

February 1932

Twenty Cents

BIRTH CONTROL REVIEW

WHAT NINE STATE
LEAGUES ARE DOING

The Annual Meeting
AN EDITORIAL

The Clinic in Social Work

State League Number

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Education and Birth Control

"I have no hesitation in saying that no matter what educators may say and do in behalf of better development of individuals as individuals, their ideals cannot be realized unless there is intelligent control of the size of families. I can think of no change which would be more beneficial than one which would make us prize quality more and quantity less."

—JOHN DEWEY, Ph D

War and Birth Control

"Because war is no panacea for population troubles, it does not follow that the converse of the proposition holds. Most assuredly overpopulation may become a very grave cause of war."

—E M WEST, Ph D

Eugenics and Birth Control

"To build an ever-increasing number of hospitals, asylums for lunatics, idiots and incurables, reformatories, etc., to provide them with every comfort and manage them scientifically, is undoubtedly a very fine thing, and speaks well for the progress and development of human sympathy. But what is forgotten is, that by concerning ourselves almost exclusively with human ruins, the results of our social abuses, we gradually weaken the force of the healthy part of our population. By attacking the roots of the evils, and limiting the procreation of the unfit, we shall be performing a work which is much more humanitarian, if less striking in effect."

—AUGUST FOREL, M D

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Birth Control Review

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THE ELEVENTH annual meeting of the American Birth Control League, held in New York City on January 21st, was an inspiration and a call to action for all workers in the movement. The most spectacular development during the past year has been the growth of state leagues and the steady increase in centers for contraceptive advice. The reports from the eight affiliated state leagues, given at the morning session, drew a concise and stirring picture of what they have accomplished and of their ambitions and well-laid plans for the future. The meeting which included, in addition to these, reports from the New York City Committee, the medical director, the executive director, the editor of the *REVIEW* and the president of the National League was a glowing account of fruitful work and high hope for the coming year.

THE ACTIVITIES of the state leagues, described at the morning session by the state representatives, are given, in part, in this issue through an analysis furnished by the leagues at the request of the national office. Many interesting points are brought out—both of similarity and of divergence—and an opportunity is offered for the interchange of ideas. Miss Boughton, executive director,

spoke on the study of 10,000 "Mothers Letters" which is now under way. This number is received yearly in New York, approximately 4000 coming to the American Birth Control League, 4000 to Mrs. Sanger's organization, and 2000 to medical supply houses. Preliminary sampling indicates that 25% of the requests for contraceptive information are written by men, that 90% come from married couples, the remaining 10% from young people about to be married. Less than half give reasons for wanting the information, of those who give reasons, three-quarters need birth control because of economic stress. Cities send 60% of the inquiries, the remainder are from rural districts. It is hoped that the entire study will be completed by April, at which time the *REVIEW* will carry a full account, with whatever new plans are worked out for dealing with this particular side of birth control work.

A luncheon meeting, at which Everitt Colby presided, followed the morning session and was well attended by a group of distinguished men and women. Douglas P. Falconer's address is given in this issue. Dr. Dewees, president of the Pennsylvania Birth Control Federation, spoke on the universal need for contraception, and the necessity for a better understanding of what it is. "There is no evidence," he said, "that our young people are shirking parenthood, they look forward to marriage and children as among the greatest and finest of human experiences. But there is evidence that almost all married couples use some form of family limitation, and that the instruction they get in clinics is a great deal better than what they get in any other way."

MARIE KOPP, of the Birth Control Clinical Research Bureau, presented a few of the findings from her recently completed case history study of 10,000 cases at that contraceptive center. A full report of Miss Kopp's analysis must be postponed until its publication in the spring. This remarkable study will make available unparalleled data for

further research, it will enable the birth control movement to make and substantiate a claim for the efficacy of its clinic procedure. The Birth Control Clinical Research Bureau was founded in January, 1923. To date it has cared for 25,000 patients. It handled 1000 cases in its first year, and has grown steadily into an organization now admitting cases at the rate of 500 a month. Miss Kopp found that the average age of the woman attending the clinic is from 30 to 35. She has been married eight and a half years, and has had approximately four pregnancies. Many are nursing mothers. Others want birth control information to prevent the coming of defective children. (It should be noted that the New York law does not permit the giving of contraceptive information on purely economic grounds.) The income of two-thirds of those studied was less than \$40 a week—during the boom years, 1925-1928. Most important and significant is the fact that almost all the applicants had used some method of birth control before coming to the clinic. The size of the families, as well as the recorded answers to specific questions show this. The women are preponderantly foreign, of limited means and little education. Despite these facts, they are able to use the methods prescribed by the clinic successfully. These methods are shown, statistically, to be more successful, by a wide margin, than those used before coming to the clinic. In summary, we may deduce from even this advance information of the complete report that though present methods may not be ideal, they are good enough to go on with, that they show a large percentage of success, even when used by people of the underprivileged class, that clinics are not introducing birth control to women who formerly did not use any methods of family limitation, but are substituting for abortion and unsafe and often harmful methods, a scientific procedure, capable of careful check up and of proven worth.

THESE conclusions point clearly to the need for contraceptive clinics and for the validity of measuring the growth of the movement in terms of their increase. A listing of centers now in existence is found in this issue. Though there is reason for congratulation

in that there are today 104 centers, the fact that twenty-seven states have no centers should give us pause. In two of these states—Connecticut and Massachusetts—well-functioning state leagues are combating restrictive legislation and plan to establish clinics as soon as possible. The seven other state leagues maintain and promote clinics as part of their program for the immediate future. A state league for every state and a clinic for contraceptive advice in every center of population should be our immediate objective. It is hoped that this issue, with its data on state leagues, its reprints of pamphlets, its organization chart and suggested questions for consideration, will be provocative and stimulating both to the leagues already in existence and to the communities ready for the formation of birth control organizations.

FEBRUARY is a red letter month to all interested in human betterment in general, and birth control in particular, bringing, as it does, the birthday of Havelock Ellis. On this, his seventy-third anniversary, we commemorate his rare and beautiful spirit, his unique and significant work. More than any other man of his generation, Havelock Ellis is responsible for our changed and changing mores, for whatever freedom we have in our attitude toward sex, for whatever better and nobler understanding of ourselves we have achieved. Our gratitude and affection and deep esteem go to Havelock Ellis, philosopher and poet.

OUR HONORED COLLEAGUE *The Nation* has devoted the major portion of an issue to Birth Control, because, as it points out editorially, "of the overshadowing importance of the question." It seems to us that in confining itself almost entirely to articles designed for the uninformed, *The Nation* has lost the opportunity of bringing data on the present status of the movement, its methods, implications, and so forth, before its public—a public that does not, in the main, need to be convinced about birth control. What of local organizations, what of clinics, how many patients are cared for, how obstructive is Federal and state legislation, what of the public press? These are questions to which *Nation* readers should have answers.

The Place of the Contraceptive Clinic*

By DOUGLAS P. FALCONER

I LAY NO CLAIM to expertness in this field. Perhaps if I say that I am with you, my purpose will, in large measure, be accomplished. I should make clear, however, that neither of the groups with which I am connected—the New York State Temporary Emergency Relief Administration and the Children's Aid Society of Buffalo—have expressed any opinion on the subject. But my personal conviction, carefully arrived at, is that the birth control clinic is a necessary part of social work.

The place of the contraceptive clinic in social work today, however, is small. There are comparatively few clinics in operation throughout the country, and many cities have none at all. The reasons are obvious: legal restrictions, lack of medical leadership, lack of adequate sociological data, the ethical problems involved, and so forth. More medical research is indicated, and the medical profession needs to take the leadership. A frank and honest consideration of the subject by all of us is also imperative.

There are three groups in particular which need help from the contraceptive clinic. First, those women whose physical condition make further childbearing dangerous to life or health. I have seen many cases of women brought successfully through dangerous childbirth, thanks to fine medical and nursing skill. Restored to health, they are sent home to their children and family duties with the admonition "Don't ever come back, we won't be able to pull you through again." But no contraceptive advice is given.

Common decency and justice point to giving birth control information to such women. If knowledge is available to help them keep their life and health for the sake of the children already in the world, it should not be withheld. And the best advice available is what is needed here.

In the second group I should place the families on the verge of dissolution, or broken-up and patched together again. Maladjusted sex life, too many children, a drunken father, an overworked mother—any or all of these or other causes of

family instability may exist. Often families have been broken-up, restored, broken-up again, and again restored. But with that very beautiful and persistent faith that seems inherent in human nature, there is always the belief that one more try will make a "go" of it. The children are taken from the institution or from the relatives with whom they have been staying, a new home is rented, and the stage is set for a new start. Time and again the women have said to me "If I am going to try it again, I don't want to bring another baby into the world until we know if this is going to work." It seems reasonable that there should be some place in every community where competent, trained people would give such women contraceptive advice.

The third group, and it is the one with which we are most immediately concerned, is the unemployed. In my present position, I am able to get a bird's-eye view of what is happening to people of this state. I am attempting to assist in the administration of the \$20,000,000 provided by the State to see that nobody shall be actually hungry this winter, that nobody shall lack the bare necessities. There are in many communities large numbers of people today who do not know—literally—where the next meal is coming from. If you have never been unemployed, it is a situation difficult to understand. If it should turn suddenly cold, we turn up our collar, tune up the furnace, or telephone the janitor about it. Perhaps he will take care of it without being told. But there are hundreds of thousands to whom it is not so simple a matter. This unemployment situation is not simply headlines to be read in the morning newspaper over the breakfast table. It is a horrible reality.

Picture the man who has for many years fulfilled his major function as provider for his family, when he finds himself without a job. His savings give out, his credit is gone, another mortgage is put on the house, the children need shoes, clothing, food. Suspicion creeps into the family, and criticism. The children look to their father as provider and find him failing. He loses faith in himself, his morale is lowered. Should he come home from tramping the streets in search of a job, to face the prospect of another baby, an unwanted

*Excerpt from address delivered at the annual meeting of the American Birth Control League, January 21st, New York City.

one, when he cannot provide for those he has?

The relief provided by the Emergency Relief averages \$12 to \$14 a week, or \$5 a day, sometimes less, for three days work a week. With four or five children that doesn't go very far. The contraceptive clinic is needed by the unemployed today, and needed urgently.

Control of conception is no answer to the economic injustices of our present-day society, and a contraceptive clinic is no adequate offer to make

to our unemployed men and women. More fundamental issues are involved here, and should command our full and sincere attention. But these conditions exist now, have existed, in greater or less degree, for a long time, and, so far as we can foresee, they will exist for some time to come. Economic Utopia does not seem to be just around the corner. Pending its coming, I believe that those who feel the need of such protection and help as a contraceptive clinic can give them are entitled to it.

A Rational Attitude*

By HARRY ELMER BARNES

IN THE TASK of humanizing our social outlook and working out a more adequate social system there is no more important instrument than birth control. Indeed, without it all other items in a scientific commonwealth might prove of little avail. One can imagine a situation in which reasonable wages would be paid and decent hours of work approved, but in which poverty might co-exist if the population was larger than the economy could support. What is a living wage for a family of five is a starvation wage for a family of twelve. No sane minimum wage plan can well be worked out unless some attention is paid to the desirable size of a normal family. Even in rural areas there must be some sensible balance between resources, income, and the number of mouths to be fed.

