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Twenty Cents

# BIRTH CONTROL REVIEW



*Drawing by ANN BROCKMAN*

## Child Welfare Number

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ON JANUARY 1ST 1932, OUR RECORDS SHOW 100 CENTRES FOR BIRTH CONTROL INFORMATION, 17 MORE THAN WERE IN EXISTENCE (OR HAD ANNOUNCED THEIR EXISTENCE) A MONTH AGO MEDICAL INTEREST IS GROWING, CLINICAL SERVICE IS DEVELOPING THE OUTLOOK FOR 1932 IS BRIGHT BUT



THIRTY STATES HAVE NO CONTRACEPTIVE SERVICE AT ALL, AND NO LOCALITY HAS ADEQUATE FACILITIES TWO-THIRDS OF THE REQUESTS FOR BIRTH CONTROL INFORMATION RECEIVED IN NEW YORK CANNOT BE SATISFACTORILY ANSWERED THERE ARE NO CLINICS NEAR ENOUGH TO SERVE

## OF THE 45,000,000 CHILDREN IN AMERICA UNDER 18 YEARS OF AGE

6,000,000 are undernourished	450,000 are mentally retarded
1,000,000 have damaged hearts	382,000 are tubercular
1,000,000 have defects of speech	342,000 are hard of hearing
675,000 are recognized as "problem children"	300,000 are crippled
500,000 are dependent	200,000 are delinquent

*"These questions of child health and protection are a complicated problem requiring much learning and much action And we need have great concern over this matter Let no one believe that these are questions which should not stir a nation, that they are below the dignity of statesmen or governments If we could but have one generation of properly born, trained, educated, and healthy children, a thousand other problems of government would vanish We would assure ourselves of healthier minds in more vigorous bodies, to direct the energies of our Nation to yet greater heights of achievement"*

From Address of President Hoover at the Opening  
Session of the White House Conference

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# Birth Control Review

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THIS ISSUE is devoted to a consideration of birth control in its relation to child welfare. In gathering material, we enquired first of the large national agencies devoted to the care and welfare of children, what data they had, and what stand they took. The results are surprising. The executive committee of one association has "never expressed its attitude on the subject of birth control." Another group whose work emphasizes fact finding, statistical studies, surveys and the like has "made no exhaustive study of the problem." A third "has never taken a stand on the question of birth control," and for that reason its executive director is "not in position to answer our queries." If we were living at the dawn of the century, when the succor of children was motivated by warm-hearted tenderness and regulated by sentiment alone, this hiatus in the activities and thought processes of child welfare agencies might be natural. But we live in a scientific age. Money and earnest workers have brought research technique to a high degree of efficiency. Sociology is accurate in finding and correlating data. How then, is it possible for the great national welfare organizations to take no stand on a subject which concerns, in one way or another the forty-five million children of America?

Let us analyze the situation (1) Birth control and child welfare are entirely unrelated (2) Birth control has no effect on child welfare. Conditions would be identical for the children, irrespective of whether two or eight must be housed, fed and clothed on the father's weekly wage. The health of mother and children would be the same, irrespective of whether the babies are a year apart (perhaps less) or spaced at two or three year intervals (3) Birth control is detrimental to child welfare. It will increase infant mortality or lower child health, mental or physical, or stimulate child labor, or despoil the home, or all of these (4) Birth control and child welfare are inherently related, the former exerting a beneficial influence on the latter.

NONE OF THE LARGE, national child welfare organizations have expressed an opinion on any of these four possibilities. We are left in the dark. But, perhaps, we are to assume that child welfare and birth control are unrelated. Perhaps, on the other hand, they have formulated opinions, but do not wish to make them public. If birth control is detrimental to child welfare the evidence should be presented. Those organizations acquiescing to birth control, as well as those working actively for it, should know the facts. If, on the other hand, birth control is beneficial to child welfare, no stone should be left unturned in bringing this knowledge to every parent in the land.

With our meagre and inconsiderable facilities, we have in a few short weeks gathered together papers which, it seems to us, show incontrovertibly that birth control is an important factor for good in child welfare. In an article on *Child Spacing*, Dr. Eric M. Matsner points out the necessity of adequate intervals between births. Professor J. W. Crawford shows that the wholesome home where the parents, through the use of birth control, are able to maintain happy marital relations, is the best possible home in which

to bring up a child. The psychology of the unwanted child, the emotional instability which mars its life, and the ease with which it totters over the line to delinquency and neurosis, is discussed by Dr. Ira S. Wile and Dr. Florence Teagarden. Birth control as a means of lowering the incidence of insanity is discussed from a different angle by Dr. Henry A. Cotton. We see that poverty and over-sized families are inter-related, and that poverty is one of the major causes of child labor. Seventeen men and women concerned with children, either as educators, doctors, ministers or social workers, have answered a group of three questions. They concur in believing that birth control must be part of any comprehensive child welfare program. Sidonie Matsner Gruenberg of the Child Study Association of America tells us that the small family, made possible by birth control, has necessitated radical changes in child training and parental education, and Dr. Charles F. Powlison, of the National Child Welfare Association, discusses the spacing and number of children as factors in child rearing.

If such a case can be marshalled by the BIRTH CONTROL REVIEW, how is it that the White House Conference on Child Health and Protection, the Child Welfare League of America, the American Child Health Association, to say nothing of the large organizations dealing with family relief and rehabilitation have neither formulated an opinion on the subject, or even begun to assemble data?

**W**HAT is holding back the official recognition of birth control, as a problem to be studied, as a situation to be dealt with? Is it inertia? Is it the last vestiges of taboo about a matter which concerns sex? Is it economic pressure? Is it fear? The Catholic Church has stated its position clearly. However we may decry its dogmatism and unscientific approach at least we must acknowledge that it has not side-stepped the matter. We claim that many agencies concerned with children and with family welfare can no longer ignore birth control. We call upon them, national and local, large and small, and upon the thousands of workers in the child welfare field to face this problem, to let us have an

honest expression of opinion. We believe that only by so doing can all their efforts, and ours, bring into being a generation of healthy, happy children, and a better world.

**U**NPRECEDENTED relief work for unemployment ushers in the New Year. In addition to appeals for the perennial "hundred neediest cases," and the thousands of similar cases of which they are the prototypes, we have emergency relief involving many millions of dollars for families and individuals who have never before fallen below the poverty line. Common sense alone would dictate the provision of free clinical service in contraception at such a time, in order that the burden of children who cannot possibly be cared for might be lifted from the shoulders of those in want. Without it the health of the coming generation will be seriously lowered.

**B**IRTH CONTROL has lost a staunch supporter and valued friend in Dr. G. Victor Janvier, who died at the age of fifty on December 16th. Dr. Janvier was a former instructor in the University of Pennsylvania Medical School, and a fellow of the Philadelphia College of Physicians. An ardent and indefatigable worker, he gave himself without stint or limit to the fields in which his interest lay. He was a prime mover in the organization of the Philadelphia contraceptive clinic, under the Maternal Health Committee of that city. Dr. Janvier wore himself out in the service of humanity. His enthusiasm and helpfulness will be long remembered and he will be deeply missed by all who knew and admired him.

**A**NOTHER loss has been sustained in the death of Mrs. Willard V. King. Everything that had to do with social service, particularly for women and children, interested her. She was a Director in the Girl Scouts, Vice-Chairman, for some time, of the New Jersey Birth Control League, Chairman for the Eastern Region of Mrs. Sanger's National Committee on Federal Legislation for Birth Control, and an officer in the League for Women Voters. She helped every one with whom she came in contact. Such women are rare. It will be difficult indeed to replace her.

# "Behold a Sower Went Forth to Sow"

By CHARLES F. POWLISON

*General Secretary, National Child Welfare Association*

CHILD WELFARE is often compared to gardening. It is generally known that the first requisites for perfect blossoms and fine fruits are good seeds and proper soil. But after the seeds and the soil, the sun and the rain, have compounded the magic that brings up the tiny plants, how true it is that sturdy growth and full maturity depend, more than on anything else, on the *proper spacing* of the plants themselves. Every gardener knows the pang that accompanies the seemingly ruthless yet vitally necessary "weeding out" of the rows, in which usually many more plants are destroyed than are left to receive the meticulous care that brings them to bloom and fruition.

The reason for this wholesale destroying of seedlings is that if a plant is to develop properly, it must have individual nourishment—it must not be deprived, by too close proximity to the next plant, of sufficient soil from which its full share of nutrition and water are drawn, or of the sunlight and air, essential to every living thing.

Exactly the same arrangement is necessary for raising healthy children—but the method of securing it differs. Individual seedlings are not of sufficient intrinsic worth to forbid the practice of sowing seed thickly and weeding freely, rather than sowing with suitable intervals for developing the best plants. But imagine a society in which mothers were urged to give birth to as many children as was physically possible, with the expectation that the most promising ones would be carefully fed and raised, but the weaker ones would be tossed on a sandbank to die! And yet, in families where births are in no wise limited, how often does a condition exist that closely resembles such a state.

When babies follow each other too closely, they are inevitably neglected, and

consequently many die or grow up physically unfit or mentally dull. Some large families there are, it is true, where the mother is robust, endowed with a physique wherein the bone structure and muscles are perfectly adapted to childbearing, a woman with steady nerves, even temperament, placid disposition, who can give birth to a succession of babies with minimum strain, who can bring them up easily, calmly surviving their childhood illnesses and accidents, their seasons of misbehavior and unreason, without suffering the weariness of body and nerves, that most mothers endure. But such a woman is a darling of nature, as are other geniuses. One rejoices over such isolated individuals but must perforce gauge motherhood as a whole, from the general type that exists. Moreover, in contrast to the families of ten or more children where all or the greater number grow to adulthood, how many there are where one, or two, or three at most, survive.

Indignation is invariably aroused when an orphan home, a "baby farm," a boarding home or other institution having children in charge overcrowds its rooms, reduces the food below needful nutrition content, fails to supply proper medical or nursing care for its little inmates, or worst of all, sets them at tasks for overlong hours, or beyond their strength. But in countless families, all these untoward conditions exist.

Parents are the actual creators, as it were, of these helpless babies — their own flesh and blood — on whom every possible instinct of parental care and tenderness and love naturally centers. Upon parents devolves the duty to so limit the number of their children and so space the births that they may all have at least a fair chance for sufficient food and shelter, that they may reach maturity un-

## A HEALTHY HERITAGE is the right of every child



THE MOST VALUABLE CROP—THE CHILDREN

crippled, not warped mentally nor deprived of the training only a healthy mother can give, one whose physical and mental strength is not utterly drained by too frequent pregnancies

As one reads the findings of the White House Conference on Child Health and Protection as formulated in *The Children's Charter*, comprising in its nineteen points presumably the best thought of the best educators and child workers in America, one cannot but acknowledge that few of the aims, concerned with the home itself, there set forth can be achieved unless there be proper intervals of time between births in every family. Surely a large number of the evils which the efforts of this Conference were designed to do away with, are solely the results of lack of such intervals. Even in the rare instances where economic reasons are not involved, the physical and mental health of a mother who is practically always preparing for or recovering from a pregnancy, are not such as to enable her to care adequately for her new baby or her slightly older babies. Often she is in no condition at all to train them from a psychological standpoint.

What is the use of the finest systems of dietetics, child study, character training and education, if there is neither time nor money to carry them into practice, or if the mother is so weak and harassed that, given these means, she can not make the needful mental effort? It is like urging individuals to study and improve themselves and then placing the textbooks on an impossibly high shelf where they may be seen, but *never* opened.

