had been asked prior to the court decision

Birth control work must go on The physician has no right to deprive his patient of the assistance which her health and perhaps her very life require If the law can be changed easily, so much the better, if not, birth control has nothing to fear from a test case and the public's reaction to it

The Mothers' Health Clinic in Oakland

A Statistical Study

By ALTA C HOOVER

SOME friends of birth control have feared that the establishment of public clinics might spread a knowledge of contraception among those who would use it for selfish or vicious purposes They profess to believe in birth control for "those who need it," but they wish to be the judge of the need for it on the part of others This study was made of the Mothers' Health Clinic in Oakland, California, to see if it was meeting the "real" or "fancied" needs of the community The records were examined, covering the period from March 12, 1929 to July 18, 1930, to determine the economic status and the size of the families of patients treated These records show clearly that, in the main, it is the needy parents who are receiving the information, for the purpose of limiting their rapidly growing families

For the purpose of determining the size of the fee to be charged, the Clinic divides its patients into the following five classes

Class A All patients supported wholly or partially by social agencies (Fee of two dollars) Below poverty line

Class B Patients whose incomes are low enough to entitle them to free clinical care in public health centers of Alameda County (Fee of two dollars) Below poverty line

Class C At poverty line, but adjudged capable of paying something (Fee of five dollars)

Class D Families with an income of at least $128 per month (Fee of seven dollars and fifty cents)

Class E Families living at comfort level (Fee of ten dollars)

The total number of 675 cases fell into these classes, in the following proportion

Class	No of Cases	Percentage (approximate)
A	158	24
B	299	44
C	84	12
D	64	9
E	65	9
Unclassified	5	—

It is clear that the clinic is instructing, in the main, mothers of very needy families 68% are below the poverty line, and 89% are at, or below, the poverty line

It is equally interesting to note the difference in the size of the families in the different economic groups, as disclosed by the following table

No of Living Children	Class A	Class B	Class C	Class D	Class E	Total
0	8	21	14	8	23	78
1	9	64	16	19	15	128
2	22	67	25	15	15	152
3	32	50	18	15	7	117
4	30	27	9	5	2	67
5	14	31	2	1	3	49
6	16	21	0	1	0	38
7	7	12	0	0	0	20
8	10	3	0	0	0	13
9	6	3	0	0	0	9
10	3	0	0	0	0	3
11	0	0	0	0	0	0
12	1	0	0	0	0	1
Total	158	299	84	64	65	675

(Above total includes five women without children who were not classified according to economic status)

In the two groups below the poverty line, only 6% are childless, in the group at the comfort level, 35% are childless Three-fourths of the families in the charity group have more than three children, only about one-fifth of the families at the comfort level have more than two children

The following table shows the approximate percentage of each group which had fewer than three children, three to five children, and six to twelve children respectively

No of Children	Class A	Class B	Class C	Class D	Class E
0-3	25	50	65	66	81
3-5	48	35	34	33	19
6-12	27	13	0	1	0

Clearly, the Mothers' Health Clinic, in Oakland, in its dissemination of birth control information, has reached "those who need it"

Book Reviews

SEVENTY BIRTH CONTROL CLINICS A Survey and Analysis, Including the General Effects of Birth Control on Size and Quality of Population, by Caroline Hadley Robinson Foreword by Robert L Dickinson, M D *Williams and Wilkins, Baltimore* $4 00

MRS ROBINSON'S book concerns itself with two separate subjects, a survey of seventy birth control clinics and a general consideration of the social aspects of birth control To the already convinced believer in birth control Part I, which she describes as a "guide to the nature, extent and status of this world-wide movement, its leaders, policies, procedures and experiences, the number of people reached, expenses, and other practical details connected with the conduct of clinics," is the more valuable part of the book It is an authentic and thorough first-hand study of concrete facts, an account of accomplishments and an analysis, based on data from many countries, of the strong and weak points in actual practice in seventy centers which are the largest or the oldest or in some other way the most representative of those now giving contraceptive advice It clears up the vagueness we have been conscious of between countries and even between states, as to just what others are doing, and enables us to give more practical help to inquirers than we have ever been able to give before It serves also, especially when taken in conjunction with the chapter on *Planning Clinics* (Chapter VI), contributed by Dr Dickinson and Dr Louise Stevens Bryant, as a practical handbook for those who desire to start new branches of this form of "medical philanthropy"