Yet it may be well to remember that birth control is in itself no universal panacea for all social and economic ills. We need not make it one of Bacon's idols of the market-place. Its warm advocacy should never be allowed to be an alibi for indifference to other social injustices, as it was in the hands of Malthus and some of the classical economists. These latter bitterly fought factory legislation and wage increases and held up the restriction of births as the only way out of misery and grinding poverty. Least of all can birth control be relied upon as an immediate remedy for a particular economic depression. Full effect of a rigorous birth control program would not be felt for many years. Birth control is one of several basic threads in a civilized way of life, and one which will require generations of study and application to produce the most satisfactory results.

The first step is to develop a rational and tolerant attitude towards the philosophy and practice of birth control. In part this may be produced through undermining the religious dogmas which constitute the chief obstacle to the progress of birth control. It is foolish to ask any cleric to be utterly illogical. Orthodox dogmas require any honest and logical ecclesiastic to oppose the purely mundane and secular program of birth control which challenges very directly the fundamentals of the supernatural and other worldly religions. Another way to promote understanding and urbanity is to present an impartial survey of birth control practices and attitudes in other civilizations than our own. Anthropology is perhaps the most civilizing of social sciences. Probably the most tolerance-begetting book ever published was Professor Sumner's *Folkways*. The bigot whose bigotry can survive a reading of this volume must presumably be one who adds to his intolerance feeble-mindedness.

Birth control is practiced in different degrees by all classes and types in contemporary society. Yet there is no well-founded rational understanding of the movement, its methods, implications and results. There are a few scientists actually working in the field, there is a larger number of propagandists, some intelligent and others naive and credulous, and there are millions who follow traditional folkways often without contact with even the propagandists for birth control. Birth control is a challenge not only to physiological, chemical and medical technique, but also to public education and enlightenment. Not until such an educational program has been formulated and put into execution will birth control become a trustworthy and effective social policy and technique.

*Excerpt from the Foreword to *ANJFA*, by Herbert Ap-
tekar. Published by William Godwin, Inc.

Analysis of State Birth Control Leagues

IN COMPARING the answers to the wide range of questions submitted to the state leagues by the American Birth Control League in an effort to summarize their work, local conditions, the age of each league, the legal situation and innumerable other factors must be taken into consideration A

comparison is interesting, however, and should be provocative and stimulating to all the leagues, and prospective leagues

The following table gives concisely data on the date of formation, the number of members, classes of dues and arrangements for the REVIEW

Name	Date of Organization	Membership	Dues
Connecticut Birth Control League		Total 230 Physicians 16 Social workers 1 Nurses 3 Unclassified 210	Amount \$2 Classes a enrolled and non-paying b paying c pay and contribute d non-paying Drs and clergy (honorary)
Birth Control League of Delaware	May 7th, 1931	Total 63	Amount \$1 and up % of budget covered by dues 10% REVIEW included in \$3 membership
Illinois Birth Control League	Incorporated 1924	Total (approximate) 300	Amount \$5, \$10 Classes Annual, Sustaining % of budget covered by dues 25%
Birth Control League of Massachusetts	May 31st, 1928	Total 1288 Physicians 212	Amount \$1, \$5, \$25 Classes Active, Sustaining, Associate % of budget covered by dues 20% in 1930, 75% in 1931
Birth Control League of Michigan	July, 1931	Total 214 Physicians 18 Social Workers } Teachers } 23 Nurses } Unclassified 173 (A membership drive is now in progress)	Amount \$3, \$25, \$100 Classes Annual, Contributing, Sustaining REVIEW included in all memberships
Minnesota Birth Control League	June 10th, 1931	Total 160	Amount \$2 Classes One class, anything above \$2 a contribution % of budget covered by dues 20% (approximate)
Pennsylvania Birth Control Federation	February, 1927	Total (approximate) 4500	Amount \$1, \$5, \$25 Classes Annual, Active, Sustaining % of budget covered by dues 15%
Rhode Island Birth Control League	March 11th, 1931	Total 522 Physicians 48	Amount \$3, \$10, \$100 Classes Annual, Sustaining, Contributing REVIEW included in all memberships
New Jersey Birth Control League (Not affiliated with the American Birth Control League)	May 1st, 1927	Total 964	Amount \$1 to \$100 Classes None, except that \$100 members vote at annual meeting % of budget covered by dues 66% REVIEW 25% of members subscribe

Answering the question how membership is secured Delaware uses personal calls, Illinois "personal solicitation by the directors," Massachusetts a long-time campaign, Michigan is now carrying on a membership drive with team leaders, sub-workers, etc., Minnesota used a special drive with a series of teas and meetings for members of College Women's Club, faculty groups at the University of Minnesota, Unitarian Church, etc. Pennsylvania uses constant circularization, enrollment of new members at conferences, appeals for membership inserted automatically in all outgoing mail. Rhode Island had a two weeks special drive following the New England Conference last fall. Lists of prospects were divided into districts and visited personally by volunteer workers. New Jersey makes no special drive but concentrates on a yearly appeal for the clinic.

State Programs

The program of the state leagues, divided into general and immediate plans, vary, obviously, with the local situation. A concise summary is of value.

CONNECTICUT

1 The registration in our central office of the name and address of every voter in Connecticut who is interested in this work.

2 The organization of all interested people into teams of workers in each ward and town in all the state.

3 By careful explanation of our beliefs and aims, by literature, public meetings and personal solicitation to increase the membership and secure pledges for recognized political activity. Our aim is 30,000 pledged voters by August, 1932.

4 Insofar as we are able to do so, we will support the candidates for the legislature who are favorable to our amendment.

5 With the opening of the Legislative Session in 1933 we will concertedly support the amendment until its adoption.

6 Following the adoption of the amendment we will aid in the organization, support, and supervision of the proper clinics in the state.

DELAWARE

Clinics, eventually, throughout the state.

ILLINOIS

To gradually organize clinics at desirable points throughout the state.

MASSACHUSETTS

General Extension of educational and medical phases of work. No legislative work.

Immediate Establishing a "Mothers' Health Office," for giving contraceptive advice. Establishing service in hospitals.

MICHIGAN (for 1932)

1 Four clinics to be established.

2 Speakers to be provided for state medical meetings, for social workers, etc.

3 Local groups to be organized in Flint, Battle Creek, Saginaw, Bay City and as many other cities as possible. (Groups are already functioning in Grand Rapids, Detroit, Ann Arbor, Jackson and Lansing.)

PENNSYLVANIA

General Formation of local leagues and committees. The General Aims of the Pennsylvania Federation are:

1 To secure amendment of the existing Pennsylvania statutes so as to legalize the application of contraceptive knowledge by lawfully practicing physicians, and

2 When possible to do so, to establish contraceptive clinics in the principal centers of population in Pennsylvania.

3 To develop and organize on sound eugenic and medical principles, interest in, and knowledge of Birth Control throughout the State of Pennsylvania.

Immediate Organization of new groups to be ready to support clinics.

RHODE ISLAND

General Establishing clinics throughout the State, and general educational program.

Immediate The appointment and functioning of an educational committee, a speakers bureau, a membership committee.

NEW JERSEY

General The expansion of the present clinic, the establishment of clinics in different parts of the state, lectures, insofar as possible in medical schools.

Organization

Turning to the question of Organization with the exception of Connecticut all states have constitutions and by-laws, copies of which are filed for reference at the National Office. These give in detail the duties and responsibilities of officers, boards of directors, etc. In Connecticut, "the policy is dictated by the Board of Directors, consisting of six doctors and eleven other men and women. The Board is divided into a Subsidiary

Committee, a Membership and Finance Committee, a Public Policy and Legislation Committee" Delaware has one Committee combining all duties Connecticut, Massachusetts, Michigan, and Pennsylvania have professional executive secretaries and use volunteers for much of their work On the other hand, Illinois and New Jersey do not use volunteers at all, but carry on the work through executive secretaries Delaware and Rhode Island, whose chief interest thus far is in the operation of their clinics, list no paid executives, but use professionals in the clinic work The procedure in Minnesota is similar

Are Men Included?

Answering the question As a matter of policy do you include men as well as women on your board of directors and elect them to office, the line-up is as follows

Connecticut—Yes

Delaware—We hope to later

Illinois—There are none on the Board

Massachusetts—No

Michigan—No Our clinical chairman is the only man on the Board

Minnesota—Not on the Executive Board, but on the Advisory Board, chosen by the Executive Board, there are men as well as women

Pennsylvania—Yes, we try to have more men than women The president of our state organization has always been a man and usually a doctor

Rhode Island—Yes, on the Board of Directors, the Honorary Committee and General Committees

New Jersey—No men are included

Unification

The questions "How do you unify your state," brought out the similarity of procedure All states have, or plan, local committees, though Delaware and Michigan do not yet consider themselves state-wide in function Connecticut's definite plan is "an appointed chairman for each county and one for each town These are in constant communication with the central office" Michigan and Rhode Island make the chairmen of the local committees automatically members of the Board of Directors Pennsylvania, as might be expected from next to the oldest league, is most elaborately organized for state-wide work See chart on page —

Contact with special groups is made through letters, personal calls and lectures Michigan has done a thorough job in contacting doctors by sending a letter to every doctor in the state, 4500, and placing prominent physicians on the State Advisory Council Pennsylvania has a Doctor's Committee and Rhode Island has a special committee of workers devoting its energies to "professional contacts and endorsements" Leagues which have been visited by Dr Matsner, Medical Director of the National League, list his talks as effective means of contacting doctors

Remembering that birth control is first and last a medical problem, the development of medical advisory boards is of interest Connecticut states that "half of the executive committee are doctors interested in obstetrics and public health" Delaware plans to have a medical advisory board later on Illinois and Massachusetts did not answer this question Michigan has eighty-nine doctors on its State Advisory Council It also has "a clinical committee composed entirely of doctors who will decide on the league's policy regarding the opening of new clinics, and who are at present taking care of the letters from women asking for contraceptive help" Minnesota has fourteen prominent doctors on its general advisory board This body offers recommendations to the executive board Pennsylvania has a medical advisory board, headed by the president of the Federation One of the members is the president of the Philadelphia County Medical Society In New Jersey the medical advisory board outlines and supervises clinic policies Rhode Island has a Committee on Contraceptive Advice, composed of five doctors All the members have important hospital connections, the chairman being chief-of-staff of the Providence Lying-In Hospital

Publicity

It is interesting to note that none of the leagues use professional publicity service Connecticut, Delaware, Minnesota and Rhode Island have publicity committees In Michigan the executive secretary handles publicity, while New Jersey and Illinois make no provision at all for it Massachusetts answers as follows "Newspaper publicity has been avoided as unwise at present It is disapproved of by doctors whose cooperation we are seeking" Pennsylvania's experience is "We have had paid publicity during legislative campaigns Some has been very satisfactory, some not so good

The executive director has been successful in writing articles for local papers where meetings were being held, and finds that publicity prepared before the meetings and handed to the reporters is the effective way to get into the papers."

Passing from a consideration of publicity to that

of printed material, it is obvious that coordination between the state leagues and between the state leagues and the National would be helpful here. We give elsewhere in this issue some specimen leaflets from the state leagues.