No machine can operate continually without stopping at intervals for examination and cleaning, or at least for lubricating and repairs. How much more does the delicate human organism of a woman need an adequate period to recover from production that has affected every part of her system. How evident that if such rest periods are not introduced, the "product" must of necessity be weakened in structure and inferior in quality, thereby carrying from the very beginning an inherent tendency to break when subjected to stress, physical, mental, or moral. Such methods—in any business enterprise—would be condemned unequivocally. The buying public would be quick to recognize an inferior output.

Human lives are the most valuable product in the world. For their benefit everything else is ordered, as far as possible, and toward their advancement and betterment all mankind struggles,

if often blindly. Yet, among the majority, a great indifference prevails, a strange apathy to the lifelong deprivation and suffering of children that could be avoided by comparatively simple means.

I suppose scarcely anyone, however jealously he views human life, if confronted with an idiot, would hesitate to admit that for both the idiot and the world around him, it would be better had he never been born. It would seem that every logical and thoughtful person would concede the advisability, not of destroying but of *preventing* such lives.

During the centuries of man's upward progress there has been no general knowledge of any reasonably safe procedure to offset the misery that accompanies and springs from too-frequent births. Probably certain few groups have always practiced birth control, but often by crude and detrimental methods. Now at last, in this 20th century, there have been evolved, along with other most important discoveries in medicine, methods that almost uniformly entail no evil results to the individuals having recourse to them. These methods confer untold benefits on children who can now be properly provided for, before, at the time of birth, and afterward. Each may now be endowed with a healthy physical organism, normal intellect, and unstunted soul—at least, so far as may be supplied by a mother whose vitality has not been sapped by too many previous births, and a father who is not ground by economic necessity to the verge of panic lest the advent of this child force his entire family into privation.

There is no space here to reply to various arguments against birth control, nor does such reply come within the scope of this article, but for the consideration of ultra-conservatives who reason that nature's course should not be interfered with, that a normal instinct should not be suppressed or diverted, attention may be called to the fact that civilization *per se* is largely a matter of learning to control and guide the instincts, appetites and desires. In large measure this exercise of control and choice in regard to our instinctive actions is what differentiates man from the other animals—and when man fails to maintain this control, we accent his failure exactly along this line, for we say, "He acted like a beast."

Nor can continence take the place of control, for more and more in this age, devastated by an increasing number of broken homes, proof is forthcoming that happy conjugal relations are the key to satisfying home life. Nothing in the home re-

flects more subtly or deeply on the lives of the children in it, than does a close, strong comradeship, a loyal and happy bond of mutual regard, humorous tolerance and joyous love between the father and mother, rooted in marital intercourse. Everyone knows intimately a few such homes and within their walls the world seems a different place.

Surely, if a means to increase the number of these has been found, the more widely the knowledge can be disseminated, the greater will be the number of children benefited. Nowhere is the truth stated by H. G. Wells more applicable, "Human history becomes more and more a race between education and catastrophe."

# The Wholesome Home

By J. F. CRAWFORD

*Professor of Philosophy, Beloit College, Wisconsin*

THE contribution of birth control to child welfare through the prevention of unwanted children and the better spacing of those that are wanted is obvious and familiar. Another contribution, not so often discussed, comes through its effect upon the parents. While many other factors also affect the personal relations of husband and wife, the use of birth control in many cases makes an appreciable improvement in the love life of the parents, by removing fear and other barriers to its free expression. This is likely to be beneficial to the children in at least two ways.

First, parents who enjoy unrestrained personal intimacy are more likely to have happy personal relations in other respects. They are under less strain, and are less nervous and irritable. They are more likely to be playful and childlike. Their affection, zest and patience stand up better under the burdens of the home. This is to the advantage of all. The children are handled with less irritation and with more sympathy and cheer. The example, too, of tender and happy understanding between father and mother pervades the home and influences the children.

Second, one of the most serious dangers in the home is the wrong kind of love by parents for children. Present-day mental hygiene, it is true, sometimes intimidates parents needlessly. Some, who want to be modern in their child training, may think it wrong to love their children at all. This, of course, is nonsense. In fact they cannot love their children too much. But there can be a wrong kind of love. Perhaps the best single word for it is "possessive." An over-indulging love is usually a self-indulgence of the parent. The parent's love may be too demanding, exclusive, or jealous. It may suck life out of the child to sustain the emotions of the parent. It may distort the personal

adjustments of the child toward the other parent, toward the other children, or later in life toward a possible mate. How can this be avoided?

It is partly a task for intelligent insight. In larger degree, however, it is a matter of half-conscious and deep lying attitudes. It nearly always goes back to some maladjustment between the parents. The surest preventive is a wholesome, satisfying and freely expressed love between father and mother. Asceticism, prudishness, jealousy, sex hunger, revulsion toward the other parent, all of which are easily produced by restraint in the marital emotions, tend to drive a parent toward the child as an escape from frustration, a compensation, an emotional substitution. Healthy love for the child is entirely compatible with a very absorbing emotion between the parents. It is the disturbance or loss of the latter that misdirects the former or makes it morbid. The best possible assurance of safety in the hearty love of children is hearty love between parents.

How far this wholesome kind of love for children is actually increased by the free sex life of parents, which birth control facilitates, is of course a question of fact. It is hard to get statistical evidence, because all data on intimate sex life are usually hidden, because there are other factors to unravel, and because the mental and social success of child training cannot be fully measured till long afterwards. Wide and close research in this field would repay abundantly. But common observation, if one is alert to the special problem involved, does point strongly in this direction. Certainly birth control facilitates free marital relations, and—other things being equal—freely expressed affection between parents makes a more wholesome home for children. This is a real contribution of birth control to child welfare.

# Preventive Psychiatry

By IRA S WILE, M D

**B**IRTH CONTROL is not a theory—it is a fact of more than statistical importance. It constitutes the growing expression of an attitude of intelligent responsibility on the part of the community towards its young, and in a measure is a prophetic symbol of child welfare and its ideal of fewer children and better cared for children.

The implications of children by choice rather than by chance inhere not merely in the better physical nurture of the young, but in their economic security and social opportunities. The limitation of offspring, their spacing with the primary determination that they shall appear in response to desire rather than as an incident of blind passion, promises meaning, also, in the realm of psychical well-being.

Those who are interested in mental hygiene and those who are concerned with the integrated well-being of the new generation are aware of the fact that birth control may play a definite part in reducing the psychic strain within families, thus diminishing the tendencies to psychoneuroses, it possibly may even tend to lessen the incidence of psychoses. No one can deny there would be a marked falling off of mental defectives and epileptics in absolute numbers. So far as heredity enters into these two conditions, the race would be safeguarded by reason of the smaller number of stock psychic deficients whose propagation would tend to dilute the effectiveness and stability of the human race.

Familiarity with the problems of psychiatry, insofar as they relate to juveniles, points to the fact that the majority of neurotic disorders arise from a lack of security, from uncertainty in the realms of affections, from conflict between coercive, repressive, social demands and normal biologic desires for activity. All children seek success and power, dominance and independence, and endeavor to make their adjustments in terms of their natural potentials as modified, stimulated or inhibited by the world of which they form a part. Can birth control function in the prevention of neuroses?

No one can gainsay the distress that arises in the minds of children who are unwanted, whether by reason of having been conceived out of wedlock, or by reason of a superfluity of existent children, or of the serious illness of either parent. Too frequently the unwanted child pays a sorrowful price for his own unsought existence. He appears as an expiatory symbol of parental failure, a sacrifice to Venus, a blood spot of disappointment, or as the scorned object of an ever threatening despair. A psychic hazard permeates the entire existence of the unwanted child, at times bursting forth with volcanic fierceness in maturity.

A second and not less pitiful type is found in the youngster who is the object of indifference within his home. He is the victim of neglect that is born of affections grown cold, of hatreds reaching deep into the infelicities of parenthood. He is the product of an uncertain love, weakened by the strain of childbearing, by crowding and economic depletion, or by social debauchery. The neglected child, an outcast from the sphere of normal affections, may be merely rejected in favor of preceding offspring. He may be viewed, alas, as a cursed creature destined to sap part of the vitality of those who have come before. Often he has to struggle for existence and not infrequently he succumbs to some neurotic disorder even when he survives the physical difficulties attacking his unloved body.

The physical well-being of children is not the sum total of parental responsibility. Merely to bring into the world forms to be fed, clothed and sheltered is to clutter homes with growing animals bereft of joy, satisfaction, happiness and stability. Children are more than the physical representations of their parents. They are potential social beings whose participation in the welfare of society must depend upon the growth, cultivation and evolution of their own life satisfactions. One need not think in terms of children's possible objections to their parents, one need not dwell upon those morbid complexes that are sometimes





their undoing at a later age. Familial interactions are not always beneficial to the children. One need not emphasize Oedipus and Electra nor revel in the inferiority complexes of those who find themselves misplaced and maladapted in the familial group. It suffices merely to be reasonable in contemplating child welfare in terms of adaptation.

No one can dispute that a child, brought into the world after an effort of the mother to abort him, usually is not received with the same degree of deep feeling, pride and appreciation as the one whose conception was purposeful, whose advent was awaited with gladness and whose appearance was hailed with enthusiastic parental feeling and responsiveness. The struggles of the parents of the definitely unwanted child, the atmosphere of discouragement and sore regret at the appearance of the child who, in the economic balance, becomes a liability that foretells familial bankruptcy, suggest that there are children who, from the time of birth, are subject to strains that may indeed lessen their capacity to move along in the world of stability. Many of these are destined later to require prolonged psychiatric care for the restoration of their emotional equilibrium.

Many children born from diseased parents have paid the penalty of death by contagion, while others with diminished vitality have succumbed, easy victims to an intercurrent disease. Still others, however, have lived to survive their sick mothers and to be set apart in the scheme of family life, either as the miserable creature responsible for her death, or as a child to be pampered and spoiled as the sole evidence of a deep love that was betrayed through ignorance. Children of these two types do not have identical lives, but both frequently give evidence of behavior reactions contrary to that theoretic standard which is regarded as normal.

Those who deal with problems of the young find a considerable proportion of the juvenile difficulties bound up in the parental problems. They have found that many of the difficulties of children, varying from hysteria to delinquency, are due to failures in adaptation to familial life, out of which grow incapacities to adjust in their social units. If there be aught to the inheritance of mental disorders, it immediately becomes patent that the diminishing nervous stocks involve a diminishing propagation of psychopathic personalities. If economic distresses are conducive to the twisting of character and the increase of delinquencies, it

must be evident that the regulation of offspring in terms of economic capacity must afford a social situation more favorable to the development of normal standards of living.

Experience amply demonstrates that a large number of maladjustments of children occur in broken homes. It is well known that frequent child-births are attended by a high maternal mortality, and that in the event of the child's survival his difficulties in personal adjustment are marked. The unnaturalness of the home thus broken, even if the physical status and atmosphere is re-established under the directive control of a step-mother, is too well known to require more than this suggestive comment. Birth control would reduce the number of homes thus penalized and lessen the burdens of unmothered children. It would also lessen marital maladjustment and divorce.

A sense of security and a consciousness of belonging to a complete family group, with an awareness of being accepted at full value, constitutes a reasonable degree of protection to the ego, a sustaining force, a protecting and guiding principle along the line of normal functioning. It becomes evident, therefore, that a regulated birth rate within the family tends to promote not merely marital felicity but a greater freedom and a richer opportunity for the development of the siblings. The limitation of offspring is not a cure-all. It cannot and will not transform the entire world of childhood into a Utopia, it cannot regulate industrial life. There can be little question, however, but that it will conduce to situations in which larger opportunities for normal home development will prevail, even under conditions of depression. One can point to large families, all of whose members have grown up and flourished, free from mental disorders, just as one can indicate families of one or two children all of whom have been victims of psychic deterioration. The idea of birth control includes the idea of birth release among those best fitted to have large families. A small family system should, however, promote a new type of parent who is aware of the worth of intelligently controlled procreation in the interests of child welfare, of marital harmony, of physical and mental well being, and of the advancement of social living.