By the end of 1929 the seventy German, Austrian, English, Russian and American clinics of the study had advised a minimum total—for in many cases it was not possible to obtain full figures —of 71,845 patients This is a splendid showing in view of the fact that birth control has been one of the most bitterly opposed of medical efforts, nor is it a full accounting, for to the seventy Mrs Robinson adds in an appendix no less than two hundred and fifty other birth control centers for which no figures are given, since they do not enter into her survey

Some of the figures are enlightening They tell us, for example, that the Berlin *Institut fur Sexualwissenschaft* is not only the pioneer for contraceptive work (1919), but has had in this one branch of its broad study of sex problems over 4,500 clients, and can therefore be reckoned a very practical member of the sisterhood of birth control clinics Likewise the *Mutterschutz Bund*, though this is only one side of its work, could show in its seven branches a total of not far from 5,000 clients given contraceptive advice In Johann and Betty Ferch's eight Austrian centers, where birth control is almost part of a government program, and more than 6,440 people have been reached, the work is so close to the very poor that one of the routine questions asked is "Have you a home or do you bunk at government dormitories?" In Russia contraception is a government health activity under the Maternity and Infancy Department, and the one clinic studied has had a total of more than 2,500 patients, though it is one of the more recent of birth control clinics No less surprising, though far less gratifying, is the extremely small showing in numbers advised by all but one (the Colorado General Hospital) of the American hospital clinics

Those in clinical work who want guidance on how better to collect data and keep track of patients or many other details of practical or scientific importance, we must refer to the book itself The general reader on birth control is chiefly interested in results so far accomplished and in the answers the clinics have already given to certain common criticisms Mrs Robinson finds that the centers are, all but two, run without profit and "chiefly run with a view to the poor," and that they do, as far as available statistics, taken in conjunction with position in poor neighborhoods and other like evidence, can prove actually reach the poor Of those which have statistics on this point, the vast majority show that the poor come in greater proportion than their number in the population, and in all the rest, quite in proportion to their number in the population For this and other reasons, Mrs Robinson believes that birth control clinics have demonstrated themselves to be eugenic factors in medicine and social work, and she urges that further efforts be made to "educate the public to make social welfare workers incorporate birth control into their general welfare

scheme" This is of course what the American Birth Control League has done for many years at National and State Conferences on Social Work

At all but two centres a physician is in charge of contraceptive work All the English and half the American centres are for birth control alone, the others are part of a larger clinical service, either medical, social or psychological The majority give advice for social and economic, as well as medical reasons, only eighteen American centres advise for medical reasons only, namely those in New York, where the law is an impediment to broader aims, and a few in other states where the clinics are closely connected with hospitals But even the medical limitation need not be as narrow as would appear at first glance, for the range of decision in these cases depends on the breadth and humanity of the doctor's point of view, and runs Mrs Robinson tells us, all the way from danger of "immediate death of the mother" to danger that "the child might suffer from malnutrition, mental defect or other predictable malady" The contraceptive device in commonest use is one that enables the woman to protect herself and the doctors who prescribe are in the large majority of cases women, both of which arrangements are eminently fit and proper

She regrets the lack of universality and uniformity in collecting clinical data, especially on such subjects as wasted pregnancy She makes the suggestion that a qualified expert be put in charge of statistics for the whole group from whose data, "flowing in at the rate of at least 12,000 families or 60,000 individuals a year," could be developed mortality rates from conception through the months before and the months and years after birth Nevertheless, though the facts may not be decisive, she gives us an estimate from figures of eighteen clinics of one fatal or infant death in three conceptions or the high figure, in statistician's terms, of 315 per 1000 live births

The facts on the prevalence of criminal abortions are equally suggestive and Mrs Robinson very neatly states that a major object of a birth control centre is "to prescribe birth control in order to proscribe abortion" The woman who attends the clinics included in the study has not shirked maternity She has been married ten years on an average, and has had a live birth about every two and a half years In from 25 to 90 per cent of cases—thus run the figures of different clinics —she has, before she came to the clinic, tried some ineffective method of birth control, generally that which is most widely exploited commercially and which is regarded as injurious by most doctors The reasons she most commonly gives for desiring to limit her family are first, economic, second, health and third, proper spacing of her family