Budget data is shown in the following table

<i>State</i>	<i>Fiscal Year</i>	<i>Total</i>	<i>Method of raising</i>
Connecticut	June to June	\$2,000	Small parlor meetings in endless chain. Letters, personal solicitation
Delaware	June 15 to June 15 (are changing to coincide with National)	\$859	Personal solicitations, letters
Illinois	March 31 to March 31	\$17,283	Personal contact
Massachusetts	May 1 to May 1		Letters, personal calls
Michigan		\$20,000	Calls, letters, reports, asking the large givers to serve on committees
Minnesota	May to May	Not yet decided upon	Letters and personal appeals
Pennsylvania	Calendar year	Each member organization raises its own budget	Letters, calls, reports, new letter sent out to entire membership twice a year
Rhode Island	Calendar Year	Not yet decided upon	Through membership dues
New Jersey	May 1 to May 1	\$18,000	Through clinic report

Is Preventive Work the Next Step?*

By EMILY B. H. MUDD

FOUR YEARS AGO in Pennsylvania there were no maternal health centers or birth control clinics. Now there are six in Pennsylvania and over 100 in the United States. The time seems to have arrived when the questions before us are no longer "Will patients come to our centers," "Will we receive the cooperation of the social agencies," "Will we reach the under-privileged group who really need contraceptive information and cannot afford to get it in other ways as the privileged group does?" Our statistics and those of other clinics in the United States and the world answer these questions in the affirmative.

By our system of follow-up, patients are still

asked to return within two weeks. A questionnaire is sent them at the end of three months and again at a year, asking—Are you using the method recommended? If not, why? How long did you use it? Was the method successful? Is your married life happier? If so, why? About 80% make their return visit or answer this. Often patients who fail to make their return visit will answer the letter. Help is solicited from the social agency sending the patient in keeping in touch with that patient successfully. Where there is a telephone it is used. Home visits were made on those patients who neither returned or answered follow-up letters, but practically no success resulted. Contraceptive technique as taught in our centers requires the cooperation of the patient. If they are not willing to give this they might just as well be counted out in the beginning. Home visits have been given up as an economic

*Address delivered at the annual meeting of the Pennsylvania Birth Control Federation, December 3rd, 1931, in Philadelphia, Pa.

waste You can lead a horse to water but you cannot make him drink

A simple analysis was made of about 200 cases taken at random from our files for last year,—as our complete report of all cases will not be ready until February, when a study will be made of our three years' work Of these 200 cases 58% were Protestant, 29% Catholic, 13% Jewish The average number of pregnancies per family was 5, average income in normal times (that is to say if the husband were working for the same wage that he had before losing his job) was \$28 per week However, 41% of these families were completely jobless, 8% had part-time work Because of these conditions $\frac{3}{4}$ or more of our patients pay nothing whatever Nevertheless, the money taken in in fees from the remaining $\frac{1}{4}$ more than covers the cost of all medical supplies given all patients, due to the lowered cost of supplies In 1929 supplies given to each patient cost \$2.50—they now cost about 95 cents

The questions *now* which occur to some of us who have been connected with the growth and development of these centers are—what have we been able to do for those not entirely hopeless, who have come to us in distress and misery and fear of both mind and body? What does contraceptive advice, successfully applied, do to the more average individual, the family and through the family the community? Remembering that here in Philadelphia we call our main office a Maternal Health Center—not a birth control clinic, we immediately assume a greater responsibility than the giving of contraceptive advice alone True that we refer our mothers needing such help to the appropriate hospital clinics for therapeutic care, that we advise with those who would be mothers and have not been successful, that we are a teaching center for visiting doctors, students, social and public health workers, that we have a small and growing reference library, aimed to make what scientific information we have on sex and marriage available to our staff, our patients and our friends

Beyond our work with the completely destitute and some of those slightly more fortunate, who come to us in misery, distress and fear of mind and body, may we now probe still deeper? Is there nothing which we could do to *prevent* so much suffering among our married men and women? More and more this is the age of preventive work The psychologists, the sociologists, the feminists and many others tell us today that the institution of

marriage is undergoing fundamental changes We hear a great deal of new movements and modernism I listened the other night to a lecture which touched upon the so-called modernistic movement which developed in France in the Roman Catholic church in the beginning of this century, inspired by that splendid and far-sighted Father Hecker—head of the Paulist Fathers The definition of a modernist as applied to that movement was “one who accepts the whole Church tradition, but who wishes to represent and re-interpret it in the terms and needs of his own time”

I wonder if that isn't fundamentally what many of us are really trying to do to the institution of marriage as it exists today If then, marriage in some form is still to be an ideal worth working for, let us combat the bogies of ignorance, superstition and fear with knowledge and truth Let us make available to the youth of our country, men and women who are to be married or have been recently married, the facts about sex and marriage which we now give to older men and women who have found life to be dragging them down and under, who have already lost the joyous enthusiasm of their great adventure Let us above all remember that life and love are full of joy and beauty to those who are armed with knowledge and truth

As Mr Nimkoff, formerly director of the Institute of Marriage and Family Guidance in Los Angeles, said in his article in the September BIRTH CONTROL REVIEW “Foremost this fact asserts itself, that successful marriage is distinguished from unsuccessful marriage, not by the number of problems or the kinds of problems which married people need to face, but rather by the presence or absence of *resources* for dealing with the common problems at hand”

In Berlin and Vienna Marriage Advice Bureaus have been started In this country much has been done in sex education under the able auspices of the Y M C A, the Y W C A, the Mental Hygiene movement and the colleges There is the Institute for Marriage and Family Guidance in Los Angeles, a special session for engaged couples at the Cleveland Maternal Health Centre, a Marital Advice Bureau under Drs Hannah and Abraham Stone at the Labor Temple in New York City, and a special session for engaged couples under Margaret Sanger and Mrs Marjorie Prevost at the New York Clinical Research Bureau—to mention some activities in this field Much is, however, still to be done

The National Asks Some Questions

THE following questions were submitted to the state leagues, not to secure factual data, but to indicate and suggest various trends of thought and activity. Four leagues sent in written answers, the others asked for further discussion. Elaboration of these points either by birth control organizations or individuals is invited by the REVIEW.

1 *Do you think the trend should be toward hospital or extra-mural clinics, i.e., what do you think are the advantages and disadvantages of both kinds, other things being equal, which kind would you promote?*

CONNECTICUT Hospital and dispensary clinics only (See recommendations of the New York Academy of Medicine)

MICHIGAN Hospital

PENNSYLVANIA At present, extra-mural, and still try for hospitals

NEW JERSEY Both types of clinics are necessary at the present time and may continue to be so. Ideally speaking hospitals should take care of this problem, but it is doubtful whether they will ever work as effectively as do the extra-mural clinics. In the latter, it may be rightfully assumed that all connected with the clinic are wholeheartedly interested, there are usually less restrictions on the types of cases treated, etc. Moreover, if the birth control clinic is eventually to function more broadly—as we hope it will in the not too distant future—as a Marital Advice Bureau where general questions of sex information may be expertly handled, the non-hospital clinic cannot be dispensed with. It is, however, admittedly cheaper to establish clinics in hospitals. The prestige of such clinics is assured, and there is the advantage of close contact with other physicians. There is so much in favor of both types, that the trend should be to develop both.

2 *What, generally speaking, is the attitude of the press in your state toward birth control?*

CONNECTICUT Interested, editorially, resistant to news

MICHIGAN Fairly neutral

PENNSYLVANIA Pittsburgh good, Philadelphia negative

NEW JERSEY Timid, there have been no attacks. Desiring to safeguard our clinic, we have not

given, or asked for, publicity until the past year. Reports of meetings have been dignified and correct. No editorials have appeared either for or against birth control.

3 *What is the character of the opposition, how articulate?*

CONNECTICUT Well organized

MICHIGAN Catholic magazines. Letters in the newspapers

PENNSYLVANIA Blocking legislation. Influencing hospital boards

NEW JERSEY Rarely expressed publicly, but serious opposition exists

4 *Do you take any definite action in meeting this opposition? Have you a publicity director, volunteer or professional, what is your publicity program?*

CONNECTICUT Fear of arousing controversy, and puritanical ignorance are overcome by slow education, directed by members of the publicity committee

MICHIGAN No

NEW JERSEY No definite action is taken except through our general lectures. We have no publicity director or publicity program

5 *What group, in addition to doctors, do you think it most important to contact at present? Social workers, academic group, writers?*

CONNECTICUT All women—especially socially conscious organizations such as college graduates, social workers, etc.

MICHIGAN Social workers

PENNSYLVANIA Social workers

NEW JERSEY Social workers are the most important, from the point of view of the clinic, as they are able to reach the underprivileged. For general expansion, writers should be contacted.

6 *What action do you take to make this contact?*

MICHIGAN By meetings with speakers

NEW JERSEY Social workers are reached through a series of round table conferences. No action with other groups except invitations to our general meetings

7 *Are you developing a speakers' bureau? If so, how do you secure speakers and engagements?*

CONNECTICUT Members who are trained to

represent our viewpoint are used No paid or imported speakers as yet

MICHIGAN Not yet

PENNSYLVANIA Yes Have more engagements than speakers

NEW JERSEY Not yet For our own meetings we generally secure well known authorities at their regular fee

8 *How do you prepare your printed material—leaflets, etc? Could the state and national organizations be mutually helpful here?*

CONNECTICUT We have a committee on pub-

licity. Yes, mutual help is possible

MICHIGAN Only one leaflet so far, more or less copied from a National leaflet

PENNSYLVANIA We prepare quantities of printed material under a very able committee and an able chairman of literature Requests have come from all over the country for our leaflets

NEW JERSEY For printed material we have used (with some modification, of course) samples furnished by the National and the Pennsylvania League In addition we have reports and leaflets for the annual membership drive

English Spinster-Mindedness

By WINIFRED RAUSHENBUSH

IN HER BOOK *The Cost of English Morals** Janet Chance quotes an English physician on the subject of the patient's attitude toward abortion This physician says

What always amazes me is the extraordinary moral mentality of a woman, married or single, who sets her mind upon the termination of a pregnancy It almost seems to become an obsession at the time and no argument or threat will turn her from her path It is not the slightest use pointing out the criminal nature of the action, in as much as the patient's mental outlook so frequently appears to be obscured Neither is it of any avail to dwell upon the immediate physical risks involved, as a woman always seems to think that the dangers of terminating a pregnancy are magnified and out of proportion to the advantages she will gain

This fine piece of insensitivity and sadism stirs the author's anger only slightly She becomes really aroused, however, over the Report of the Departmental Committee on Maternal Morbidity and Mortality of the Ministry of Health, published in 1930, and signed by thirteen physicians The Committee states that as a result of intentional abortion, the following medical effects may ensue "Serious damage to the health of the mother, pelvic inflammation, leading to chronic invalidism and permanent sterility, serious damage to liver and kidneys" It also notes that "there can be no doubt that abortion plays a serious and regrettable part in the production of puerperal sepsis and in the causation of maternal morbidity and death"

*THE COST OF ENGLISH MORALS, by Janet Chance Noel Douglas, London 5s

Having admitted that there is a relation between abortion, as now practiced in England, and the increasing rate of maternal mortality in England, the Committee does not do the obvious thing of recommending that birth control methods be taught in order to minimize the necessity for abortions Instead, it recommends that "the Home Secretary be asked to receive a deputation to urge the necessity for the prevention of the advertising and sale of abortifacient drugs"

Mrs Chance says at this point "Do these ladies and gentlemen of the Committee consider abortion the working woman's hobby? Something for which she has to curb her appetite? Women do not enjoy abortions They snatch at them in extreme despair"