We hear of the mental case and the problem child, the psychoneurotic and the delinquent, without appreciating the fact that the traditional "be fruitful and multiply" process may be partially

responsible for them. With all the machinery for therapeutic, recreational, occupational, educational and psychiatric therapy, with the increasing demand for foster homes and institutions, for reform schools, for childrens' villages, for probation and parole, it would appear reasonable to take note of some of the primary facts in life in their relation to the tremendous communal charge for uncontrolled procreation. The entire scheme of preventive service, implied in the mental hygiene movement, calls for a recognition and understanding of the part that birth position may play in determining psychic well-being. A feeling of inadequacy, emotional instability, perhaps even intellectual futility and social animosity are but symbolic of the confusion and uncertainty of self that arise within the mind of a youth when he senses his weak family status and faces a world into which he must fit as an extra and as an unwanted part.

An examination into the psychic lives of the young reveals a tremendous admixture of love and hatred, with sharp mental conflicts involving unhappiness and misery, emotional instability, hysteria, anxieties and perhaps even those marked deficiencies in organization which result in manic and depressive states and the more lasting schizophrenic disorders.

The harsh or callous treatment of the unwanted child breeds doubts concerning the validity of his parenthood, raises numerous questions concerning his own unattractiveness, suggests a sense of inadequacy, conduces to frustrations of inner urges and desires normal to all children. It is little wonder that the child who is a burden, the one who adds nothing to the joy or love life of his

family suffers mentally. How natural for such a child to manifest disrespect for authority, to act with cruelty, with quarrelsomeness, with sadistic severity. Why should he not react compensatorily against his hateful world? Need one be shocked that his warped nature revolves in an egocentric orbit and struggles to mould the world with unrelentless fervor to his way? Need one be astonished to find disobedience, revengefulness and later violation of law and order? Not infrequently the search for love leads out from the home to experiences violating morals and law.

The over-production of children without a recognition of the need for intelligent control of the passions creates the child of lust whose life may demonstrate the asocial or antisocial significance of his own existence. To have each child desired and accepted at conception, born into a home that is awaiting him and wanting him, would lead to a preferential state of well-being. It would give promise of greater individual freedom, security, affection, opportunity and love.

To be wanted, to be secure in the affections of a family, to have a status that permits and fosters normal human relations—these promote psychic well-being, which controls the balance of emotional life. It is the consciousness of reasonable harmony in daily work and play, in love and worship, that develops, supports, inspires and fortifies children and adults in their struggle to be and to become.

Birth control constitutes a preventive phase of modern psychiatry which seeks to conserve the mental welfare of those who bear and those who are borne.



# Child Spacing

By ERIC M. MATSNER, M.D.

*Medical Director, American Birth Control League*

EVERY human being has, more or less consciously, in his mind a picture of the kind of family he would like to have. After marriage this picture takes more definite shape. Colored by the individual's own family experience as a child, by his economic status and his social ideals, this picture of "the ideal family" will vary. It might almost be safe to say that no two couples would see it eye to eye. But whether they desire a family of few children or of many, they will need to take thought as to how the children are spaced if they wish to realize their ideal. It goes almost without saying that no child can have the care essential to his well-being, if his mother is overburdened with the rearing of too many young children at the same time.

Spacing children means the planning of each conception and pregnancy with a view to the best time, both for mother and child. To select the "best time" wisely involves the weighing of many considerations. Of these the most obvious and most important is the physical condition of the mother. Even with a healthy mother and a sound inheritance on both sides too frequent pregnancies are to be avoided for two reasons—first they undermine the mother's health, and second, they give the baby a poorer physical heritage, to say nothing of the psychological difficulties.

On the basis of statistics gathered by the Children's Bureau it has been found that the mortality rate increases for both mother and child, if births occur at too frequent intervals. The consensus of obstetrical opinion is that an interval of at least eighteen to twenty-four months should intervene between births, for the best interests of both mother and child.

This, however, does not necessarily imply that the number of children need be unduly limited. In general, a woman's best childbearing years are between twenty and thirty-five. From the point of view of physical welfare it is therefore quite possible, if the parents so choose, both to have due regard for proper intervals of child spacing and to rear a family which in numbers would not compare unfavorably with the traditional picture. Eco-

nomie security plays a role here too. However, this does not tell the whole story. The keynote of modern medicine is prophylaxis. Research has done much to lessen the dangers of child birth. Child spacing must play an increasingly important part in preventive work to lower the death rate of both infants and mothers.

From the preventive point of view one cannot lay too much emphasis on the importance of the mother's welfare. Death statistics do not take into account the whole of the loss to the family and to society. For every maternal death, several child lives pay a toll of lowered health and resistance to disease. And this holds true not only for the newborn infant, but for all the young children dependent on the mother's care.

Even when the mother survives, if her health and strength have been impaired, all of her children will suffer in proportion. The greatest hazard to child life is the loss of the mother.

As H. G. Wells has said, "The alternative is before us. Birth control is no longer considered a blasphemous interference with divine ordinance. It is a choice between mastery or submission, romance or scientific planning, adventure or creative architecture."

We have already accepted this concept of scientific planning in other fields, which are hardly of such paramount importance to the human race as is child spacing. In the cultivation of fine breeds of stock, which has been brought to a high scientific level, due regard is given to adequate spacing. And in New York State we have had a striking application of the same principle in the Reforestation Amendment recently passed. The purpose of this amendment is to prevent both overproduction of forest stock and its consequent wasteful destruction. To achieve this twofold objective, it has been recognized—and accepted by the voters—that scientific planning must be worked out to meet actual needs and conditions.

We have done this because we feel the need of assuring for future generations an adequate, well-nurtured supply of one of the necessities of life. So also we have accepted in all branches of agri-

culture this same need for controlled propagation to meet future needs. When we utilize this principle in many fields without being aware of it, why should we find it so hard to realize that it is of equal benefit to ourselves? Why plan for the future at all, unless we plan for the future of humanity?

It is to the mother we must look to carry on this future. Like the marathon runner of ancient Greece her supreme physical effort is one in which all of society has an interest. Just as the health of the marathon runner was protected and fostered in every way so should hers be. And just as, after each race was run, he was accorded a period for rest and recuperation, so also after each pregnancy,

society owes to the mother the opportunity to regain strength and well-being.

The obstetrician has long recognized certain physical disabilities such as tuberculosis or heart disease as grounds for recommending contraception. To these he must add the need for proper spacing in the interests of both mother and child. If medical care is to be something more than caring for the ill, if it is to measure up to modern ideals of prevention and positive health—which are so important a part of the child welfare movement—this is a duty the physician owes not only to the particular mother and child in a given case, but to society as a whole.

## Can Birth Control Reduce Insanity?

By HENRY A. COTTON, M.D.

*In a paper published in the Medical Mentor, July-October, 1931, and delivered at the New Jersey Conference of Social Work on December 3rd, Dr. Cotton, Medical Director Emeritus and Director of Research at the New Jersey State Hospital at Trenton, discusses chronic foci of infection as causative factors in insanity. He advocates the development of preventive methods in the elimination of many of these sources of infection in early adolescence. Until such methods are in general use, however, he proposes birth control as a factor in controlling the incidence of insanity. The paper concludes:*

A RECENT investigation of the order of birth in 500 of the so-called functional types of mental disorders, which make up over 50 per cent of the patients in State Hospitals today, shows the following startling facts (See Table I). Cases in which the patient was the only child amounted to only 19, while the first child was found to be insane in only 65 cases. Thus only 5 per cent of this number were only children, and only 23 per cent of this group including the only child were the first children. In other words, 77 per cent of the cases occurred in children who were born after the first child. Allowing the family two children, the results show that 154 belong to the group of the first and second children, or 40 per cent of the whole.

ORDER OF BIRTH	ONLY CHILD	FAMILY OF																		TOTAL
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unknown	
Only child	19																			19
1st		18	15	10	12	1	3	2	2		1	1								65
2nd		17	9	12	8	9	5	7	1	1					1					70
3rd			16	11	12	8	4	3	3	2	1									60
4th				12	7	10	10	5	2	0	3	2	1	1						53
5th					9	8	5	0	3	4	0	0	1	1						31
6th						9	3	0	2	2	0	2	1							19
7th							3	0	10	1	0	1								15
8th								8	1	1	2	0	1	1						14
9th									2	3										6
10th										1	1	1								3
11th											3									4
12th												1	1							2
13th														1						0
14th															1					1
15th																2				2
16th																				0
17th																				0
18th																		1		1
Unknown																			135	135
Total		19	35	40	45	48	45	33	25	26	15	11	8	6	5	2	1	1	135	500

In analyzing the order of birth of the various children which later became insane, it is interesting to note that the percentage given in Table II indicates the number of the order of birth in which the patient was the last child.

TABLE II

2nd and last child	17 out of 70 (24 per cent)
3rd and last child	16 out of 60 (26 per cent)
4th and last child	12 out of 53 (22 per cent)
5th and last child	9 out of 31 (29 per cent)
6th and last child	9 out of 19 (47 per cent)
7th and last child	3 out of 15 (20 per cent)
8th and last child	8 out of 14 (57 per cent)

It will be seen from this table from the second to the fifth child which were the last children in the family the range is from 22 per cent to 29 per cent or an average of 25 per cent. The sixth child being the last child occurred in 47 per cent while the seventh dropped to 20 per cent and the eighth was 57 per cent.

It can easily be seen from Table I that the case where the patient was the last child constituted the largest number when compared with the other orders of birth.

It would seem that these figures should give us some food for thought. One would naturally ask, "Why is it that a large proportion of the mental cases occur after the birth of the first child, or after the birth of the first and second children?" Irrespective of these reasons, which are largely hypothetical, from a mathematical standpoint, one can show that had these families represented limited themselves to two children, 60 per cent of our cases would have been eliminated. In view of these facts it appears to me that if we cannot make any inroads on the increasing ratio of insanity by other methods, that birth control offers a very sure method of decreasing the number of insane patients admitted to the institutions. As a large number of patients admitted are indigent cases and are supported at the expense of the state, it can easily be seen what a saving could be effected if birth control was recognized and allowed to these classes of individuals.

Just a word or two regarding the factors which may influence the development of mental disorders in children born subsequently to the first and second child. While we do not lay great stress on the existence of "insanity in the family," we do feel that there are inherited conditions which must be recognized. There can be no doubt that a large proportion of our population today suffers from chronic infection in the teeth, tonsils, and other organs. It is also true that all of these patients are not insane, but we do know that chronic infection accounts for a great many of the incurable diseases today, such as are found in the heart, kidneys, liver, intestinal tract and genito-urinary system.

One must find a reason why the nervous system is attacked in some cases and not in others. We have two factors to consider here. One is the virulent and specific type of infection and the other is the patient's resistance to this type of infection. Assuming that the mother harbors chronic foci of

infection in the teeth and tonsils, for instance, she may not become insane and she may not at the time show any marked physical disease. However, from our knowledge of the action of the toxins from these sources of infection, we are justified in considering that there must be a certain degree of systemic toxemia existing in the mother.

Dr. Graves of Birmingham, England, has suggested that these toxins act as sensitizing agents by their action upon the unborn child. In other words a child born under such circumstances will be more susceptible to the effects of a chronic infection than a child born without these factors. There seem to be good and logical reasons for accepting this hypothesis. It certainly would explain why certain members of the family are more susceptible to infection than others. It is certainly a fact that if the mother continues to have children in rapid succession, especially where poverty and the lack of proper care exist, she will become more depleted as time goes on, and her powers of resistance become lessened through overwork, childbearing and the care of these extra children.