Mrs Robinson has brought facts together in Part II to prove that we have been too optimistic in believing that birth control can help solve the problems of quantity and quality of population Even though we are not convinced by her reasoning on this point, we are in full agreement with her that the birth control movement is fundamentally an effort to relieve human suffering and encourage the development of the individual This and the promotion of human happiness is quite a broad enough basis to justify it fully

MARY SUMNER BOYD

Part II, dealing with the social aspects of birth control will be reviewed in an early issue EDITOR'S NOTE

SHATTERING HEALTH SUPERSTITIONS, by Morris Fishbein *Horace Liveright, New York* $2 00

THAT there is no human being without superstition of one kind or another is axiomatic That countless superstitions exist, based on health and on physiological concepts alone, it remains for Dr Fishbein to reveal In his *Shattering Health Superstitions*, the editor of the Journal of the A M A discusses the basis for superstitions that have found their origin—some as far back as the Indian Medicine man and the Egyptian priest and some as modern as the Christian Science Healer

The book is of general interest because the superstitions discussed are so universally believed that the average reader must either smile at himself or at the foibles of the other fellow It is true, as Dr Fishbein says that "regardless of the marvels that may come as the effort of science—the average man looks for something beyond The hocus of table rapping, levitation, spirits in cupboards—is to him more awe-inspiring and wonderful than the progress of chemistry"

There are some fifty chapters in the book and each chapter is devoted to a superstition, its origin, its prevalence today as proven by excerpts from newspapers, reports from clinics or personal experience, and then its demolition In some instances Dr Fishbein destroys antiquated and dangerous measures and prescribes proper, curative remedies

In the case of the superstition that hydrophobia may be cured by madstones, he indicates the grave danger to which a person bitten by a mad dog subjects himself, if he relies on the magical remedy rather than the modern Pasteur treatment

The old saying "For every child a tooth," is a superstitious fallacy which can easily be disproved and avoided by proper dental care The effect on the babe of prenatal influence is a wide-spread belief to which medical science gives no credence—and yet how common the opinion that horrible sights will injure the embryo or that fine music heard by the mother during the nine months will create a musician

NATHANIEL BARNETT, M D

THE STORY OF MODERN PREVENTIVE MEDICINE, by Sir Arthur Newsholme *The Williams and Wilkins Co, Baltimore* $4 00

SIR ARTHUR NEWSHOLME, formerly Principal Officer of the Local Government Board of England, and lecturer in the School of Hygiene and Public Health at the Johns Hopkins University, has written a summary of progress in the control of disease since the work of Louis Pasteur

Great figures line Sir Arthur's gallery—Pasteur, Tyndall, Lister, Koch, Roux, Schick, Kitasato, Ehrlich, Metchnikoff, Reed, Laverau and Golgi, Jenner and Noguchi The roll has a good ring One is tempted to mention another score of names familiar to us, assembled as they are of the citizens of many nations who have groped in darkness for the mechanisms by which men may live less cruelly Pasteur was born in 1822 and died in 1895 In the span of his years anaesthesia was discovered, hospital gangrene, wound infections and child-bed sepsis lessened, and bacteriology began its triumphs in the prevention of infectious disease Except for wars and the occasional spread of diseases for which research has as yet provided no protection (the influenza epidemic of 1918 is fresh in memory), we walk so securely that we forget how recent is the conquest of the powers of darkness We prevent rabies, we prevent diphtheria, we prevent small-pox, we prevent cholera and typhoid fever and malaria We know how to free the world from Malta fever and typhus fever, and know something of the barricade to be erected against the contagious diseases of childhood

Sir Arthur is good humored, and he rehearses the story very succinctly and perhaps a little drily in the light of biological fact and the social organism He discusses diseases carried by water, by ticks, by the louse, the mosquito, the plague rats and their fleas—much of which is already incorporated into household wisdom—and he adds for good measure a chapter called *Prevention of the Alcoholic Evil* which will give no comfort to Mr Curran's Association Against the Eighteenth Amendment Sir Arthur has, however, a general and urbane feeling for the factors which make men happy and keep them well

One would be glad to see in a later edition of *Modern Preventive Medicine* a chapter headed *Birth Control*, lamentably absent in the book under review

It would seem that society, which is ourselves, knows enough to eliminate plague, pestilence and famine, did we really wish to do so—enough say to pay for it For public health is a purchaseable commodity