There is considerable reason for Mrs Chance's anger The English middle class, like our own middle class, is, for the most part, ignorant of the sexual mores prevailing among the working class They do not know that the working woman has, as a rule, no knowledge about birth control methods, and that her tradition leaves her only two alternatives continence, or practically continuous abortion The effects of continuous abortions on the individual's health hardly need to be described They can be imagined One woman used Black Medicine before and after intercourse for two years It was a complete success She had no pregnancies during this entire time On the other hand, she was continuously "unwell" Working women who envy the success attained with Black Medicine and other powerful abortifacients, admit that the effects of these remedies are "weak-

ening" One of them says that it is because of such drugs that most working women look like grandmothers at forty One thing can apparently be said for these remedies They remove the terror of old age The working women of England, instead of being concerned about double chins, atypical figures, and gray hair, as middle class women are, look forward to old age, as the great release "They don't care," says one working woman, "if they do grow old, as long as it brings the change"

It is acquaintance with the working women of England that has made Mrs Chance feel that the fight for legalized abortion is the next front on which the birth control organizations will have to focus She says that in 1922, she would have voted against the legalization of abortion Today, being no longer ignorant of the situation of working women, she feels that the legalization of abortion is necessary Her reasons are the reasons which would occur to any intelligent person She wants, among other things, to "prevent the shocking amateur operations which are going on in thousands of small kitchens and in the brief privacies of small bed rooms," and "to compel the State and Medical Schools to perfect our contraceptive knowledge in order to make resort to abortion of any sort as rare as possible"

ABORTION IN ENGLAND AND THE UNITED STATES

The practise of abortion in the United States probably differs very slightly from that in England The number of abortions performed in England is guessed at in the Transactions of the Medico-Legal Society, which says "The amount of abortion is difficult to estimate It is stated that about every fifth or sixth pregnancy ends in spontaneous abortion For one case that comes under public notice, there are literally thousands that remain unknown" Mrs Chance says that a straw vote showed that 26 out of 41 women had at some time tried to bring about an abortion, without advice from a doctor She believes that even women who have the best birth control advice available, sometimes do this

How are English abortions performed? English abortionists are punished by imprisonment, which may or may not include hard labor and solitary confinement The term of imprisonment may not exceed two years It is also punishable by penal servitude for life Abortions are therefore in the majority of cases performed by pregnant women on themselves Drugs are the method

most frequently used They are almost always used first Information about such drugs is gained from friends and neighbors Mrs Chance quotes a shopkeeper's wife on the practises of her neighborhood "They send for pills and things—all sorts of things, by post They've told me the things they use It's the only talk among women They're very loyal together, and *what one knows goes up and down the street*" External violence is usually the next method resorted to The last is instruments The Medico-Legal Society states that, in its opinion, external violence is rarely effective

What likelihood is there that abortion will within the next decade or two be legalized in England? And what likelihood is there that it will be legalized in the United States? The opposition to sensible sex legislation is stronger on the part of the English clergy than on the part of American ministers The Church of England is opposed to birth control Mrs Chance notes with approval that the Federal Council of Churches of America, which, of course, represents only the liberal wing of the American church group, has adopted a resolution asking that ministers, whatever their individual beliefs about birth control may be, do not use the authority of the church to condemn this practise In spite of the greater opposition of its clergy, England will probably get legalized abortion before we do First, because she is further along in her birth control fight Second, because she has unemployment insurance and the dole, and is already aware that she cannot be responsible for the livelihood of a larger number of unemployed persons than she is providing for at the present time

The major theme of Mrs Chance's book is the ignorance of the middle classes, who provide the leaders in politics, the professions and education, about the sexual practises of the working class Its minor theme concerns that section of the middle class, which provides most of the opposition to intelligent sex education and legislation

Mrs Chance foresees that the fight for legalized abortion will be more difficult than the fight for birth control So like a good general, she studies the strength of the enemy The enemy are the spinster-minded, or the virgin-minded The privates in this army are the fifty per cent, more or less, of English women, whose experience of sex is limited or distorted The generals are the clergy The army finds allies in many camps, among women in public positions, social and political re-

formers, educators, physicians and politicians

Mrs Chance tracks down the virgin-minded by quoting what they say and by citing what they do. The latter is more interesting. About a year ago, on January 28, 1931, Parliament had occasion to decide whether or not divorce could be legalized in case one partner of a marriage has been a certified lunatic for five years. 148 members voted no, 114 voted yes. Six years ago, in February, 1926, Parliament voted as to the desirability of allowing contraceptive information to be given in Welfare Centers. 40% of the laborites, 54% of the conservatives, and 66% of the liberals voted no. With one exception, the women members of the Parliament voted no.

THE VIRGIN-MINDED

The pronouncements of the virgin-minded about sex seem to fall into three categories. The first includes pronouncements which show no ability to imagine what the situation of another individual is like. Whether the fault is lack of imagination, ignorance, or insensitivity, it is difficult to say. The remarks of the physician quoted at the beginning of this article is an example of this type of pronouncement. The attitude of shock or surprise appears to be dominant.

Other utterances by the virgin-minded are authoritative and condemnatory. They use words like shameful and vicious. These pronouncements usually emanate from the clergy. Sometimes, as in the following case, the writer refers to the gift of grace. "The Church should make it abundantly clear that the normal life for all her children is a life surrendered first to the will of God who calls us to be trained by discipline for another world, not primarily to be happy in this. Officially, therefore, and openly, the Church must forbid the practise of birth control, and join with other Christian denominations in witnessing to their firm belief in the gift of grace and its power."

A third type of pronouncement combines virgin-mindedness with an emphasis on the "finer," more spiritual aspects of life and of sex, as opposed to the physical aspects. A member of Parliament says "Time and delicacy forbid my entering into the moral aspects of this issue, save to say this. These moral instincts and religious prejudices, call them what you will, are after all the purest, the finest, the most powerful and the most potent influences in the uplift of mankind, and in questions like these they are just as sure a guide as science itself."

This quotation is also an example of the After All school of thought.

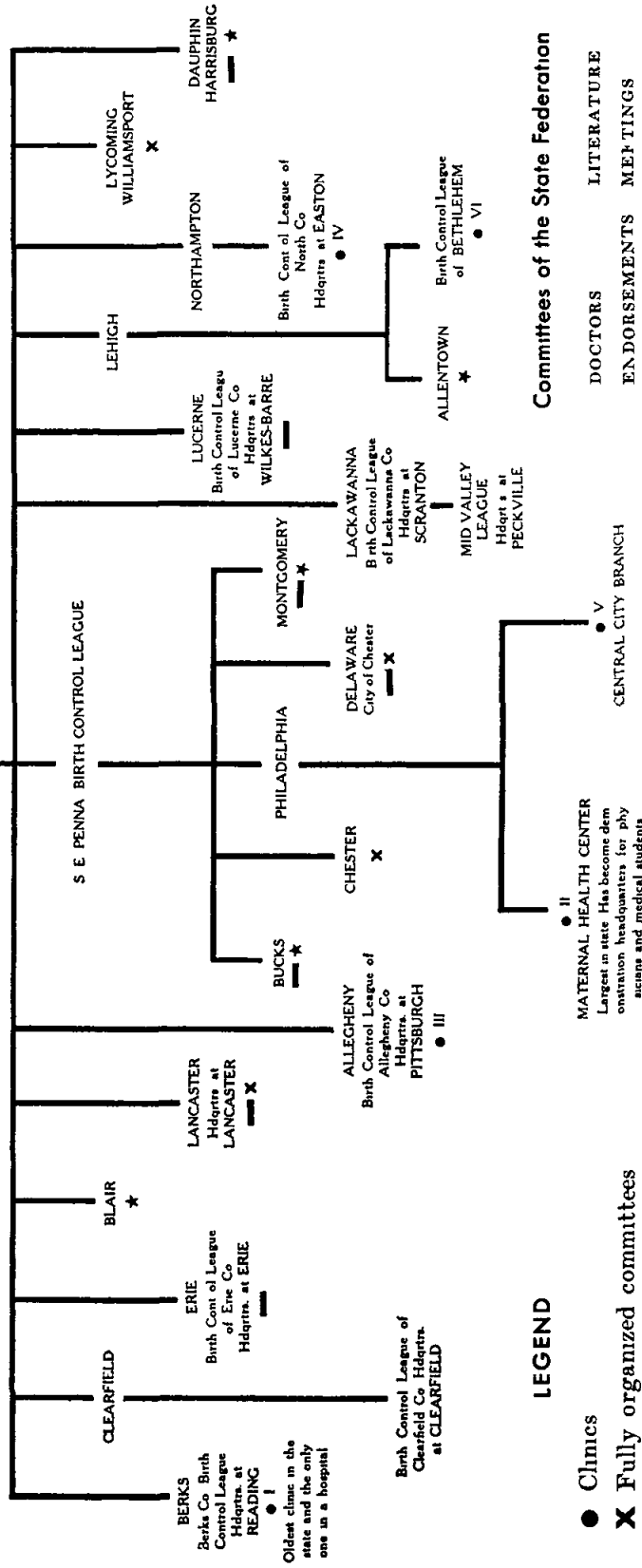
Mrs Chance's analysis of the role and influence of the virgin-minded in public life is pertinent in relation to her theme. It is also interesting because it opens up a new field for research. Students of sex tell us that half the women in the United States and England do not know what sex is about because their experience of it is incomplete. It has not so far, however, occurred to sociologists and psychologists to consider how the sum of these individual distortions affects the pattern of American or English society. Mrs Chance is to be commended for her recognition of the fact that this field is worthy of exploration. She says "We are becoming accustomed now to recognize that sex questions are fundamental in the life of the individual. We have still to recognize that they and their consequences are fundamental in the life of a nation, and that therefore they must one day take a primary place in political plans and in Parliamentary decisions."

Mrs Chance has written a timely and readable book. Her style has none of the stiltedness and slowness, which makes some English writing difficult for the American reader. It has, on the contrary, brevity and incisiveness. The author's lack as a writer is the quality of detachment. Mrs Chance is obviously a fighter. Her arena is action. The result is that while her perceptions are often excellent, her analysis and thinking are not sufficiently thorough going, and the world of information and concepts which her quite bold and vital mind has included is, as yet, too small. It is to be hoped that Mrs Chance's next book which will deal with "the constructive aspects of the realist viewpoint" will contain less argument, more facts, and a greater knowledge of economics.

The Cost of English Morals should be useful to the American birth control movement. It contains, in addition to the text, an introduction by Sir Thomas Horder, M D, a reprint of the English laws dealing with abortion, and an extract from *The Lancet*, citing the trend of opinion on the part of German physicians in regard to the legalization of abortion. Because the book has dignity and tolerance it should appeal not only to liberals but to the conservative but intelligent American professional class.

AMERICAN BIRTH CONTROL LEAGUE

PENNSYLVANIA BIRTH CONTROL FEDERATION



LEGEND

- Clinics
- ★ Fully organized committees
- ★ Active members
- Doctors who are receiving patients through us

Committees of the State Federation

- DOCTORS
- ENDORSEMENTS
- FINANCE
- LEGISLATIVE
- LITERATURE
- MEETINGS
- MEMBERSHIP
- PUBLICITY

These committees keep in touch with the local leagues

The Eastern Pennsylvania Branch of the American Birth Control League was formed in 1924. It was an organization of volunteers under the presidency of Dr. Kate M. Baldwin, with no headquarters and no paid workers. It passed out of existence with the formation of the Pennsylvania Birth Control Federation, organized January 9th, 1927, with headquarters in Philadelphia. The Federation is organized on political lines by counties because of the need for changing the state statutes.