It is reasonably true to assert that if the number of offspring were limited the mother would have time to recuperate and care for the early children in a much better way than could be possible under the other conditions. Poverty in itself could not be blamed for the causation of insanity, but improper nourishment and care in the early years of life would certainly provide an ideal soil for invasion of the infection developing later on in the life of the individual.

This method of birth control to decrease the number of insane in the country would not be necessary if it could be possible to rid the mother of these chronic sources of infection before she reached the childbearing age. But there is little hope that these modern ideas will be adopted soon enough to influence this generation at least. So then we can only state that by birth control 60 per cent, at least, of the types of insanities which become chronic could be eliminated.



# A Bird's Eye View

## THE QUESTIONS

- 1 Can there be adequate prenatal and postnatal care without conscious spacing of children?
- 2 The famous "Child's Bill of Rights" asks for every child hygienic surroundings, proper nourishment, and "the complete birthright of a sound mind in a sound body" What are some of the necessary steps in attaining this ideal?
- 3 Is birth control a necessary plank in any comprehensive child welfare program?

## THE ANSWERS

THOMAS NIXON CARVER, *professor of Economics, Harvard University*

- 1 No
- 2 No more children than the mother's health can stand No more children than the family income can provide for and educate
- 3 Theoretically, no, masculine continence would accomplish the same result Practically, yes, since masculine continence can not be enforced

S A COURTIS, *professor of Education, University of Michigan*

- 1 I doubt it
- 2 Reorganization of our ideas of the obligations of property holders, wealth possessors and wealth producers to children and society in general Adequate education in eugenics and euthenics for all
- 3 I believe so

JOHN DEWEY, *philosopher and educator*

- 1 Not without spacing, in most cases, which is likely to require conscious regulation
- 2 Birth control one factor
- 3 Important at least

W E B DU BOIS, *Editor, "The Crisis"*

- 1 No
- 2 The abolition of poverty by socializing all income
- 3 Yes

EVELYN E EASTMAN, *Education secretary, United Parents' Association*

- 1 No, not in the majority of cases, although there are other contributing factors

2 Sound heredity on both sides and physical health established before conception is permitted No conception if reasonable assurance that the child will have hygienic surroundings and proper nourishment is lacking

3 Absolutely With our present information it is ridiculous not to include such a plank, the lack of which indicates that our social thinking is about 300 years behind our material progress, blindly ignorant, maudlin in our sentimentality, and still superstitious in adhering to worn-out traditions

DR HERMAN GOLDSTEIN, *consulting physician to the Child Welfare Board, City of New York*

- 1 Average mother—no Very intelligent mother—exception
- 2 Physician—through knowledge of prophylaxis Laity—health education along similar lines Laws to protect the child (working age, working hours, sanitary factory conditions) Schools—sanitary lavatories, clothes lockers, open air classes and lunch kitchens Mothers and prospective mothers Proper knowledge as to prenatal and postnatal care
- 3 Yes, knowledge of proper methods of birth control should be known by physicians, who should be permitted to give such knowledge to those who seek and need such advice

REVEREND JOHN HAYNES HOLMES, *Minister of the Community Church, N Y C*

- 1 No, it is obvious that there can be no adequate prenatal and postnatal care of children unless there is wise spacing of their advent
- 2 The answer to this question involves funda-

mental education, social and religious reforms running all the way from birth control on the one hand, to the complete socialization of industry and politics on the other hand

3 Yes

WILLIAM H KILPATRICK, *professor of Education, Teachers College, Columbia University*

1 I think not

2 (No answer)

3 I think yes

ROBERT D LEIGH, *President, Bennington College, Vermont*

1 No

2 An income for home maintenance and health program

3 Yes

OWEN R LOVEJOY, *Executive Secretary, Children's Aid Society*

1 No

2 Economic security, education of parents, approved health standards

3 I believe so

JAMES L MCCARTNEY, M D, *psychiatrist, Director, Classification Clinic, Elmira Reformatory, N Y*

1 Absolutely not! If pregnancy is a chance affair, not wanted, and happening frequently, the luckless mother, aggravated father, and disgusted siblings, make the necessary cooperation and often added finances for prenatal and postnatal care more or less impossible

2 No mother (with few exceptions) should attempt to give birth to a child more often than once in two years Her body will take at least that time to reorganize itself for this supreme function

No parent can really love the child if it is an accident, and no child can develop a "sound mind" when it is rejected Voluntary parenthood is the only solution No mother, or father who is continually living under the anxiety and fear of further burdens can treat their children fairly and without rancor

The thousands of social misfits in our prisons without family security bear witness to the above

3 No child welfare program can be complete without taking into consideration birth control

MARY H MORAN, *Executive Secretary, Association of Day Nurseries, N Y C*

1 In my judgment—no

2 Control of family costs, etc, income in terms of time, energy and money Inadequacy in any of these factors means insecurity and so disintegration of family life, and destruction of all spiritual values

3 Yes—for reasons of parental and child health, economic security for all members of the family, and a satisfactory home atmosphere for the group

LORINNE PRUETTE, *psychologist, author of "Women and Leisure," "Saint in Ivory," etc*

1 Obviously not The situation of a woman nursing one child and unaware that she is again pregnant is a barbarism that would seem to belong only to primitive tribes that had not discovered the process of conception Unfortunately the barbarism actually belongs to us, in our so-called civilized age

2 Conscious spacing of children, free governmental clinics for instruction of expectant mothers, health centers for frequent free check-ups of child's condition, hospitalization for deliveries, subsidization for maternity, either direct state aid or compulsory suitable employment for the mother, with partial salary continuing during period of absence from work, extension of nursery school, part-time work for mothers, greater leisure for fathers so that children may come more under their influence and care, and may know—as they do not in America today—an adequate and rounded family life, mothers who want their children, and so are free of fear, free of guilt and can avoid the "smother" love that accompanies remorse for hating their accidental unborn children,

happy parents who, courageous and happy and mentally healthy, could largely dispense with the patchwork and remedial efforts of child clinics, psychologists, psychiatrists, welfare workers, happy parents who might, if they were happy enough in themselves—I don't know any—and were guaranteed a minimum of economic security, make in one generation enormous strides in the production of a superior race

3 Yes

HENRY W THURSTONE, *professor of Psychology, University of Chicago*

1 No

2 Parents with sound minds in sound bodies  
Children conceived only as consciously wanted

Economic security of parents

Community resources for social life of parents and children

Intelligent study of nature and need of childhood and of the special needs of each child by parents and community

3 I don't see how it can be omitted from a family, national and world program

BENJAMIN T TILTON, *eminent New York surgeon*

1 Certainly not

2 The decision on the part of parents to limit their children to that number that they can adequately provide for physically, mentally, and morally

3 It is

LILLIAN D WALD, *Chairman, Executive Committee, Henry Street Settlement*

1 This is dependent to a great extent on the economics of the family

2 I believe that there is no question so important as an assurance of a good home, free from degrading poverty No admonition is valid if there are no means available to realize the advice

3 Birth control should be considered in a comprehensive program for child welfare

# The Small Family and Parent Education

By SIDONIE MATSNER GRUENBERG

*Director, Child Study Association of America*

THERE are three outstanding factors which have operated to bring about today's emphasis on parental needs and interests. Of these the changed size of the family is probably the most striking, for it carries the obvious implications of greater parental leisure, of the concentration on one or a few children of all the parental effort which formerly had to be "spread thin" over six or eight. A second great impetus to parent education has been the growth of accurate knowledge regarding nutrition and other aspects of physical care, accompanied by a slower increase and diffusion of knowledge regarding the mental and emotional development of children. Parents have at their disposal greater resources in the rearing of children, and this greater knowledge implies an increased responsibility, for no parent today can dare to disregard available helps.

A third factor making for the present emphasis on parent education—more subtle, perhaps, though no less potent—has been the changed status of woman. And this in turn has been more influenced by the ability to limit the size of the family than by suffrage or by the removal of fundamental industries from the home. Although the care and rearing of children is a full time task while the children are young, it is no longer a complete life

work for the competent woman. The woman who goes to college, for example, studies for a profession and then marries to find that she cannot continue her work and bear two or three children in the meanwhile. Accordingly she turns from her job to devote herself exclusively to her children. Then, after ten to fifteen years she suddenly finds that her children do not need all her time, and when she is about forty she is left practically without adequate interests to absorb her energies, unless she has anticipated the situation and planned to meet it.

These several factors, operating together, have effected changes in the patterns of family life which challenge parents to find new modes for meeting everyday needs.

In the past a child in a large family served an effective apprenticeship in the care of younger children. For there was always a constant succession of younger children. When the line of baby brothers and sisters gave out, it was time for the oldest brothers and sisters to have babies of their own, so that the youngest began their apprenticeship by looking after baby nieces and nephews. It was practically impossible for a girl to grow up, or a boy for that matter, without having had considerable experience not only in handling a baby and looking after his physical needs, but also in discover-



ing and managing moods and whims, tricks of sleeping and playing, peculiarities of emotions and attitudes. In so far as the educational results of such experience are still of value, what can we do to gain the same benefits today, in a family of one or a few children? It is necessary for fathers and mothers to realize that while in the past boys and girls did normally learn these things casually, if they are to absorb the community's best thoughts and practices regarding the care of infants today some special effort has to be made.

The so-called problem of the "only child" is no longer a matter for special consideration, but rather the common problem of large numbers of families. With children spaced several years apart each child has to be considered as an "only" child—for each has a different routine, a different daily program, different contacts, each is working and playing in a world of his own.

More knowledge, greater parental leisure, and the smaller family all contribute to one type of problem that is to be found in many homes. We see, for example, the two-year-old, either an "only" child or else with an older brother or sister who is already off to school. He eats alone, in state, completely surrounded by a mother or nurse intent upon having him consume the required series of alphabetical vitamins. The child refuses, and he has his way. The conflict is dramatic and furnishes the child with the center of the stage and the satisfaction of a triumphant outcome. In nothing else is the mother so much concerned about what the child does or does not do, and in no other relationship can the child get so much excitement for so little effort. The panic of the parent, impressed with the importance of calories, proteins and vitamins, is the opportunity for the child to get a circus every day in the week, and to be himself the chief actor with one hundred per cent attention from all present.

Still another perplexity created for parents by the changed size of the modern family is seen in our attitudes toward sex. In the simpler family set-up of former days sex was a matter of common knowledge, for children became acquainted with its manifestations in the fundamental processes and daily activities of life around them. The older sisters and the younger aunts had married and their babies were being born and growing up along with the younger children of the family. Today the birth of babies in the family is infrequent, births do not even take place at home. Thus while the environ-

ment still manifests the facts and implications of sex and reproduction, little is revealed to the child, and the responsibility for clarifying attitudes and knowledge of this aspect of life rests largely with the parents.

The large family, with all its delights and its dangers is, for most of us, a thing of the past. There are no longer the closely-knit groups of children and adults within the radius of the family circle. The life of the modern child tends to be so highly organized within so limited a range that it is often astonishing how few contacts our children have with adults outside their own home. This, too, has placed upon parents greater demands than ever before for making decisions as well as providing opportunities.