GERTRUDE LIGHT, M D

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News Notes

UNITED STATES

THE National Committee on Federal Legislation for Birth Control is presenting a revised bill to the Senate Mrs Sanger explains the situation as follows

"We have twenty-six states in which there is no restriction on giving or getting contraceptive information by anyone In addition, we have eleven states which allow physicians to give such information (provided they already have such knowledge to give) Yet the Federal laws make it a crime for the doctors in these same states to use the United States mails, or common carriers, for contraceptive supplies, books or pamplets, which means that the doctor, in giving oral information, must "bootleg" supplies for the use of his patients and "bootleg" books or reports by which he could improve his knowledge"

A BILL

To Amend Sections 34 and 396 of Title 16 of the United States Code, and Sections 135 of Title 19 of the United States Code

Whereas Section 334 of Title 16 of the United States Code and Section 135 of Title 19 of the United States Code prohibit the transmission through the mails and in interstate commerce of certain information, matters, articles and things which several of the States in the exercise of the police power have declared to be lawful, and

Whereas it is the desire of the Federal Government not to interfere with the exercise by the several States of the police power reserved to them by the Constitution, Now, therefore,

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled, That Sections 334 and 396 of Title 16 of the United States Code and Section 135 of Title 19 of the United States Code shall not prohibit the transmission through the mails wholly within a State of any information, matter, article or thing where such information, matter, article or thing may be lawfully transmitted within such State, nor the transmission or shipment in interstate commerce between two or more States of any information, matter, article or thing where such information, matter, article or thing may be lawfully transmitted or shipped in each of such States

The Medical Women's National Association, at its annual convention last June, passed the following resolution It is the opinion of this Association that the imparting of information regarding contraception is a wholly proper medical function, and that where legislation exists hampering physicians in the proper exercise of this function, such legislation should be repealed

Bishop Charles Fiske, in an article in the December issue of *Current History*, discusses the Lambeth Conference resolutions and says "What we need today is courage and faith to go to the roots of all problems, not a slavish following of early Christian leaders the frankness of the Conference is most heartening"

MASSACHUSSETTS Dr C C Little spoke at the Ford Hall Forum in Boston in late November on the topic, "Is Birth Control a Proper Subject for Public Discussion?"

NEW JERSEY The New Jersey Birth Control League made its "debut" at the State Conference of Social Work held in Elizabeth on December 4th Its session, which included a luncheon meeting, was well attended

Speakers were

Dr Harry Allen Overstreet—"Becoming Intelligent about Life"

Dr Mildred Moulton—"Birth Control and International Law"

Dr Hannah M Stone—"Report on the Seventh International Birth Control Convention, Zurich, September, 1930

Dr Sarah Rudnick Jourdin—"Women Voters Look at Birth Control"

Mrs Willard King presided, and Miss Henriette Hart led the discussion

On December 9th, Miss Hart spoke at the Unitarian Church in Plainfield, and on the following day addressed students at the State College for Women in New Brunswick A series of informal round-table conferences for nurses and social workers is planned for the winter

NEW YORK The New York State League of Women Voters at its annual convention in Syracuse on November 23d, endorsed meas-

ures for removing legal restrictions on birth control

The Harlem Branch of the Birth Control Clinical Research Bureau, which began operation last February, was formally opened on November 21st Mrs Sanger presided Other speakers were Mrs Felix Fuld, Miss Antoinette Field, Dr W E B DuBois, Dr Hannah M Stone, Dr Peter Marshall Murray, Dr May Chinn, and the Reverend Floardo Howard

OHIO The Cincinnati Academy of Medicine held its annual meeting on November 18th The high point was the heated discussion of the first annual report of the Committee on Maternal Health Dr L Howard Schryver, President of the Academy, explained that work in maternal health in Cincinnati was the outgrowth of an address by Dr R L Dickinson, Chairman of the National Committee on Maternal Health Dr Alice Houghton explained that the clinic's work in Cincinnati embraced four main divisions contraceptive service on the recommendation of physicians, sterilization of those considered unfit, diagnosis and treatment for sterile husbands and wives, and preparation and examination for fitness for marriage and parenthood Dr C L Bonifield spoke on "Eugenic and Preventive Aspects of Maternal Health," Dr Elizabeth Campbell discussed the investigations and new treatment for abnormal sex development of young girls, and Dr Samuel Rothenberg read a paper on Eugenic Sterilization A discussion of the moral and medical pros and cons of birth control followed Approval of the report of the Committee on Maternal Health was finally recorded on a "rising vote"