The Federation keeps in constant touch with member leagues through circularization, correspondence, visits, etc.

For Mutual Helpfulness

THE REVIEW hopes that the following descriptions of printed material, promotion and organization ideas, etc., from various state leagues will prove suggestive and mutually helpful

CONNECTICUT

In addition to several well-written pamphlets regarding the legal situation, the Connecticut League issues reprints from authoritative magazines. The first, *Marital Maladjustments*, by William B. Terhune, from the *YALE JOURNAL OF BIOLOGY AND MEDICINE*, has a slip pasted on its first page, as follows

This is the first of a series of pamphlets distributed to its members by—

Connecticut Birth Control League,
79 Trumbull Street, New Haven, Conn

The officers, executive committee and county chairmen are listed

MASSACHUSETTS

The Massachusetts League's printed material has concentrated on the legal situation, the Senate bill No. 43, introduced at the February, 1931, session of the State Legislature, and material to support this bill. Of general interest is a four-page leaflet *Some Reasons for Birth Control*, taken in part from Dr. James F. Cooper's pamphlet of the same title and the *Aims* of the National League. An effective small leaflet is a reprint from the *Journal of the American Medical Association*.

When is Advice Concerning the Prevention of Conception Justifiable?

By J. Whitridge Williams, M.D.

WHERE should we stand as medical men? To my mind there can only be one answer, and that is that we must give contraceptive advice whenever it is medically indicated, but that it must depend on our conscience as to what advice should be given under other conditions. I hold that it is just as much our duty to give such advice when medically indicated as it is to advocate the employment of any other prophylactic measure.

We must advise the multiparous woman suffering from chronic nephritis not to become pregnant, and the same applies to tuberculosis and serious heart disease. Consequently, if we feel that such advice is necessary we must give direction as to

how it can be made effective, for if we do one without the other we are failing in our duty as physicians and in great part are wasting our time.

I likewise feel that similar advice is indicated when we see a patient steadily going down hill as the result of pregnancies recurring at too close intervals, as well as in certain neurotic and maladjusted women whose entire life is disturbed by a constant dread of pregnancy. Indeed, the list of indications might be considerably increased if time and space permitted.

I give contraceptive advice whenever I feel that it is medically needed, as I consider it far less serious than to induce a therapeutic abortion or a premature labor, which so often becomes necessary when a patient is told not to become pregnant but is not instructed as to how to avoid it. Moreover, when I give such advice, I always regret that the means at our disposal are not more efficient, and that it often must imply a certain feeling of degradation on the part of the person securing them from semi-bootleg sources.

I feel very strongly that our state and national laws should be amended so as to make it possible for physicians to prescribe contraceptive means with the same freedom and decency as any other prophylactic or medical device, and I resent very strongly the attempt of the government to interfere in this respect, as I regard it as an unwarrantable aspersion against the integrity and bonafides of the medical profession.

MASSACHUSETTS BIRTH CONTROL LEAGUE,
18 Joy Street, Boston, Mass

MICHIGAN

A questionnaire sent to thirty social agencies in Detroit

- 1 Do you ever refer persons to a Birth Control Clinic?
- 2 Are there any groups whose members you do not refer to a Birth Control Clinic? Name such. On what basis do you make exceptions?
- 3 How far do you encourage patients? Do you wait until they ask for advice or do you make the suggestion?
- 4 For what reasons do you make the suggestion? Economic, health, social?

- 5 Do you automatically refer those families where the wage earner is unskilled and where they have more than a given number of children?

A suggestion for workers in the membership drive

Tell your prospect that the average expense of a baby born to a mother, supported by charity, is \$100 a year. That sum includes pre-natal care, delivery and post-natal care, while the cost of contraceptive supplies for a woman may be only \$2 a year. In Detroit the Department of Public Welfare is spending \$10,000 monthly for five months for delivery and post-natal care, which includes twelve days in the hospital. This sum does not cover the work of the Visiting Nurses or the pre-natal care which the Board of Health does. Emphasize the fact that we believe the parents of large families barely escaping starvation through charity now, should not have another child,—a child that will be an added and almost unbearable burden to them, who will be an additional expense to the tax payer, and who will be brought into the world under a tremendous handicap. President Hoover believes every child is entitled to the birthright of a sound mind in a sound body and to be born under proper conditions. If such a millennium is to be obtained Birth Control would appear to be the only means of attaining it, since our philanthropic organizations with all of their vast expenditures of money and energy have proven themselves quite unable to give every child this birthright.

MINNESOTA

A six-page leaflet, long and narrow (3½x8). The cover gives the name and address of the league, followed by a short account of its history and purpose, and a statement about the state law. Of special value for new contacts is the next section.

Pertinent Facts About Birth Control

(From the pamphlet of the Committee on Federal Legislation for Birth Control)

I What is Birth Control?

It is the conscious control of the birth rate by means that prevent conception. It is the use of knowledge to remove blind chance as the chief deciding factor in the birth of children.

II What are these means?

There are various kinds.

- I Continence**—This method should never be generally recommended because it implies the abandonment of the natural marriage relationship, which too often results in the

break up of the family life.

- 2 Sterilization**—This method is recommended by physicians in extreme cases where other forms of contraception are not possible or advisable.

- 3 Chemical and mechanical methods of contraception** suitable to each individual case.

III Is there a need for Birth Control?

Yes.

- 1** Nearly every married couple in average circumstances passes through a time when the birth of another child would be a family disaster.
- 2** In the case of the poor where the children are born too frequently.
- 3** The increase in the number of abortions (estimated at over a million each year in the U. S., resulting in a larger percentage of deaths), which proves clearly that women will find recourse to abortion in the absence of reliable birth control information.
- 4** Especially in cases of mental and physical deficiency.

IV Is Birth Control the same as abortion?

No. It is entirely different. Abortion destroys the already fertilized ovum or interferes with its development, while birth control or contraception prevents the union of the two cells, thereby preventing conception from taking place.

- V Are there clinics in the U. S. giving this advice?** The Birth Control Review of September, 1931, states "There are eighty-one* centers in the United States where contraceptive instruction is given. Some function independently, others are adjuncts of hospitals or dispensaries. All are manned by qualified physicians."

Quotations from leading authorities such as Dr. Sherwood Eddy, Reverend Harry Emerson Fosdick, D. D., William Allen Pusey, M. D., and a membership blank for the League complete this effective booklet.

PENNSYLVANIA

The excellence of the Pennsylvania League's printed material is well known. One of its most inexpensive and effective leaflets is made by multi-graphing one side of a sheet of typewriter paper and folding it in half and again in half, as follows.

*There are now 104. See list as of January, 1932, in this issue. *Editor's Note*

The front and back (upper half of the sheet) are typed upside down to permit folding

Court 4079

**

Pittsburgh

804 Wabash Building

**

ALLEGHENY COUNTY

OF

BIRTH CONTROL LEAGUE

THE

1 9 2 8

Agencies since

thirteen Pittsburgh

who have been known to

THE "BROCK" FAMILY

\$3143.00 DIRECT COST OF THE "BROCKS" TO THIRTEEN AGENCIES SINCE 1928

A mentally deficient father with syphilitic tumor of the throat, unwilling to work and unemployed since 1928, a mentally deficient mother, lazy, and an annoyance to the neighborhood; seven feebleminded children unkept and undernourished, the youngest born since 1928 when the family became dependent upon charity for its maintenance.

Family Agency's Relief \$1259.00

Since the father has been unemployed, a family agency has given constant supervision and material relief including food and clothing. A special housekeeper was sent into the home to teach the mother how to keep her children clean and healthy and how to care for the home. Her efforts to raise the standard of living were futile.

Fresh Air Camp \$ 90.00

The three older children have spent varying periods at a fresh air camp.

Hospitalization \$1500.00

The father has been to six hospitals for diagnostic work, X-ray pictures and treatment, the mother was given hospital care for a two week period at every confinement, and the children during acute illnesses.

Foster Home \$ 294.00

At every confinement the children were kept in a home for a two week period.

Future Cost \$???

Seven children have been born in thirteen years of marriage--there may be seven more. The tragedy does not end here, we can not anticipate the future social and medical problems with their ever increasing cost which the Brock progeny will present. This mother is anxious for medical instruction.

Will you express your interest in our work by subscribing to our budget?

WHAT WILL THE "BROCKS" COST YOU IN 1948 IF YOU DO NOT HELP THEM NOW?

RHODE ISLAND

Organization Plan of the Rhode Island Birth Control League

- 1 Committee for Contraceptive Advice
Composed of five doctors, Secretary is Social Worker
Duties
 - 1 Compiling procedures for clinics
 - 2 Appointing of doctors for clinical service, rotating every three months
- 2 Finance Committee
 - a Budget
 - 1 Clinics
 - 2 League work
 - b Raising of money
- 3 Clinic Committee
 - a Supervise running of clinics
 - b Establishing of new clinics
 - c Supplies
- 4 Educational Committee
 - a Discussion and study of Birth Control
 - 1 Gathering information
 - 2 Disseminating information
 - b Arranging of lecture courses
 - c Preparing of all types of pamphlets and literature for the League
 - d Distributing literature over the State
 - e Cataloging of newspaper clippings
- 5 Publicity Committee
 - a Monthly report to Birth Control Review
 - b Newspaper publicity
 - c Advertisements in Club Magazines
 - d Gathering and sending to the organization members at regular intervals information as to the progress of the work of the League
 - e Getting out Year Book for League
- 6 Speakers' Bureau
 - a Getting and furnishing speakers for lecture work
- 7 Professional Contacts and Endorsement Committee
 - a Professional Contacts
 - 1 Doctors
 - 2 Lawyers
 - 3 Ministers
 - 4 Local Welfare Agencies
 - 5 Hospital Superintendents
 - b Endorsements
 - 1 Professional
 - 2 Religious
 - 3 Civic

- c Cooperation with Committee on Federal Legislation

- 8 Membership Committee
 - a Renewals of memberships
 - b Membership drives
 - c Soliciting new members
- 9 Committee for Meetings
 - 1 Location
 - 2 Programs and invitations
 - 3 Tickets and reservations
 - 4 Flowers
 - 5 Speakers table
 - 6 Menus
 - 7 Delegates or Special Guests
- 10 Motor Corps Committee

State Leagues Affiliated with the American Birth Control League

CONNECTICUT BIRTH CONTROL LEAGUE
79 Trumbull Street New Haven
Dr A N Creadick, *President*
Mrs E B Reed *Secretary*

DELAWARE BIRTH CONTROL LEAGUE
1019 Pine Street Wilmington
Mrs William S Bergland, *Chairman*
Mrs George A Elliot, Jr, *Secretary*

ILLINOIS BIRTH CONTROL LEAGUE
203 N Wabash Avenue Chicago
Mrs Benjamin Carpenter, *President*
Mrs Effie Jeanne Lyon, *Executive Secretary*

BIRTH CONTROL LEAGUE OF MASSACHUSETTS
18 Joy Street Boston
Mrs Oakes Ames, *President*
Miss Caroline L Carter, *Executive Secretary*

MINNESOTA BIRTH CONTROL LEAGUE
223 Walker Building, Minneapolis
Mrs G C Shafer, *President*
Mrs H B Wilcox, *Secretary*

BIRTH CONTROL LEAGUE OF MICHIGAN
1222 Lake Drive S E. Grand Rapids Michigan
Mrs Morton Keeney, *President*
Mrs Frank Stone, *Secretary*

PENNSYLVANIA BIRTH CONTROL FEDERATION
1700 Walnut Street, Philadelphia
A Lovett Dewees, M D., *President*
Mrs Alleyne C Martin, *Executive Director*

RHODE ISLAND BIRTH CONTROL LEAGUE
168 N Main Street Providence
Mrs Henry Salomon, *President*
Mrs Robert J Beede, *Secretary*

Independent Leagues

NEW JERSEY BIRTH CONTROL LEAGUE
866 Broad Street, Newark
Mrs Zachariah Belcher, *President*
Miss Henriette Hart, *Executive Secretary*

Book Reviews

PARENTHOOD DESIGN OR ACCIDENT?