In the very program of daily living the actual contacts with children have decreased both in frequency and duration. Today even very young children are no longer continuously in the presence of the parent. The nursery school and the lengthening school day, the outside demands upon the parents' time no less than upon the children's time, leave but few hours for parents and children to spend together. The contact between the two comes to consist of isolated episodes, incidental rather than continuous. It becomes, therefore, of the greatest importance that these points of contact be made high spots in the life of the child. By this I do not mean that they must contain thrills prepared in advance, or that they must be of high emotional voltage through our excessive eagerness to do our duty. I mean merely that parents have to guard more carefully than ever against blunders and fumbles, they are not now allowed the same number of errors, for they have not the same opportunities to retrieve mistakes. To be sure, there are fewer opportunities for friction than there used to be, but there are also fewer chances for acquiring mutual sympathy and understanding. Hence we are forced to give more thought, to develop better techniques for meeting the many needs and exigencies of family life.

Today as never before the family has to be aware of what it is doing. Parents have not only to know how to use the best help that the psychologists can offer them to raise their daily dealings with their children to a higher level of purposeful and effective guidance, but they have also to be aware of the needs that can be met only from the outside or through special effort. In a family of girls, arrangements have to be made to insure adequate

contact with boys. The child disposed to go off by himself has to be helped to find companionship and the satisfactions of companionship. Parents have to know that a growing child will outgrow his childishness, but they have also to know where more is needed than letting time do its work.

We have to recognize from the first that the family, made up as it is of changing human beings, is itself constantly changing and making constantly new demands upon its surroundings and upon its members, including the parents. The routine habits of infancy have to be replaced with other routines. Indulgence has to be replaced with responsibility, and responsibility is itself a growing, shifting complex of attitudes and relationships. The hundreds of ideas and feelings that children absorb need to be supplemented with explicit instruction, counsel, warning, admonition, with respect to the common moralities of truthfulness and regard for others in their personalities and their properties, with respect to sex, with respect to money, with respect to community requirements. As children approach adolescence there arise multitudes of new questions that demand increasing amounts of instruction and explanation and interpretation.

The modern home, tending to be smaller in size, reduced almost to a place where members of the family meet once or twice daily for brief periods, must consciously make use of those resources which outside agencies have to offer. The school, the playground, the summer camp no less than the movies and the radio, become subjects for parental concern, playing, as they do, a large part in the child's daily life, as guides to conduct and as determiners of outlooks and values.

Perhaps the greatest change that has been brought about by the changing social order has been our revised attitude with regard to the perennial problem of "discipline." Parents today have a

new responsibility concerning the authority they exercise in the home. In former generations the church, the state, and the whole community, all outwardly at least, had one conviction on both vital and trivial questions in human relationships. Life is no longer so simple. Today parents have not only to be certain that they get the child to conform to outward demands, for his own safety, but they have to teach him to be discriminating. Today the child has not only to learn *to obey*, but increasingly he must learn *whom* and *what* to obey.

Since the world is constantly changing we are challenged to educate the child in adaptability to new situations. We are living in complex surroundings, our relations are intricate, more influences are operating upon children than has ever been the case before. Indeed, perhaps our greatest task as parents today is to orient our children in this world as they find it—a new world in which they have few patterns to follow.

Reduction in the size of the family has increased the demands which each individual makes upon the attention and consideration of others, especially the parents. Thus, despite all that has happened to disintegrate families, we continue to feel that the home is the basic institution, both for the welfare of society as a whole and for that of the individual. The shifting of more and more tasks to outside agencies, which can undoubtedly perform each of these tasks more effectively and more economically than can the home, has in turn increased the demands which the child makes upon the distinctive services that the home alone can render. The greater the number and variety of services that these outside agencies supply, the greater need is there for help in coordinating and integrating the experiences and influences. And to this end the parent needs more deliberate and more conscious preparation, both beforehand and while on the job.



# Child Labor and Large Families

By SONIA PERETZ

THE National Child Labor Committee defines child labor as "the work of children under conditions that interfere with the physical development, education, and opportunities for recreation which children require. It is the working of children at unfit ages, or unreasonable hours, or under unhealthful conditions." We have all heard President Hoover's ringing phrases declaring that "racial progress marches upon the feet of healthy and instructed children," that "there should be no child in America that does not have full opportunity of education from the beginning to the end of our institutions, that is not free from injurious labor," etc. Still, according to the 1920 United States census, over a million children ten to fifteen years of age, inclusive, or one out of every twelve, was gainfully employed. To make the picture even more sinister, more than one-third of these children were under the age of fourteen, and these figures do not include children under ten.

Have conditions improved in the last decade? Partial returns from the 1930 census in a group of 25 states show that 277,038 children of ten and fifteen years, inclusive, are employed—a decrease of 25 per cent. The National Child Labor Committee finds it impossible to determine how much of this apparent decrease should be ascribed to industrial depression and the resultant scarcity of employment, and how much to an actual improvement in child labor conditions.

What are the underlying causes of child labor? According to the Children's Bureau pamphlet *Child Labor, Facts and Figures*, (pub. No. 197, 1930) "although a large proportion of the children who go to work as soon as the law allows give dissatisfaction with school as the direct cause, nevertheless, it is chiefly in homes where poverty, past or present, has caused a low standard of living or ignorance of the value of education, that this dissatisfaction results in the child's leaving school for work." The reports of investigations made in various localities by the National Child Labor Committee show that "many children entering industry at an early age do so because of personal or family necessity." An inquiry by the Washington State Board of Education covering 610 children employed in Seattle showed that 70

per cent gave economic stress as the chief reason for entering employment. Even when not the primary cause, poverty is an important economic cause of early child labor. Economic necessity is found to be an important factor in the employment of children on the home farm.

A case study of 329 families in the Arkansas valley of Colorado, made by the National Child Labor Committee in 1924 and published in 1929, states that "it is a matter of common observation that the children of a large family frequently suffer handicaps which those with fewer brothers and sisters do not have to face. They have difficulty in securing an education because the added expense under which the family labors may render it necessary for the older ones to stop school at an early age, less efficient medical attention is available, and the family is able to afford less nourishing food—not to mention the evils of overcrowded and unhealthful home conditions."

A research study of children working on farms in certain sections of the Western slope of Colorado was made by the National Child Labor Committee in 1925. The 330 families consisted of owners, renters, wage and contract workers. The following table shows clearly the interrelation between economic status, size of the family, and child mortality.

	Families studied	No. of children per family	Percentage of child mortality
Owners	147	5.36	10.9
Renters	103	6.68	13.8
Wage	23	4.24*	6.4*
Contract	57	6.28	22.3

\*The low rate for number of children and child mortality in the wage group is due to the comparatively younger mothers who have not yet had their full number of children.

A similar study was made in another part of Colorado, involving 434 families of owners, tenants and contract laborers. Here again the connection between economic status, large families and child mortality is illustrated.

	Number	Children Born	Child Mortality
Owners	44	400	67
Tenants	119	985	137
Contract Labor	271	2,021	398

The figures in both these studies indicate no tendency toward family limitation. Child mortality is high. Contract laborers, the least secure economically and the poorest group, usually show the largest number of children and the highest child mortality rate.

But doctors in general are still forced to use the alibi of "health reasons" instead of the stark truth, that family limitation is necessary because of economic pressure, because parents wish to be able to give to the children they have every opportunity that civilization offers. Instead, due to ignorance of essential knowledge of birth control, parents of wretched, ill fed, over-sized families are forced to push their children, as soon as they reach working age, into factories, stores, mills and canneries, depriving them of "full opportunity of education from the beginning to the end of our institutions," not to speak of "sound conditions of health and every stimulation to accomplish the fullest of their capacities."

It seems obvious, as the members of the Child Labor Committee of the White House Conference joined in declaring, that child labor is in large measure a result of poverty. A new social order which would make it unnecessary for parents to depend on children for family support is not to be expected in the near future. Surely the way to eradicate the child labor evil is not to talk about "healthy and instructed children" but to devise means of destroying its causes.

The usual method of approach by existing organizations interested in regulating or eliminating child labor is to prohibit, arbitrarily if necessary,

the employment of children of unlawful years, and to request or require that they remain in schools. This procedure is theoretically correct. But what about the individual family with eight or ten or more children? It seems to the writer that the National Child Labor Committee fails to follow to a logical conclusion the findings of its own investigations, and that it could add strength and soundness to the solution of the problem by frankly recognizing unlimited propagation as one of the chief causes of child labor. Provide the workers in the Southern cotton mills, for example, with scientific and legal means of properly spacing their children and limiting their number, and they themselves will see to it that their children benefit by better food, more adequate clothing, better education, and on the whole, more wholesome living. Parents do not want to exploit their children—but with the pressure of a large and hungry brood, they see no alternative to child employment.

The White House Conference sub-committee on Child Labor recommended that "special attention be directed toward the solution of such problems as adult unemployment, farm economics, and a living wage, since an income earned by the chief wage earner of the family sufficient to maintain a decent standard of living is basic to a normal solution of the problem of child labor, as of other problems of child welfare." What the White House Conference fails to point out is that "a decent standard of living" bears a very definite relation to the number of children in the family, and that the wage which might suffice for three or four children means dire poverty for a family of ten or twelve.

## The Psychologist's Viewpoint

By FLORENCE M. TEAGARDEN

FOR a number of years past, psychologists have concerned themselves with some of the implications of family relationships. Of particular interest, since the advent of intelligence testing, are the questions of the relation of intelligence and number of children in the family, the relation of intelligence and birth order within the family, the relation of intelligence of children and occupational status of the parents, the relation of intelligence and delinquency, and the like.

Let us consider the last mentioned question briefly. What, if any, difference does it make in

the likelihood of a child's becoming delinquent whether he is an only child, one of two children, or one of several children? Recently the writer had occasion to do some professional work in a school for delinquent girls. At the time there were 101 active cases. Investigation showed that the average number of children per family in the homes from which these 101 delinquent girls had come before they reached the juvenile court was 5.5. While sociologists point out to us the difficulty of trying to arrive at a figure that represents "the average number of children per family" in the United

States, we shall probably not be far from right if we say that the average family in the United States has between two and three children. Certainly then, these delinquent girls came from families that are considerably above the average in number of offspring. It is another matter, of course, to say that the larger number of children per family is *per se* the cause of their delinquency. Healy's studies of 1000 repeating juvenile offenders, however, show essentially the same thing. His 1000 recidivists came from families which average 4.2 children per family. Other investigations of like nature and with similar findings could be cited.

Recent psychological interest has also included investigation of intelligence in regard to size of family. The East and the West have contributed significant studies on this question. Dr. Leta Stetter Hollingworth in New York City and Dr. Lewis Terman at Stanford University in California both studied groups of very superior children. When the families from which these very gifted children come were studied, it was found that the average number of brothers and sisters was considerably lower than the average for the population at large. However much we might wish to believe that superior intelligences are being produced in above-average numbers and that inferior intelligence and delinquent behaviors are being produced in below-average numbers, scientific investigations by many workers and from all parts of this country and elsewhere will not permit us so to believe.

In addition to the facts, or theories if you prefer, mentioned above, there are other less statistical matters in which the psychologist is interested. One of these is the psychological consequences of being an "unwanted" child. "Case history" literature both in psychological and social-service work is full of incidents in which the thought, either true or imagined, of being an adopted child has played a large part in bringing about unsatisfactory social adjustment. One case, which has come to the attention of the writer and which so far has baffled all therapeutic attempts of teachers and psychologists alike, is that of a "psychic mute." The child has been in the public schools for some five or six years now, and with one or two exceptions no one but her two immediate parents has ever heard her speak a word. That she can speak is known positively, but that she does not speak is also just as well established. While the child comes from what in many ways can be called a good home and family, yet the mother frankly tells

of her disinclination to have the child and of her resentment and emotional unbalance over the situation. Whether one says that the child's present condition is the result of the attitude of the mother in the early days of the child's life and training, or whether one says that the mother, and by inheritance the child, was emotionally lacking in poise and stability matters little. The question remains to be answered as to whether the mother should have brought a child into the world under such circumstances.