PENNSYLVANIA The Social Service Commission of the Pittsburgh Conference of the Methodist Episcopal Church has issued a report which contains the following paragraphs

Increasing attention is being given by ecclesiastical bodies to the subject of the limitation of families Abhorrence of easy liasons and of the selfish evasion of the responsibility of parenthood characterizes their utterances

But there is an increasing conviction that, while cooperation with God in creation sanctifies existence as nothing else can, men and women must keep in mind the demand for a Christian consideration of motherhood and the exigencies of our social order There are circumstances where, for adequate ethical reasons, parentage should be avoided We call upon the church for a fair and full facing of all the facts involved and we recommend such legislation as shall make it possible for physicians in the families which they serve or for accredited clinics to give such information as shall make the assumption of parenthood consecration and not an accident

Mrs Ruth Day Exline, Executive Secretary of the Birth Control League of Allegheny County, sends the following account of the activities and plans of this promising group

Our first meeting of the entire membership of the League took place on Dec 12th This meeting was in the form of a luncheon The Rev Edward L. Bleakney, a prominent minister in the city, spoke on "Why Birth Control" Dr H C Westervelt, President of the Board, presided, and outlined the program of the League

During January and February we are planning to hold the neighborhood meetings in the homes of members Persons interested are invited, and also the members living in that section of the city

The newspapers have been giving us excellent publicity We are planning now on carrying our news into the foreign and colored papers Two of our local papers publish letters from the readers and birth control is one of the subjects receiving much attention in this column Everything points to the fact that Pittsburgh is alive to this vital question More and more persons are being converted to the cause

At our luncheon public announcement was made that the League had two associated doctors who would give medical instruction when the health of the mother made such instruction necessary The two doctors are women, one white and one colored, and are particularly well fitted to carry on this work A meeting was held with representatives of the social agencies at which time policies of cooperation were worked out with them

WASHINGTON Dr Albert P Van Dusen spoke in Seattle before the Kings County Medical Association in late November, and said "What we are after is a law which will permit competent doctors to give birth control advice and information when and where needed The people have a right to this information, and it is necessary for the good of the nation that they get it" Dr Van Dusen also spoke in Portland, Oregon and Lewiston, Montana

Letters from Readers

MUST LAYMEN URGE PHYSICIANS?

To The Editor

In my recent efforts to interest my own family doctor in the birth control movement and in becoming, himself, a competent person to give contraceptive advice, I was told to ask if you would send him whatever helpful matter you could He has several cases requiring such advice at the moment and the method he has been advocating is one which he says himself has great drawbacks I have been talking with him on this subject off and on for two or three years and at last my efforts seem to have borne fruit in arousing real interest There is, so far as I know, no doctor in ——— competent to give expert and up-to-the-minute advice, and it would be a great advantage to the town to have at least one such person I shall personally be very grateful for any information you can supply him, and I am sure he will too

It seems to me that a trip here by a competent doctor now would produce real results It seems to me absurd for a lay person like myself to be trying to interest doctors in becoming experts in a part of their own field

A MEDICAL STUDENT ASKS FOR ADVICE

To The Editor

I am a senior in the University of ——— Medical School and the subject of Birth Control is one phase of my medical education which is entirely lacking So I am asking you for information with the idea of using it in my practice later on Also, I expect to be married very shortly, and having learned nothing so far about contraception, I am asking for enlightenment for personal as well as professional reasons

PERSEVERANCE WAS NECESSARY

To The Editor

When my wife and I were first married, we did not think it wise to have children immediately So I set about getting some scientific Birth Control information This is my experience among physicians in a medium sized city Doctor No 1 said he was practising medicine, not birth control, and that he knew no remedies Number 2 said it was against the law to advise me No 3 said "abstain" No 4 advised that either I or my wife undergo sterilization operation

I am a business man and have heard and seen foolish things, but have never run into a situation to beat this Luckily we persevered, and finally were advised by a real doctor It is shocking to think that so many members of the medical profession are ignorant on a matter of such vital importance

AFTER FURTHER CONSIDERATION

To The Editor

May I add the following supplementary note to my recent review of Dr Scott's *Science of Biology*?