A MANUAL OF BIRTH CONTROL, by Michael Fielding Preface by H G Wells *Noel Douglas, London 3/6*

BIRTH CONTROL AND HUMAN INTEGRITY, by Mr and Mrs A D Lindsay *Independent Press, London 1/6*

THE CONQUEST OF HAPPINESS, by Bertrand Russell *Horace Liveright, New York \$3*

OUR ATTITUDE toward the happiness of ourselves and of those whom we conceive to be under our care determines to a large extent our point of view on such social problems as prohibition, punishment of crime, eugenics, and birth control. If we are guided by the fixed traditions of religion, unduly influenced by economic considerations, actuated by motives of envy or revenge, or otherwise prevented from giving first place to the requirements of individual liberty and personal happiness in this world, we shall embrace a form of "idealism" that is likely to make Bertrand Russell's "good life" impossible and, indeed, incompatible with what we regard as ideal good. The world has long suffered under repressions, deprivations, and persecutions in the name of morality, integrity, standards, decency, responsibility, and other noble words such as Mr and Mrs Lindsay continually invoke in opposing birth control, but we know now that the hidden motives of repression are likely to be anything but congruent with the professions of the moralists.

Science is important for individual happiness because it can show us how to get the results we want, but, as we are often reminded by philosophers, it does not (perhaps cannot) show us what we should desire in the pursuit of happiness. Dr Fielding represents science, he is concerned with the technique of birth control. In this sense he is contrasted with Russell, Wells, and the Lindsays, all of whom, in their fashion, are trying to tell us what we should want. That they do not agree will be no surprise to any one who has observed philosophers and moralists, and this characteristic disagreement leads us to wonder, in passing, whether science might not after all be useful in directing our desires as well as our efforts. When the philosophic moralist comes to regard *consequences* as being more important than *a priori* "standards,"

perhaps it will be found that scientific knowledge is a philosophic fundamental, and no mere convenience.

Michael Fielding (a pseudonym) gives in brief and clear form a scientific statement of what is known about birth control methods, with frank remarks on the good and bad features of each method and practical advice on details for those who cannot get medical aid. In addition he offers a sensible discussion of related social questions, the objections to birth control, and the legal situation in England. His writing is entertaining in style, and "it is never vague, sloppy, lyrical, or shamefaced," as Wells says in his preface. He is opposed on every ground to methods that depend on "self control" and the "safe period." It is a sublime feature of our American culture that such books are withheld from the public.

The Lindsays seem to be chiefly disturbed because to them birth control for everyone means imposing grave responsibilities and the possibility of degradation upon the unfortunate masses of the ignorant, before they have had opportunity to decide for themselves what type of morality they wish to develop.

Let it be admitted that amongst people whose lives are intelligent, purposive, creative, social, the use of contraceptives has been of service, has, in the general summing up of life, counted on the side of economy and freedom. Does this justify intelligent people in broadcasting news of the mechanism in places where there is no knowledge, etc.?

They make an appearance of fairmindedness, admitting that control of births and physical union apart from reproduction are of some value, and pretending that they are simply counseling caution because we do not know as yet "at what average cost, physical, moral, and spiritual" contraceptives are being used. One of their chief resources is to refer again and again to the "blunting of sensibility" that comes from birth control. These authors are lyrical. They quote a good deal of poetry. But they sound as if they were concealing something.

The bearing of Russell's book on birth control is general. The author takes a worldly, scientific position in viewing the possibilities for human happi-

ness, and he develops a philosophy of life that certainly involves the use of all available knowledge. But he is just as insistent as previous ethical teachers upon the necessity for altruism and the kindly regard for others that he sometimes calls "benevolence." It is instructive to compare his well-known beliefs regarding sex freedom and the importance of family life for the best development of children with the Lindsays' attitude. "Where the most light-hearted [unconventional] treatment of the sex relationship is frankly advocated and logically explored, children are held to be best provided for when they are removed from their parents." Russell's chapter on *The Family* is tacitly based on the fact of birth control but is written to show that "parenthood is psychologically capable of providing the greatest and most enduring happiness that life has to offer."

H. M. PARSHLEY

THE DANGEROUS LIFE, by Ben B. Lindsey
with Rube Borough. *Horace Liveright, New York* 1931 \$3.00

TO LIVE A LIFE exclusively devoted to the welfare of others is to live dangerously. To fight causes of social ills rather than toy with their effects is a perilous experience, from a personal standpoint. This is the theme of Judge Lindsey's autobiographical book, *The Dangerous Life*.

But that this dangerous life is not without its thrilling moment and its pinnacles of success is dramatically set forth in his account of thirty years of public service.

Readers with milestones behind them, those who have also encountered the dangerous pitfalls of unqualified service, will sympathize with Judge Lindsey's story of his life, from early boyhood to the time of his unfair ousting from the world famous institution he created and nurtured—Denver's Juvenile and Family Court. Young readers, on the threshold of charting a course, will find a virile challenge in this truthful account of Judge Lindsey's life. They will learn that *one* individual can receive the prolonged and bitter scorn of "good people" while at the same time being hailed as a social prophet without an equal in his own field. "Society's enemy" is the epithet hurled at Lindsey from certain sections of the pulpit and press. "One of the three lawyers in the last hundred years who has made original contributions to and wise changes in the constructive side of the law," is the

high evaluation placed on his life work by Judge Charles Fremont Amidon of the Federal Court of Appeals.

The Dangerous Life is crowded with human interest and is poignantly dramatic. The legal handling of various phases of human relationships is recorded with a delicacy and understanding rarely met with in the field of jurisprudence. Judge Lindsey is a crusader—an uncompromising fighter for what he believes to be a happier state. This book contains his tumultuous experiences, together with a detailed description of the extraordinary operation of the Denver Court which he made world famous.

RUTH VINCENT

UP FROM THE APE, by Earnest A. Hooton. *The Macmillan Company, New York* 1931 \$5.00

UP FROM THE APE is, as the title indicates, a story of the evolutionary origin and development of man. It is divided into five parts. Part I introduces us to man's near and distant relatives and tells us why we are mammals and why we are primates. Part II, called *The Primate Life Cycle*, appeals to the reviewer as the most fascinating part of the book. It traces the upward course of evolution through various stages—getting a backbone, scrambling on land, living in trees, sitting up and looking around, using hands, becoming erect, climbing down, and so on. It is a most vivid and graphic account of the assumption of erect posture and of a host of changes in the organism that have accompanied it—a moving picture of man's origins.

Part III describes the *Individual Life Cycle* from the time of conception until death. This section will probably be singled out by those who are more interested in themselves than their remote ancestors. Part IV tells us about the many fossil men that have been discovered: Pithecanthropus, Cro-Magnon, Wadjak, Neanderthal, etc., and an essay on the recent discovery in China, *Sinanthropus Pekinensis*, is included. Part V deals with the various "races" that are living today. Questions of racial origins, race mixture, mental capacities of races, and so on, are discussed.

Up from the Ape is, of course, concerned with birth control only in an indirect way. But an intelligent understanding of the problems of birth control can hardly exist apart from a thorough acquaintance with the human organism as it lives and functions today, and with the evolutionary

processes which have produced it. This book certainly contributes generously toward such an understanding.

Professor Hooton concludes this most excellent volume with reflections which seem unfortunate to the reviewer. "Man is a miracle, whether he be a miracle of chance, of nature or of God" he says. He does not believe that evolution is due to chance, "it must be an intelligent or purposeful process." He continues, "It seems to me quite immaterial whether we believe that the postulated source of intelligence or purposeful causation is a divine being or a set of natural laws. What difference does it make whether God is Nature or Nature is God?" It seems to the reviewer that it makes all the difference in the world. The history of science is at the same time a story of man's struggle to free himself from the notion of divine beings and miracles. The lives, achievements, and fate of such men as Copernicus, Bruno, Galileo, Newton, Lyell, Buffon, Darwin, Lavoisier, Priestley, Harvey, Vesalius, Jenner, Semmelweis, and many others testify eloquently to the effect that there is a vast difference between an interpretation of the world in terms of divine beings and miracles, and an interpretation in terms of natural processes. And the testimony would hardly warrant the assertion that the difference is "immaterial."

"The pursuit of natural causes" the author continues "either leads to the deification of nature, or to the recognition of the supernatural, or to a simple admission of ignorance, bewilderment, and awe" (The reviewer would like to add "or to new facts and a deeper understanding"). Professor Hooton, like other scientists, is willing to "admit his ignorance simply" where puzzling details of problems are concerned. Why cannot scientists behave in the same manner when problems are viewed as a whole—and leave deification of nature to the song writers and supernaturalism to the savages?

LESLIE A. WHITE

THE PSYCHOLOGY OF SEX, AN INTRODUCTION, by Erwin Wexberg, M.D. Farrar and Rinehart, New York 1931 \$2.50

SEX HOSTILITY IN MARRIAGE, by Th. H. van de Velde, M.D. Covici-Friede, New York 1931 \$7.50

ALTHOUGH it would seem that it must be long past "sex o'clock," the output of books on sex, native and foreign, seems to show little slack-

ening. Both of the volumes under consideration are translated from their original tongues, Dr. Wexberg, a disciple of Alfred Adler, practises in Vienna, and Dr. van de Velde is a gynecologist of Haarlem, Holland. To the ordinary reader, the smaller and less expensive volume is by far the more valuable.

Paradoxically, the most important part of Dr. Wexberg's book is contained in the preface by the translator, Dr. W. Beran Wolfe. This preface contains a closely reasoned and original contribution on the subject of birth control which is worth the most careful consideration. Dr. Wolfe discounts all the usual reasons advanced for propaganda for contraception—sociological, economic, and medical—and proposes instead the argument that birth control is a prime force in the civilizing process which he (with Adler) calls "conative reconstellation of sex to the social level."

Contraceptive education to the end that more men and women will marry and found families and learn a deeper social feeling is not only psychologically valid but economically advantageous, since it is obvious that the wanted children of courageous parents aware of their social responsibilities make better citizens than the unwanted children of socially irresponsible individualists.

Granting the 'individual psychology' of Adler—which this reviewer by no means does—the conclusions based by Dr. Wexberg on this premise are logically sound. In general his book is temperate, reasonable, and persuasive. It contains numerous conclusions from a fresh viewpoint which help to clarify the ideas even of non-Adlerian readers—e.g., the discussion of the larger families of the very poor. And he too, like his translator, stands firmly for birth control—in fact, he goes beyond most birth controllers by coming out for freedom of abortion as well. "The controlling sense of social responsibility assumes the function of regulating births when children are undesirable from a hygienic, eugenic, or social standpoint."