Still another case comes to mind at this time. A boy of about eight or nine years of tempestuous life has to be brought to a psychological clinic every so often by a social worker who is attempting to the best of her ability to keep him in the straight and narrow path sufficiently to prevent his running afoul of the law. On the occasion of the last visit the social worker reported that the boy's mother was again pregnant and, as is usual with her in pregnancy, she has become quite disturbed mentally. In fact, the mother had a short time previously taken the younger children in the family to the social agency, asking to have them placed in foster homes until after her confinement, because she was in mortal terror that she might murder her own children. Can any one question the psychological effects upon children of being in such a home under such circumstances? Is there anything left to be said as to whether that mother should bring any more children into the world?

Statistics are lacking but case histories are abundant to prove another point. Any social worker or clinical psychologist can without difficulty recite case histories in which the oldest member of a family, whether it be son or daughter, has metaphorically speaking had the life squeezed out of him by the economic and domestic demands of a brood of younger siblings. A fine young girl, who by all rights should be approaching marriage and childbearing with joyful anticipation, remarked to the writer recently, "Oh, I may get married some day, but you may rest assured that I shall never have any children if I can help it. I've seen too much!" When I think what life has meant for my mother and for my father, too, for that matter and for us older children, in attempting to make an income and a house suited for four or five stretch to cover eleven, I shudder and get dizzy!" It would seem that even the antagonists of birth control programs must realize that large families, with their attendant hardships, may foster attitudes in

the mind of the present younger generation more dysgenic perhaps than a knowledge of contraceptive measures

Mythology tells us that at one time Venus complained because her son Eros was not maturing and developing as he should. He seemed to his mother to remain always a child. Venus was told that the way to make her son grow up was to give him a brother. Soon afterward Anteros was born and Eros was seen to increase in size and strength rapidly thereafter. This story seems to synthesize a still current belief that an only child does not develop as well as a child does who has siblings. This assumption has recently stimulated a number of psychological researches and inquiries. It is impossible to detail here the procedures used in these studies, but one can easily find them in the psychological literature of the past five years or so. Suffice it to say that the investigations have failed to show that the "only child" is in such a sorry state as we had supposed, when he is compared with other children. He has not showed up with the quirks of character development and unsocial conduct and selfish behavior that have been attributed to him. In fact it has been definitely shown that the oldest child in the family or the youngest child in the family or the sickest child in the family may perhaps stand even a better chance of being "spoiled" than the much maligned "only child." The fact is in most particulars these recent inquiries in regard to "onlies" tend to leave us with a very pleasant impression of them.

It would be quite out of place to close any consideration of a psychologist's feelings in regard to birth control without reference to a very significant investigation conducted by Dr. Hsiao Hung Hsiao at the University of California. Dr. Hsiao had been attracted by such quotations as Karl Pearson's to the effect that "If you reduce the size of the family, you will tend to decrease the relative proportions of the mentally and physically sound in the country."

He set up a most interesting study in an attempt to find the relationship between intelligence and birth order, limiting his study to the first two birth orders, i.e., a comparison of the intelligence of the first and the second child. He studied 2127 children and compared not only first- and second-born in general, but also the first- and second-born of the same family. By an elaborate statistical treatment of his data Dr. Hsiao attempted to rule out certain vitiating factors and fallacies of some

of the previous studies. Briefly, his conclusions from the study of these 2127 cases are "that there is no difference in intelligence between the first- and second-born" (Of course, he means in general and on the average, rather than in individual cases.) He goes on to say, "The present study tends to weaken the claim that the reduction of family size has a detrimental effect upon the average intelligence of the population, by the time of reaching school (if not before) the first-born are equal to the second-born. It would indeed be surprising if a later study, employing similar methods in a similar population, were to demonstrate that the first two birth orders are inferior to the third and subsequent orders."

Psychologists are rather forced to the conclusion, therefore, that a sane birth control program is highly desirable. The defective discipline that may and often does occur in large families adds too much to the burden of juvenile delinquency. The relationship between family size and intelligence of children has been shown to be a negative one indicating that, on the whole, brighter children tend to come from smaller families and duller and more defective children tend, on the whole, to come from larger families. Furthermore, psychologists see all too many cases of the detrimental influence upon the child of being an unwanted child and, on the other hand, psychologists are failing to see that the only child is necessarily a spoiled child. In addition, they are convinced that the undesirable attitudes engendered in the older members of a large family of children is, in many cases, not the sort of mental equipment that is desirable for the establishment of a psychologically sound family life in the next generation. More recently they have been led to believe that succeeding children in the family progression are not necessarily superior to the ones born first in the family. In short the psychologist raises his voice in protest against the iniquity of any child's being born into any home whatsoever where he is not wanted, and insists that every child is entitled to a home that is not only physically, morally, intellectually, and economically sound but also, and what is more important, psychologically sound.

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*The crying task for every human race  
Is so to plan their children's earthly way  
That opportunity and work and play  
Are as the air of heaven, a commonplace  
Granted by right of birth and not by act of grace*

EDEN PHILLPOTTS

# Birth Control League of Michigan

THE Birth Control League of Michigan has been in existence for just a year. Its present status, the number of clinics operating in the state, the number and standing of its sponsors, both lay and medical, make an account of its development well worth recording.

Prior to any steps toward organization, there existed in Detroit the Mothers' Clinic, founded in 1927, to give contraceptive advice to indigent women, and clinics at the two leading hospitals of the city, the Women's Hospital and Harper Hospital, opened in 1930. The Mothers' Clinic cared only for cases referred by social and health agencies, and attempted no provision for people who could pay in whole or part for the service. The hospital clinics filled this gap, however. They were founded with the consent and approval of the hospitals' boards of trustees, and are financed by an anonymous group from within and without the state. They established a precedent which must surely effect the attitude of other important hospitals in the state.

The legal situation in Michigan was favorable for the organization of a league. Though the law prohibits the putting on sale of books or pamphlets designed to prevent conception, it is silent on the right of the physician to give contraceptive advice. Unemployment is severe in Detroit and other large cities of Michigan, making birth control a welcome and logical form of philanthropy.

A state committee was formed at a meeting held in January, 1930, at the Woman's City Club of Detroit. The committee decided, in view of the clinical provisions already established in Detroit, to put its first efforts into work outside of that city, and also to secure a state chairman and a state treasurer from some city other than Detroit, if possible. A second meeting was held in July, and the following program was adopted:

1 That the League should be incorporated in the state of Michigan.

2 That the president and her committee should ask important physicians to give their names to an Advisory Council. (At this writing the Council includes prominent physicians from the leading cities of the state and has been enlarged to embrace public spirited men and women from other walks of life.)

3 That the League should endeavor to organize local committees in important industrial centers, such as Pontiac, Flint, and Lansing, and should assist these centres to establish at least one clinic in each town.

The officers of the Michigan League are: *President*, Mrs. Morton Keeney, Grand Rapids; *First Vice-President*, Mrs. Margaret Winslow, Ann Arbor; *Second Vice-President*, Mrs. Mayer B. Sulzberger, Detroit; *Treasurer*, Mrs. Christian J. Litscher, Jr., Grand Rapids; *Secretary*, Mrs. Frank R. Stone, Grand Rapids; *Directors*, Mrs. Willard Pope, Mrs. Harry Farbstein, Mrs. James Watkins, Mrs. David Levy, Mrs. Christian Litscher, Mrs. Fred Dunakin, Mrs. Thomas McAllister.

## LUNCHEON CONFERENCE

A state-wide membership drive and campaign for funds to complete the comprehensive clinic program outlined above was initiated at a luncheon conference and organization meeting held on December 11th at the Hotel Statler, Detroit. Over six hundred attended, delegations coming from Grand Rapids, Kalamazoo, Flint, Lansing, Ann Arbor, Birmingham and Pontiac. Mrs. Willard Pope presided at the luncheon. The speakers were Mrs. Cornelia James Cannon of Boston, whose address at the New England Birth Control Conference appeared in the November REVIEW, Dr. Henry Pratt Fairchild of New York University, who spoke on *Dependency and Birth Control*, and the Reverend Alfred W. Wishart, of the Fountain Street Baptist Church of Grand Rapids. Dr. Wishart said in part:

The dilemma we find ourselves in today, the source of a good deal of opposition and hostility to the birth control movement, arises from the fact that religious men do not look to wide experience and scientifically interpreted information as the source of their ideals. Their ideals are based on the assumption that there has been some divine and supernatural revelation of what man ought to do and what man ought to be, not only in general but in detail, so that they come to apply these alleged Scriptural commands, these alleged words of God spoken to man to all reform movements.

I do not need to tell you that practically every great scientific advance has been made in the teeth

of ecclesiastical opposition, has had to fight its way against interpretations of Scripture, which by and by came to be abandoned. I don't want to discourage the optimistic feeling that I detect here today, but if you think the battle is won, start to have a law passed in the Michigan legislature or that of neighboring states, permitting the establishment of clinics, and you will find that there are lions in your path, although they may look like sheep from this distance.

The encyclical of the Pope has been referred to. I think we need not delude ourselves into believing that throughout the world these commands of the Vatican to the faithful are going to be disobeyed, that people won't care anything about them, that the bishops and priests will pay no attention to them, that it will have no effect upon intelligent, wide-awake, freedom-loving Americans. I think you will find that the great faith the people have, not only in the Vatican, but in Protestant fundamental principles, will inspire them to oppose, as crusaders, the attempt to promote birth control in this country.

On the other hand, let me call your attention to the report of the Federal Council of Churches of Christ in America, the report of the Committee on Marriage and the Home, signed by twenty-eight prominent representative ministers and laymen, professors of theological seminaries, editors of religious weeklies, with a minority report of three individuals. It is generally said that this Council speaks for twenty-six million Protestants. It speaks for this Committee and for those to whom they reported, but such questions as these never were submitted to all the churches of the United States. If we know a little about the temper of the Protestant Churches we may say that the report represents a large body of sentiment, but many Protestants will take the position that the encyclical takes.

This report states birth control is nearing the status of a recognized procedure in preventive and curative medicine. There is general agreement also that sex union between husband and wife as an expression of mutual affection without relation to procreation is right. As to the rightfulness of the use of contraceptives, Christian opinion is not united. The problem in its present form is a new one. The Scriptures and the Councils of the Christian churches are silent upon that subject.

Here we have a real issue so far as the moral support of Christian people in this country is concerned. The basic Scriptural argument is the legend of Adam and Eve. But assume that it is literally history, and assume that God actually talked to Adam and told him these things, does it

follow when the Lord laid down a general principle, "Be fruitful and multiply and replenish the earth," that then and there He said "*without any limitations?*" Where in the Scriptures, from beginning to end, is there a divine pronouncement against the exercise by God's children of control in the matter of children?

I will not be endorsed by a great many of my brethren for what I am going to say, and I am not representing anybody but myself. This isn't the only case where human progress falters because of the assumption that we know infallibly (assuming God's existence) what He wants. I do not believe that God ever spoke audibly at any time or any place, any more than He does anywhere today. You only confuse these issues when you introduce, as the command of God, what, as Jesus once said, are really the commands of men.

#### NATURE AT HER BEST

So, I am contending today for the right of the individual to know all that can be known about himself, and for the right of the scientists, who gather the facts and analyze them and present them to the public, to give these facts to individuals for their use and consideration, allowing the individual according to his conscience and his own wishes to do what he wishes with the information. I can see no sound religious reason for objecting to the individual's possession of these facts.