Although it is quite true that the extreme eugenists are far too much given to considering wealth and business ability as synonymous with biological fitness, and though Dr George Scott in his *Science of Biology* includes some passages which at first glance might seem to indicate his agreement with this erroneous view, nevertheless a rereading of his work compels me to conclude that such was not his intention, and I wish to register this conclusion in fairness to him and in order to avert any false impressions I may have induced However, I feel very strongly that, the conditions being what they are, the advocacy of birth control among the victims of our social system is of first importance Insofar as generations of adverse physiological and environmental conditions may actually have caused among some few of these "under dogs" an actual biological inferiority, the teaching of contraception to such persons becomes all the more necessary In general, the evidences of such inferiority are only apparent, and I am inclined to believe (as I did not believe on a first reading of his valuable biological work) that Dr Scott would be more or less inclined to agree with me on this point—as many of our best-known eugenists would not

MAYNARD SHIPLEY

California

"HELP MAKE THIS MINISTRY A CHRISTIAN ONE"

To THE EDITOR

I am a Universalist minister in the rural field Last winter in Washington, the Universalist Convention endorsed the teaching of Birth Control There is no law against teaching it in this state

We are in the drought area Corn and cotton crops are less than half the usual There is not enough cornmeal and pork to last through the winter This is Thanksgiving night and we are home after delivering meagre baskets to some of the needy Here we have the cropper system of agriculture, and the cropper's family runs to from four to twelve children We cannot get up enough money to pay the school fees for even a five-and-a-half months' school and buy the books, to say nothing of getting shoes, stockings and other clothing necessary for the children if they are to go to school In most of these families there can be no milk or butter, because no feed for the cows

I want to know about these things, as there is no doctor in this section, and I want to help everybody I can I want to include some kind of pamphlet with each marriage certificate I pass out Do help me make my ministry a Christian one, and not one of words only, "of sounding brass and tinkling cymbals"

STEADY GROWTH OF INTEREST

To THE EDITOR

During my addresses in Boston and in a number of cities and smaller towns throughout Massachussetts, I was especially impressed with the slow, perhaps, but nevertheless steadily growing interest in the birth control movement

The very strong sectarian sentiment in Boston has prevented any great forward strides I believe that the organized opposition will be sufficient for some little time to come to stalemate legislation

The recent freer interpretation of the law as rendered by prominent attorneys in this state offers a glimmer of hope, but many physicians are still loath to join the ranks until the law has been definitely changed

ELIZABETH KLEINMAN, M D

Boston, Mass

The Little Rock, Arkansas, *Democrat* will have its little joke "The principal objection to Birth Control," it thinks, "is that it wasn't put into effect before some of its advocates arrived"

THE FAMILY DOCTOR AND BIRTH CONTROL

(*Continued from page* 20)

Sterilization taught but not contraception

University of Maryland, University of Michigan, Western Reserve University, University of the Philippines, P I

Only first two years' courses are given at

University of Southern California, University of Chicago, Dartmouth Medical School, University of Missouri, University of North Carolina, University of North Dakota, University of South Dakota, University of Utah, West Virginia University

No answers received from

Loyola University, Northwestern University, Detroit College of Medicine and Surgery, University of Mississippi, University of St Louis, Long Island College Hospital, Wake Forest College, Eclectic Medical College, University of Oklahoma, Jefferson Medical College of Philadelphia, University of Pennsylvania, Marquette University

It is possible that the Deans of these latter institutions refrained from replying for fear that their answers might be interpreted by the authorities as a violation of the existing obscenity laws in their States, on which ground those gentlemen are certainly to be excused

In the medical schools of the future, scientific and safe methods of contraception will be taught, and also how to treat the sterile man or woman who is fit for and desirous of having children Besides these subjects, legalized sterilization and all that is known of hereditary disease and eugenics should, of course, also be taught These are important subjects for the family physician to know and practice Contraceptive methods will remove anxiety neurosis, which it is well-known may even lead to insanity, in men as well as in the women who fear the arrival of a child which they know they cannot properly support and rear The children which do arrive will be well-wanted and welcome, and a concomitant better economic situation will enable the parents to rear them properly

It is to be hoped that in the near future those laws which prevent medical schools from teaching scientific methods of contraception and prevent the family physician from doing his full duty toward his clients will be repealed, or better yet, nullified The result will be a happier, a physically and mentally healthier, a more contented and a more prosperous America