Dr. van de Velde's book is another sort of thing altogether. It is the second volume of a trilogy, the first of which was *Ideal Marriage*, dealing with erotic technique, and the third of which will be *Fertility and Sterility in Marriage: Their Voluntary Promotion and Limitation*, not yet published, at least in English. This volume, like *Ideal Marriage*, is highly individualistic and more or less eccentric in its viewpoint. It gives the strange

effect of being very advanced in some particulars and abysmally behind the times in others Dr van deVelde finds it impossible to think of men and women as primarily human beings, with sex a secondary if important function, to him this would define a man, but a woman remains definitely "the sex"—man's chief interest being in work, woman's in maternity His advice is all directed toward making woman a useful subsidiary to man, and he salves his twentieth century conscience by repeatedly assuring himself and us that only so will women really gain happiness This is the more surprising since he has read the work of the Vaertings and of others of their school

Even this belated patriarch, however, has a good word to say for voluntary control of reproduction, in fact, he takes it for granted In the study of "primary and secondary" sexual hostility between husband and wife which is the basic argument of his book, he remarks very truly that there is no more likely cause of hostility than undesired pregnancy This question he will take up more in detail in the forthcoming third volume of the trilogy, which will therefore be of greater interest to most readers of this magazine than either of the first two is likely to be

Both books lack an index, in each case a serious disability

MAYNARD SHIPLEY

THE CHILD IN PRIMITIVE SOCIETY, by Nathan Miller *Brentano's, New York* \$3 00

DR MILLER has set himself the task of exploring the function of the child in primitive society He shows that in those societies where there has been no development of a permanent means of recording the mores of the group, the children have served as the sole purveyors of the social heritage As such they are of vital interest to the group

In the simpler cultures where the pressure of economic or military necessities is negligible, the children through their inherent imitative faculties acquire the skills and assimilate the folkways about them The sum total of adult needs is so limited that it does not take long for the children to learn how to meet them In Brazil the young Guato boy in the canoe with his parents "plys his imitation oars industriously in proportion to his strength" The children soon make playthings and use implements in imitation of the village life about them, "among the For people of Central Africa, the children, instead of making mud pres, were ac-

customed to making miniature villages, copies of mountains, rough models of men and animals of clay with which they would be employed for hours together day after day"

The American Indians, recognizing the value of the imitative faculty in learning, made dolls for their girls adorned with the complicated garments and symbolic masks representative of mythical personages, so that they might become familiar with them before the ceremonies To these children of simple cultures then, the words of the old English folk song are applicable "Work is but grown up play" It is pointed out that, although this method of inculcating folkways is casual, it is nevertheless decisive When one considers that the facts learned by imitation are circumscribed by the strict taboos set up all about him, it is readily comprehended why the primitive child accepts the existing order without question, and that it is thus handed down unchanged

The more highly organized the society, the more purposeful becomes the education and the discipline of the child One sees that it has become typical of these organized societies that the institutions which have evolved have been used to maintain the power of their patriarchal heads Thus the education of children has tended toward the inculcation of conformance to existing institutions and to blind allegiances

In a chapter on *Social Forces and the Child* Dr Miller makes a plea for the reinterpretation of the social forces to the end that they may be given worth and meaning in the life of the individual "The suffering, the privation, the screwing up and shrivelling of talent and promise that have been produced in children's lives can be accounted in the main today to the inertia produced by the vestiges of this 'primitive' education" He pleads for an education by which forced submission to fixed social attitudes toward church, state, family, sex, etc, will be replaced by intelligently controlled choices, and he looks hopefully toward the new education to bring this possibility about

RUTH BRICKNER, M D

A CORRECTION

Dr Henry W Thurston's answers to the questionnaire on Child Welfare in the January issue (page 16) were incorrectly attributed to Professor L L Thurstone of the University of Chicago Dr Henry W Thurston is a member of the faculty of the New York School of Social Work

POPULATION SECTION

Population Control by Immigration

By ROSWELL H JOHNSON

WHEN finally the Congress of the United States became convinced that immigration should be restricted, no good method seemed to be at hand. As a consequence the logically absurd plan of classifying immigrants by the nation from which they came was adopted. This is absurd because in nearly every national unit there is a variety of races, and in all there is a great variation of individual ability. But a hurried congress, unguided by any expert commission, accepts simple solutions. This is the sole excuse for quotas in comparison with selective immigration.

Its prime fault consists in the fact that the immigrants are selected only to a very slight degree on the basis of specific qualities. In the main, the quota for any one country is chosen by priority of application. When one realizes the importance of a country getting as good immigrants as possible (for this determines to such a large extent the quality of the future race) it seems grotesque that our government should be satisfied to choose immigrants by priority of application. Would a university, a corporation, or a club, think of such an extremely indiscriminate method? One might use the figure of the choice of America's future sons-in-law by the method of priority of application.

The apology might be offered that at that time there was no adequate measure of individual ability, we could however have at least used educational qualifications which would have been far better than priority. But at the present time we have a much superior technique, the psychometric tests, with which we have now experience in testing for the army, corporations, universities, and in the civil service commission. Moreover Professor Brigham at Princeton has directed his attention more narrowly to the problem of developing tests which would be well adapted to the selection of immigrants.

It would be wholly feasible for the United States at this time to add a second qualification to that of the quota, that an individual must surpass the

American median as found in the army tests. Of course a later and more perfected test than the army test would be used, but it could be calibrated with the old median then ascertained.

After the new system was well embarked it would seem desirable to supplant entirely the quota and race distinction, or at least so far as the race prejudices would permit at the time. For instance if the country still desired discrimination against Orientals—the standard could be made 75 or 90 percentile instead of the median for the particular nations or races.

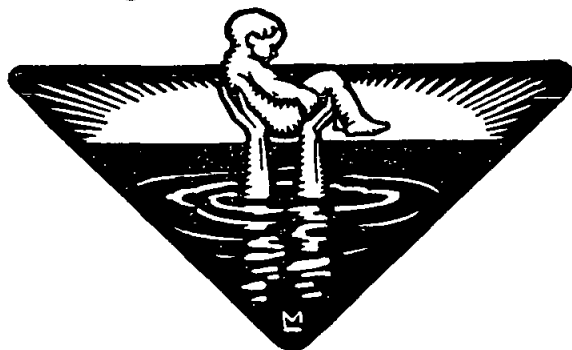
Let us consider what a great boon it would have been to our nation if the first law passed by the American congress had been a selective immigration law with the American median as the threshold. The present position of the American people would be extraordinary indeed, a veritable super-nation. Furthermore such a policy would permit very much more friendly relations with other nations and avoid the animosities which we have aroused—one very unfortunate one being that of the sensitive Japanese. In so far as some races may be superior to other races, this would be automatically taken care of in the actual results of the test. Needless to say the test would be given in a large number of languages although of course not in all minor dialects, and in a score or so of foreign capitals and ports. An additional advantage of this plan of immigration control would be that the immigrant would then be more welcome and more highly esteemed, as we would realize that he was an actual contribution to the quality of our people, and we could thus avoid the demoralizing condescension now so common toward immigrants. It would thus tend to uphold our social solidarity and social spirit.

The result would have a still further advantage in that it would prevent a few centers of very high fecundity but not excellence to dominate world breeding as is now the tendency. Another advantage is that it permits a more rational regulation of population density, for a nation then, in-

stead of choosing the fifty percentile or median, might choose the sixty, seventy, eighty or even ninety percentile, in the event that the population became excessive. If it is replied that this tends to produce congestion in the emigrating country the answer is that no country need be overcrowded now that the technique of contraception is available. Overcrowded countries cannot reasonably ask a country like America with adjusted population to sacrifice itself to relieve a crowding which can readily be met by the emigrating country's own action. The objection might be made that selective immigration is nationally selfish at the expense of world welfare. The contrary is true because selective immigration permits the maintenance of high levels of contributions of inventions, discoveries, and works of art and science to general civilization by countries having an advanced civilization. This protects them against the effects of being brought down to the level of the excessively emigrating countries, for now, in general, the superfecund have inferior civilizations.

In the meanwhile it should not be forgotten that we do not use the quota against the nations of this hemisphere. This is a most curious discrimination, because Europe unquestionably is sending more desirable immigrants than we are receiving from Mexico. A very great proportion of these Mexicans are in large part of Indian blood and of a low cultural and economic level. At the present time large corporations desiring cheap labor turn to this source. There is also an immigration from Brazil and the West Indies which is in part negro. All of this is especially favored by our government by placing no quota against it. It is obvious that the quota plan, so long as we have it, should be extended to all the world.

In conclusion, any country has available a very rapid, cheap, and effective tool in a eugenic program by the very simple device of making its own median (or higher level) in mental tests the basis of its immigration control.



Books Received

JAPAN, AN ECONOMIC AND FINANCIAL APPRAISAL, By Harold G Moulton *The Brookings Institution, Washington, D C* \$4

WITHOUT MY CLOAK, by Kate O'Brien *Doubleday Doran, New York* \$2 50

THE AFRICAN CHILD, by Evelyn Sharp *Longmans, Green and Co, Ltd, London* \$2 50

THE STORY OF MEDICINE, by Victor Robinson, M D *A and C Boni, New York* \$5 00

ANJEA, by Herbert Aptekar *William Godwin, Inc, New York* \$2 50

WILL AMERICA BECOME CATHOLIC? by John F Moore *Harpers, New York* \$2 00

THE PRACTICE OF CONTRACEPTION, edited by Margaret Sanger and Hannah M Stone *Williams and Wilkins, Baltimore* \$4

THE COST OF ENGLISH MORALS, by Janet Chance Noel Douglas, *London* 5s

THE HUMAN BODY, by Dr Marie C Stopes *Blue Ribbon Books, New York* \$1 00

PORTO RICO, AN INQUIRY AS TO THE HEALTH OF THE CHILDREN, by Samuel J Crumbine, M D, Harold H Mitchell, M D, and Amy Pryor Tapping *American Child Health Association, New York*

GENETIC PRINCIPLES IN MEDICINE AND SOCIAL SCIENCE, by Lancelot Hogben, M A, D Sc *Williams and Norgate, Ltd, London* 15s

THE BALANCE OF BIRTHS AND DEATHS, Vol II, by Robert R Kuczynski *The Brookings Institution, Washington, D C* \$2 00

THE FAMILY, by Ernest R Mowrer, Ph D *The University of Chicago Press* \$3 00

THE PROBLEM OF EVOLUTION, by Arthur Ward Lindsey *The Macmillan Co, New York* \$2 75

Pamphlets

ON THE MANAGEMENT OF A BIRTH CONTROL CENTRE, by Evelyn Fuller Noel Douglas, *London*

THOSE OBSTINATE QUESTIONINGS, An Essay on Birth Control, by E V Lindsay *Independent Press, Ltd, London*