The encyclical says "It would be better for Nature to remain unimpaired, Nature is at her best when she is unchanged and unimpaired." I wonder if you ever stopped to think of the trouble we have because of the dualisms we create: God and Nature, God and Man, and Man and Nature. Is it Nature's way that there should be unlimited production? She also created a brain which thinks and a will that controls, and in a sense, it is Nature which is controlling Nature when man exercises his right to control births. It isn't man against Nature at all. It is Nature at her best, controlling blind forces beneath that operate without that control.

What does a reasonable, rational exercise of birth control that doesn't go to the extreme of marital continence, do to man and woman, to the family, and to the state?

I am not passing judgment upon the rightness or wrongness of birth control, but I am contending that the Church should not deny to you, to me, to men and women everywhere the right to consider these questions, to open them up, to look into them, to hear evidence, that it should not question the right of the medical profession to present such facts as they have at their com-



mand to the public. Such action is an unwarrantable interference with the liberty of man, and will thwart the higher aims of life and interfere with the progress of mankind.

#### ORGANIZATION MEETING

The afternoon organization meeting was attended by the board of directors, the advisory council and members of the Birth Control League of Michigan. Mrs. Margaret Winslow presided, and Mrs. Morton Keeney, president of the League, was the principal speaker. She said:

Some people have said that we should not start our birth control work this year, that it was not right for us to ask for money for a cause that did not give emergency relief. Although it may be harder for us to raise money during this period of depression we feel that our work is an essential part of any relief program. While the money we raise does not go towards clothing and feeding destitute families, it will help to prevent the birth of unwanted children to parents unable to support the children they already have.

We do not know how long emergency relief programs of the state, city and independent charities may have to continue, and any one who looks ahead can see that our work will save these charities untold sums in the future. The average expense of a baby born to a mother supported by charity is \$100 a year, including pre-natal care, delivery and post-natal care, while the cost of contraceptive supplies for a woman may be as low as \$2 a year.

While saving the taxpayers' money is a commendable aim at any time, it is not the main object of the Birth Control League of Michigan. Our program for future work, which I now present to you for discussion and advice is as follows:

*First*—to work for the establishment of clinics in all the high grade hospitals in Michigan. During the organization work of the past few months, I have talked to many people engaged in social work, they all felt the need of more birth control clinics and said they constantly had clients who needed and begged for contraceptive advice. In some cities the social workers are sending urgent cases to the clinics in Detroit—either to the Mothers' Clinic or the ones at Harper or Women's Hospital, but they can, of course, afford to send only the most needy cases, and there are many women in each city entitled to and asking for contraceptive information.

A birth control clinic in a hospital can be started for as little as \$2000 a year. We are anxious to help the hospitals in any way they wish, either by giving them grants of money from our organization or by assisting them to raise the money. We

feel hospitals of high standard are the logical places for birth control clinics, they have the necessary supplies and equipment, and, most important of all, we can rely on the clinic being run with good judgment.

*Second*—if there is need of a clinic in a city where there is no hospital available, we shall organize an independent clinic and assist it financially, always being most careful to have a staff of highly reputable doctors and a board consisting of discerning, influential and judicious members. I should like to repeat at this time that our organization feels that the medical profession alone should control the giving of contraceptive information, it should be taken out of the hands of the druggist. We should no more think of buying products so widely advertised in drug stores without a doctor's advice than of buying eye glasses without a prescription from an oculist. In answer to all requests for contraceptive information, we give no information ourselves, but refer women to the nearest doctor or clinic.

*Third*—we plan to assist the existing clinics as much as we can by maintaining a fund for car fare for women too poor and too far away to reach the clinics, and in some cities we shall have volunteer motor corps for that purpose.

*Fourth*—one of the general objects of our organization is "to assist in amending any federal statutes prohibiting the giving of birth control information." This state has no law against giving this orally. It does, however, forbid the publication and sale of any circular giving contraceptive information, but as the best methods can only be prescribed after a medical examination, this law presents no obstacle. The Federal law, however, makes it illegal for us to send women the names of the existing clinics or physicians where such advice is legally given. These laws interfere with the publication of authorized scientific and medical books and with importation of articles of research and reports from clinics of other countries. They were originally passed to prevent the dissemination of pornographic literature through the United States mails. Of course we concur with this restriction, but we feel that to place medical and scientific information in this class is unjust, and places a handicap on physicians and on the future progress of our welfare activities.

The Birth Control League of Michigan would like to have a clearing house for inquiries so that we might refer women to the proper clinic or physician. Under the present federal laws that would be illegal, so whenever a bill to amend these laws is introduced, we shall support it, whole-

(Concluded on page 31)

# News Notes

## UNITED STATES

**T**HE eleventh annual meeting of the American Birth Control League will be held at the McAlpin Hotel, New York City, on Thursday, January 21st, 1932. The program is

10 30 Business meeting and election of directors. Reports of the eight affiliated state leagues

12 30 Luncheon meeting. Mr. Everitt Colby, presiding

Miss Marie Kopp, of the Birth Control Clinical Research Bureau, New York, will report on some of the findings of her case history study, covering five years of clinic work. She will discuss, among other topics, the prevalence of birth control practices among the rank and file, the social status of the women who come to the clinic, and take up the question of how much "follow up" should be attempted by clinics in measuring successful or unsuccessful use of methods. Dr. A. Lovett Dewees, president of the Pennsylvania Birth Control Federation, will speak on *The Place of Contraception in a Program of Maternal Health*. Douglas P. Falconer, associate executive director of the Temporary Emergency Relief Administration of New York State, loaned for that position by the Children's Aid Society of Buffalo, N. Y., will speak on *The Place of the Contraceptive Clinic in Constructive Social Work*.

The executive committee of the Federal Council of Churches of Christ in America discussed birth control at its annual meeting in Philadelphia on December 3rd, with particular reference to the report issued last spring by the committee on marriage and the home. Answering the charge that that report was hasty and premature, Bishop Francis M. McConnell, of the Methodist Episcopal Church and president of the Federal Council of Churches, said "The report was prepared by a splendid and able group of men, and I do not know of any document I would be more willing to put my hand to. Some part of the Federal Council should be in trouble all the time. Let us leave the door or window open somewhere for a gleam of prophetic fire."

Dr. Eric M. Matsner, medical director of the

League, addressed the following medical bodies during the month of December:

Concord physicians at the Emerson Memorial Hospital, Concord, Mass.

Boston physicians at the Twentieth Century Club, Boston.

Berkshire Medical Association and the Williamstown and North Adams Ministerial Association at Williamstown Inn, Williamstown.

Staff and student group at the Butterworth Hospital, Grand Rapids, Michigan.

Faculty and student group at the Medical School of the University of Minnesota, Minneapolis.

Members of the Hennepin Medical Society, Minneapolis.

**MINNESOTA** The Minnesota Birth Control League held a meeting at the home of Dr. and Mrs. Carl Waldron of Minneapolis on December 19th, in honor of Dr. Eric M. Matsner. The League sends the following account of its clinic, which was opened in late October:

The clinic, which is located at 223 Walker Building, Minneapolis, has the active cooperation of the established welfare agencies. From the very beginning it has had an attendance taxing its capacity; appointments are made three weeks in advance. At present it is conducting only one half-day session each week. Dr. Eleanor J. Hill, the medical director, is well known in public health and welfare groups, and greatly esteemed in the community. Mrs. Juanita Woodward, a trained nurse and social worker, with experience in marital adjustment welfare work, assists Dr. Hill at the clinic sessions. Mrs. Charles P. Wagner, has been making contacts with welfare groups and taking charge of the clerical work. The League expresses its appreciation to the groups in Cleveland, Chicago and New York, for helpful suggestions and encouragement.

**NEW JERSEY** The New Jersey Birth Control League held a luncheon conference at the Hotel Hildebrecht, Trenton, New Jersey, on December 3rd, in connection with the New Jersey Conference of Social Work. Mrs. Harris Ely Adriance, first vice-president, presided. Speakers were Dr. Henry H. Cotton, whose startling findings on birth control is a factor in decreasing the incidence of

insanity are given elsewhere in this issue, Dr Mabel G. Boyden of Rutgers University, the Reverend Robert Weston, pastor of the First Unitarian Church of Trenton, Mr. George Bedborough and Mr. Jesse Quitman.

Mr. Bedborough, who spoke on *Civilization and Birth Control* gave as his definition of civilization "a greater care for human life, health and happiness. This," he added, "is a distinct contrast to earlier days when the dance of death was the keynote of all human activities and thought. Today, in Lowell's words 'a tiny infant, newly born, is more important than a soul just set adrift'."

NEW YORK The New York City Committee announces the opening of a new birth control center. Mrs. John E. Berwind, president of the Berwind Free Maternity Clinic, 127 East 103rd Street, has decided that women treated at this clinic shall automatically receive instruction in birth control technique, after their babies are delivered. Mrs. Berwind was moved to take this humane step after seeing the continuous stream of under-nourished, over-worked mothers and their unhealthy, unwanted babies. Added importance is given to Mrs. Berwind's progressive thought inasmuch as the senior medical students receiving their training in maternity work at the clinic will now also be instructed in methods of birth control.

Mrs. Carol K. Nash, secretary of the New York Committee, sends the following report of recent activities:

A luncheon for social workers was held at Council House, 1122 Forest Avenue, on Tuesday, December 15th. Our guests were nurses, relief workers and settlement workers associated with the Protestant Big Sisters, A. I. C. P., Visiting Nurses Association, Jewish Social Service Association, Jewish Board of Guardians, Committee on Foreign Born, Bronx House, Council House, Lebanon Hospital, N. Y. Tuberculosis and Health Association and Y. W. C. A. The Mothers Health Bureau, our Bronx Birth Control Center, was inspected after the luncheon.

Dr. Pissort, who is in charge of the center, explained the work to the visitors. Two talks on birth control were given to groups of mothers—on December 19th at Christ Church House by Dr. Helen Miller, and on December 14th by Mrs. Carol K. Nash at Stuyvesant House.

Our Committee will sponsor a birth control program at a meeting of the Association of

Volunteers in Social Work at the Russell Sage Foundation Building, on January 25th.

A benefit performance of Philip Barry's new play *The Animal Kingdom* will be held on Thursday, January 7th. It is sponsored by a distinguished group of patrons and patronesses.

Recent New York meetings arranged by the American Birth Control League. Radio Talks over WEVD, completing the series on birth control—

Dec 3 Guy Irving Burch, *Population Problems and Birth Control*

Dec 10 Hudson Chapman, *Birth Control and Unemployment*

Dec 17 Jesse Quitman, *Birth Control and Marriage*

Dec 31 Mrs. Carol K. Nash, *Can the Underprivileged Woman find Birth Control Information?*

In addition Mrs. F. Robertson Jones addressed the Ingersol Forum on *Birth Control and Economics* on December 13th, and Mrs. Nash spoke at Stuyvesant House on December 19th.

OHIO Carolyn Bryant, executive secretary of the Cincinnati Committee on Maternal Health, announces that as a result of the annual meeting on November 17th (described in the December issue), 138 new members have been enrolled: 104 at \$1, 1 at \$3, 4 at \$5, and 20 at \$10.

Birth Control from the medical standpoint, in distinction to the moral one, was discussed by members of the general practitioners section of the Columbus Academy of Medicine on November 30th at Carnegie Library, Columbus. Among the speakers were Drs. S. J. Goodman, R. B. Taylor, C. C. Ross, Wayne Brehm and J. F. Baldwin.

PENNSYLVANIA The Pennsylvania Birth Control Federation held its annual meeting on Thursday, December 3rd, at the Sylvania Hotel in Philadelphia. The following officers were re-elected: Dr. Lovett Dewees, *President*, Mrs. George A. Dunning, *Secretary*, Mr. Samuel Emlen, *Treasurer*. The vice-presidents elected were James H. S. Bossard, Ph.D., Mrs. Stanley Bright, Rabbi W. H. Fineshriber, Rev. Nathaniel B. Gorton, G. Victor Janvier, M.D., Roswell H. Johnson, M.S., H. R. M. Landis, M.D., Stuart Mudd, M.D., Jay F. Schamberg, M.D., Joseph Stokes, Jr., M.D., Norris W. Vaux, M.D., H. C. Westervelt, M.D.

Reports of the various committee chairmen and of the Executive Director, Mrs A C Martin, show a steady growth and a wide-spread interest in birth control Within the last year four new maternal health centers have been started, making a total of six in Pennsylvania Several new county committees have been organized It was the sense of the meeting that the important thing at the present time is the opening of new maternal health centers wherever possible

At the luncheon which followed, Dr Jay F Schamberg presided, and reports from six clinics were given The speakers were

Mrs Francis N Bangs representing the American Birth Control League

Mrs George A Elliott—the Birth Control League of Delaware

Dr Frances Weiser—the Newark Clinic of the New Jersey Birth Control League

Mrs Stuart Mudd—the Philadelphia Maternal Health Committee

Mrs Oliver Holton—the Birth Control League of Bethlehem

Dr Margaret Hassler—the Reading Clinic

The Southeastern Pennsylvania Birth Control League held its annual meeting and election of officers before the luncheon The following officers were elected Joseph Stokes, Jr, M D, *President*, Mrs H Wilson Moorhouse, *Secretary*, Mrs Wallace R Lee, *Treasurer*, *Vice-Presidents* Kate W Baldwin, M D, Mrs George A Dunning, William H Jefferys, M D, Stuart Mudd, M D, Mrs Imogen Oakley, Henry K Pancoast, M D, Anna M W Pennypacker, Mrs Louis N Robinson, Mrs Thomas Ross, Frances R Sprague, M D, Mrs Pope Yeatman

**VIRGINIA** Dr Will Durant, speaking to a large audience at the Woman's Club of Virginia on December 1st, listed legalized birth control along with restriction of immigration by quality, not race, and industrialization of agriculture in a program for America "Birth control," he said, "is the vital problem of the country It has unwittingly brought it about that in each generation we breed from the bottom and sterilize from the top Until it is made legal for the ignorant to be taught what the intelligent have found out, we will continue to have only a small educated minority"

**WISCONSIN** Arguments for and against birth control were presented at the Milwaukee Open Forum on December 3rd, when Dr Rachel Yarros, secretary of the Illinois Social Hygiene Association of Chicago debated with Dr Joseph M Artman, director of the Religious Education Association, of Chicago No decision was reached

## CANADA

**BIRTH CONTROL** has been pushed forward as an issue in Toronto following the refusal of the Toronto Board of Health to sanction the establishment of a birth control clinic The Birth Control Society of Toronto, through a committee composed of Reverend A H Tyrer, Reverend Canon Lawrence Skey, Mrs A M Huestis, Rabbi Eisendrath and D M Le Bourais, proposed that a birth control clinic be established in quarters provided by and under the sanction of the department of health The Birth Control Society offered to provide a nurse and woman doctor The proposal was turned down Judging from the press reports, public opinion is strongly in favor of having a clinic

## ENGLAND

**IN TWO** outspoken judgments delivered at Leeds Assizes, on November 30th, Justice McCordie demanded changes in the laws governing birth control and abortion in England The cases concerned two women who pleaded guilty of committing abortions on themselves According to the law, they could have been sentenced to penal servitude for life Instead the Judge dismissed the cases and expressed himself as follows

In my view, the knowledge of birth control ought to be most widely extended, and particularly among those who live in very poor and very unhappy circumstances I go further, I express the view clearly that in my opinion the law of abortion as it exists today ought to be substantially modified It is out of keeping with conditions which prevail in the world around us

In my view the attitude and substance of the law on this question of abortion should be changed, and changed soon I think it should be recognized that we live in the world of 1931 and not in the medieval world of a century ago

## In the Magazines

*The Frost on the Baby Crop Editorial Literary Digest, November 28th*

By this striking headline attention is called to the fact that of three million babies born last year in the United States, 200,000 died before they reached the age of one year

*Maternity and Infant Welfare Service in England and Wales By James Fenton, M D American Journal of Public Health, December*

A detailed discussion of the present situation, the causes of maternal and infant mortality, and possibilities of reduction

"There is a wide sphere for maternity and child welfare work in eliminating adverse environmental factors which cause infant deaths. The enormous interest aroused in this problem in recent years resulted in the government setting up a Maternal Mortality Committee, which has recently issued an important document incorporating the experience of a number of obstetricians and the results of a detailed study of 2,000 deaths of mothers in childbirths. The Committee found that in 48 per cent of these there was an avoidable cause—an absence of antenatal care in 17 per cent, errors of judgment in practice or treatment by doctors or midwives 17 per cent, lack of reasonable facilities for effective medical care in 5 per cent."

*Editorial, American Journal of Public Health, December*

"The crude death rate in Porto Rico is nearly double that in the United States, and infant mortality, that sensitive index of sanitary progress, is almost three times as high. According to our standards of age distribution Porto Rico has about 175,000 children too many. Despite unfavorable economic conditions, the birth rate is estimated to be over 40 per 1,000, and the census of 1920 recorded the amazing fact that 43.3 per cent of the population was under 14 years of age."

*Childhood in the Machine Age By Dr Laurence Augustus Averill Scientific Monthly, December*

A stirring indictment of our care of the child  
"We have witnessed in the past fifty years amazing developments in society, industry, science, and education—we have planned and brought into existence health centers, playgrounds, athletic

fields, gymnasiums, scouting activities and a score of other agencies designed to minister to the needs of the physical growth and welfare of a junior population which at present numbers no less than 45 million. Oh, yes! We have taken good care of childhood! But have we?"

"The facts tell a disconcerting tale relative to American childhood. Ten million strong, the great army of the underprivileged, the defective, and the delinquent, are hammering at the very gates of the citadel of our civilization. They are demanding those unalienable rights that must in the future be vouchsafed in increasing measure to all children: health, the correction of their deficiencies, protection from the by-product evils incident to our social and industrial organizations, and the establishing of such an intelligent and far-seeing program of prevention touching every phase of child welfare as may be worthy of a great and enlightened people."

*Immaculate Contraception A book review of "The Case Against Birth Control" By Henry Pratt Fairchild New Republic, December 16th*

A keen analysis of this presentation of the Catholic point of view

*Religion and Love in Russia By Bruce Bliven New Republic, December 23rd*

"They recognize the right of every woman to have no more children than she wishes. The real reason why birth control is not more widely practiced in Russia is, of course, that the universal shortage of all sorts of goods embraces also contraceptive appliances."

*The Aftermath of the Sheppard-Towner By Ada M Barnett The Survey, December 15th*

A plea for the enactment by the present Congress of legislation which will assist the states in carrying on the work of the Sheppard-Towner Act

"Since the expiration in 1929 of the Sheppard-Towner Act, which for seven years enabled the federal government and the states to cooperate in the protection of motherhood and childhood, each state has been left alone with this problem. Investigations made by the National League of Women Voters during the summer of 1931 show that while

some states are keeping up the work they started with federal aid and encouragement, others are not. A comparison of the appropriations made by state legislatures for the fiscal year 1931-32 with the total of state appropriations in 1928 plus the federal aid accepted under the Sheppard-Towner Act, indicated that work so propitiously begun has declined seriously. Less than one third of the states make an appropriation for maternity and infancy hygiene as such."

*Sex Education and Pre-parental Education* By Rachelle S Yarros, M D, *Journal of Social Hygiene*, December

"A major cause of marital unhappiness from

the very beginning is great fear of undesired pregnancy, especially on the part of the woman. Without knowledge of effective contraceptive methods, marriage is felt by many if not by most couples to be a serious burden and handicap."

*The True Status of Birth Control in England and the United States* By Edward C Podrn *Medical Journal and Record*, December 2nd and 16th

An attempt to refute the excellent survey by Dr S Adolphus Knopf, which appeared in the same journal. Written from the Catholic point of view, it only serves to strengthen the birth control position, and to show what a well-authenticated case Dr Knopf presented



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## Letters

FROM NEW YORK TO ABERDEEN

TO THE EDITOR

I should like to acknowledge a debt of gratitude to the number of your REVIEW in which you publish a facsimile of the advertisement used by Margaret Sanger when she opened her first clinic. I thought it so effective that I incorporated it in a slide advertising our Aberdeen Clinic, which is being thrown on the screen by the managers of some of the cinemas here. I hope neither you nor Mrs Sanger will mind this cribbing, but will allow America and Aberdeen to have this common link in a common cause.

I hang up all the charts and pictures from the REVIEW in our clinic, and have quite a good collection from your pages.

FENELLA PATON

*Aberdeen Birth Control Clinic, Scotland*

A LAMARCKIAN STUDY

TO THE EDITOR

In your December issue Dr Maynard Shipley cleverly reviewed the recent special researches of Thurstone and Jenkins, and incidentally mentioned the Lamarckian works of Redfield and myself, respectively.

Shipley stated that Redfield's works have not been published. This is just one more illustration of how honest and progressive scientists have been deprived of Lamarckian proofs (Redfield's four books and 150 monographs) through the censoring activities of the pundits in the universities.

It is my work that is not yet published. It is a ten year check-up of Redfield, Ellis and others who have wrought in genetics. I expect to issue it in the spring.

Its bearing on birth control? A wide purview, rendered significant by Galton's and Redfield's basis of genetics, i.e., the Theory of Probability, yields the following gratifying conclusions:

- 1 There will be no eugenics without birth control.
- 2 There will be no peace, elbow-room or conquest of disease without birth control.
- 3 There is not a fact or truth in heaven, earth or the artificial pit, which constitutes the meal ticket of the opponents of birth control, to support the said opponents.
- 4 All opponents of birth control are enemies of humanity.

I am, and have been for years, somewhat put out with the patriotic birth control advocates in their gentle treatment of the savage traitors who assail them. However, I perceive that presently we shall *en masse* do the attacking and broadcast scientific data.

*Chicago, Illinois*

JOHN F KENDRICK

## BIRTH CONTROL LEAGUE OF MICHIGAN

(Continued from page 25)

heartedly, provided it arranges for this information to be in the hands of physicians, hospitals or clinics.

The Michigan League has established itself on a firm basis, it has a well thought-out and comprehensive program of future work, and is supported by people of eminence and standing throughout the state. This is clearly shown by a reading of the State Advisory Council.

Mr Julius H Amberg, Max Ballin, M D, Kenneth Babcock, M D, Myra Babcock, M D, Florence A Browne, M D, Mr Fred M Butzel, Alexander M Campbell, M D, Mary Campbell, M D, A E Catherwood, M D, Harold E Clark, M D, Harrison S Collisi, M D, Warren B Cooksey, M D, Thomas B Cooley, M D, Douglas Donald, M D, Lewis C Daniels, M D, Rev Frederick B Fisher, D D, Rabbi Leo Franklin, Hugo Freund, M D, Nathaniel Gates, M D, Ernest B Harper, M D, Ward W Harryman, M D, Harold Henderson, M D, Herbert W Hewitt, M D, Mr Clay Hollister, Mrs Frederick H Holt, J Stewart Hudson, M D, Mrs James Inglis, Rev Frederick W Ingvolstadt, D D, Apheus Jennings, M D, Charles G Jennings, M D, C Hollister Judd, M D, George Kamperman, M D.

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