104 Centers for Contraceptive Advice

January 1932

Alabama	No center	Delaware	. 1 center
Alaska	No center	Wilmington, Delaware Birth Control League, 1019 Pine St	<i>Dr Verna Stevens</i>
Arizona	No center	Dist. of Columbia	No center
Arkansas	. 1 center	Florida	1 center
Little Rock, Arkansas Eugenic Assn		Miami, Mothers' Health Association, 409 B Huntington Bldg	<i>Dr Lydia A DeVulbiss</i>
Exchange Bank Bldg	<i>Dr Homer Scott</i>	Georgia	4 centers
California	29 centers	Atlanta, Grady Memorial Hospital, 101 E Butler St	<i>Dr Chas W Daniels</i>
Alameda, Alameda Co Health Dept	<i>Dr Ann Martin</i>	Atlanta, Morris Hirsch Clinic	<i>Dr O H Matthews</i>
Fort Bragg, Redwood Coast Hospital, Inc	<i>Dr Paul J Bowman</i>	Atlanta, Atlanta Tuberculosis Association, 280 Forest Ave, N E	<i>Mary Dickinson, Ex Secy</i>
Hayward, Alameda County Health Dept	<i>Dr Ann Martin</i>	Atlanta, Good Samaritan Clinic, 69 North Ave (Must be referred by social agency)	<i>Dr J K Fancher</i>
Los Angeles County, Los Angeles Co Health Dept (16 centers)	<i>Dr J L Pomeroy</i>	Idaho	No center
Los Angeles, Cedars of Lebanon Hospital, 4833 Fountain Avenue	<i>Dr K K Meitzler</i>	Illinois	8 centers
Los Angeles, Jewish Dispensary, 244 Bunker Hill Ave	<i>Dr Nadina Kavimoky</i>	Chicago, Illinois Birth Control League, 203 No Wabash Ave	<i>Dr Rachelle Yarros</i>
Los Angeles, East Los Angeles Emergency Hospital, 1011 Goodrich Blvd	<i>Dr Paul V Starr</i>	Chicago, Illinois B C L, 701 West 14th St	<i>Dr Olga Ginzburg</i>
Los Angeles, Mothers' Clinic, 130 So Broadway	<i>Dr Etta Gray</i>	Chicago, Illinois B C L, 734 West 47th St	<i>Dr Olga Ginzburg</i>
Los Angeles, 213 E Adams St	<i>Dr Etta Gray</i>	Chicago, Illinois B C L, 3500 Douglas Blvd	<i>Dr Olga Ginzburg</i>
Oakland, Birth Control League of Alameda County, 5720 Genoa Street	<i>Dr Dorothy Allen</i>	Chicago, Illinois B C L, 818 Gilpin Place	<i>Dr Irene T Mead</i>
Pasadena, Pasadena General Hospital Dispensary, 31 Congress Street	<i>Dr Nadina Kavimoky</i>	Chicago, Jewish Social Service Bureau, 1800 Selden St	
Pasadena, Pasadena Mothers' Clinic, 92 No Madison Ave	<i>Dr Emmeline Banks</i>	Chicago, Mandel Clinic of the Michael Reese Dispensary, 29th St & Ellis Ave	<i>Dr Irving F Stern</i>
San Francisco, Canon Kip Eugenic Clinic, 246 Second St	<i>Dr Louise E Taber</i>	Evanston, Illinois B C L, 746 Custer Ave	
San Francisco, 526 Oak St	<i>Dr Adelaide Brown</i>	Indiana	No center
Colorado	1 center	Iowa	1 center
Denver, Colorado General Hospital	<i>Dr T D Cunningham</i>	Marengo, Osteopathic Clinic,	<i>Dr Margaret M Spence</i>
Connecticut	No center		

Kansas . . . No center
Kentucky . . . No center
Louisiana . . . No center
Maine . . . No center
Maryland . . . 1 center
 Baltimore, Bureau for Contracep-
 tive Advice, 1028 No Broadway
Dr Bessie L Moses
Massachusetts No center
Michigan 5 centers
 Detroit, Mother's Clinic, 1601
 Blaine Avenue *Dr Max Wershow*
 Detroit, Harper Hospital, 3825
 Brush Street
 Detroit, Woman's Hospital, 443
 E Forest Ave *Dr Lewis Daniels*
 Grand Rapids, Blodgett Hospital
Dr D M Morrill
 Grand Rapids, City Department
 of Public Welfare, City Hall
Dr J F Failing
Minnesota . 2 centers
 Minneapolis, University Hospital
 Dispensary, Church and Union
 Streets
 Minneapolis, Minnesota Birth Con-
 trol League, 223 Walker Bldg *Dr Eleanor Hill*
Mississippi . No center
Missouri . 1 center
 St Louis, St Luke's Hospital,
 5535 Delmar Road *Dr R J Crossen*
Montana . . . No center
Nebraska . . . No center
Nevada . . . No center
New Hampshire No center
New Jersey . 3 centers
 East Orange, Office of Health De-
 partment, No Arlington Ave-
 nue and New St *Dr Dorothy Lottridge*
 Newark, Maternal Health Center,
 868 Broad Street *Dr Elizabeth Pissoort*
 Orange, Memorial Hospital
Dr Dorothy Lottridge
New Mexico . No center
New York . . 25 centers
 New York, Birth Control Clinical
 Research Bureau, 17 West
 16th Street *Dr Hannah M Stone*

New York, Harlem Branch, Birth
 Control Clinical Research Bu-
 reau, 2352 Seventh Avenue
Dr Hannah M Stone
 New York, Union Health Center,
 131 East 17th St *Dr Benzion Liber*
 New York, Berwind Maternity
 Clinic, 127 E 103rd St *Dr Ira J Hull*
 SPONSORED BY THE N Y C COMMITTEE OF THE
 AMERICAN BIRTH CONTROL LEAGUE
 New York, Madison House Settle-
 ment, 226 Madison St *Dr Elizabeth Pissoort*
 New York, Jewish Maternity Aid,
 239 East Broadway *Dr Rose Boyer*
 New York, Council House, 1122
 Forest Ave *Dr Elizabeth Pissoort*
 New York, Christ Church House,
 344 West 36th St *Dr Helen Muller*
 New York, Union Settlement, 237
 East 104th St *Dr Elizabeth Pissoort*

HOSPITALS

New York Twelve hospitals maintain clinics
 for patients referred from their own
 gynecological departments
 Brooklyn Three hospitals maintain clinics
 for patients referred from their own
 gynecological departments
 Valhalla Grasslands Hospital,
Dr C W Munger
No Carolina 1 center
 Asheville, Refer to Mrs P G
 Johnson, 354 Merrimon Ave
Dr Louise Ingersoll
No. Dakota . No center
Ohio . 7 centers
 Cincinnati, Committee on Matern-
 al Health, Children's Hospi-
 tal, Elland Avenue *Dr Grace M Boswell*
 Cincinnati, Jewish Hospital, 3261 Burnet
 Avenue
 Cleveland, Maternal Health Cen-
 ter, 1021 Prospect Ave *Dr Ruth Robishaw*
 Cleveland, Mt Sinai Hospital,
 1800 East 105th St *Dr Moses Garber*
 Cleveland, Lakeside Hospital, 2065
 Adelbert Road *Dr Hubert C King*
 Cleveland, St Luke's Hospital,
 11311 Shaker Blvd *Dr Alphonse G S Louis*

Oklahoma . . . No center
 Oregon . . . No center
 Pennsylvania . . . 7 centers

Bethlehem, Bethlehem Birth Control League, 26 East Third St

Dr Margaret Hassler

Easton, Birth Control League of

Northampton County *Dr Margaret Hassler*

Erie

Dr Louise Brecht

Philadelphia, Maternal Health

Center, 6816 Market St *Dr O J Toland*

Philadelphia, Central City Branch,

1402 Spruce St *Dr Sophie Nabut*

Pittsburgh, Birth Control League

of Allegheny County, 804 Wash-
 bash Bldg *Dr Harry Westervelt*

Reading, Berks County Birth Con-

trol League, Homeopathic Hos-
 pital *Dr Sophia Busch*

Rhode Island . . . 1 center

Providence, Rhode Island Birth

Control League, 163 North
 Main Street *Dr Robt Whitmarsh*

So Carolina . . . No center

So Dakota . . . No center

Tennessee . . . No center

Texas . . . No center

Utah . . . No center

Vermont . . . No center

Virginia . . . 2 centers

Charlottesville, University of Vir-

ginia Hospital *Dr T J Williams*

Roanoke, Refer to Mrs David

Persinger, Box 635

Washington . . . 1 center

Vancouver, 1102½ Main Street

Dr C E B Flagg

West Virginia . . . 1 center

Wheeling, Refer to Mrs A W

Paull, Woodsdale

Wisconsin . . . No center

Wyoming . . . No center

Hawaii . . . 1 center

The majority of the centers listed above restrict admission. Before applying to any center, obtain detailed information from the American Birth Control League

A Positive Eugenic Factor

By MABEL G BOYDEN

During the past year we have heard and read about first one plan and then another for the alleviation of the suffering caused by the depression and for the improvement of the condition of our people. Cutting down the number of acres of wheat to be planted, cutting down the number of acres of cotton to be planted, cutting down the number of hours of the working day, regulating the markets of this and of that, industrial insurance and others have been suggested. Far reaching as these things may be, they are only superficial symptomatic treatments for our social ills. These plans have to do with *things* and not with the fundamental part of our civilization, the *people* who use these things. In the main the eugenists are the only persons concerned with the *kind* of people in our country and the possibility of their becoming more or less socially desirable as a whole. Civilization has done away with many of the natural factors which tended to favor the survival of the fittest. But it has also given us knowledge which can be used to partially control the kind of people there shall be in our country. It remains for us to use the information we have and to increase it as fast as may be.

A EUGENICAL PROGRAM

I should like briefly to call to mind the factors of an eugenical program. Eugenics does not and never has advocated the destruction of human life. It does advocate the improvement of human beings along two lines: (1) improvement in existing human stocks and faster reproduction of superior stocks, and (2) curtailment as rapidly as possible of inferior stocks. The three main parts of such a program are *Research* to give us more information on human heredity and the factors determining the quality of population, *Education*, to spread the knowledge gained by research to the rank and file and make them see the desirability of measures to be taken to conserve the best traits in our people and eliminate the less desirable traits wherever they may be, among the rich or the poor, *Conservative Legislation*, to put the measures mentioned above into operation.

What is the place of birth control in such a program? Clearly it comes under the third part as one of the measures which should be in operation. It does not destroy human life but does prevent the production of undesirable human life more or less successfully. Opposition to birth control is rapidly disappearing. The Roman Catholic Church as represented by its clergy and officials is

now the most strongly organized opposing force Catholic families, however, are widely exercising one method or another of birth control

Are there any persons who cannot be properly instructed in birth control methods? Mrs Sanger believes that any mother able to keep a nursing bottle properly clean can be successfully instructed That still leaves the group of the feeble-minded and some others For the former there must be eugenic sterilization or segregation during reproductive life In countries where birth control is freely accessible there seems to be in some instances a tendency toward reversal of the differential birth rate so that members of the higher classes are reproducing more rapidly than those of the lower classes It is unlikely that birth control will have much effect on the net population but if it will help in increasing the proportion of the socially fit and decreasing the proportion of the socially unfit, it will prove itself to be a positive eugenic factor instead of a negative one

—From an address at the December meeting of the N J Birth Control League

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Letters

A WORLD OF CHILD-DESIROUS PARENTS

TO THE EDITOR

If every new-born child were actively desired by its parents almost all children would receive good home training Home training is the thing which most serious students believe to be the important factor in character formation If two parents really want a child they are much more likely to train it thoughtfully, than are the rather irresponsible pair who accept the child as a by-product Hordes of unmarried parents and not a few married ones are producing children whom they do not want and in whose training they will take only a cursory or compulsory interest Since children tend to resemble their parents in general outlook, particularly if they live with one or both of them, universally practised birth control would largely rid the world of people who do not want children, and would probably lead to a preponderance of those parents interested in training their children well

A possible by-product of wide-spread contraceptive knowledge would be an increase of illicit sex-relationships, although many authorities believe that fear of pregnancy is not an effective deterrent In any event, these relationships would rarely result in progeny, and no racial harm would be done Certainly the present large number of illegitimate babies would diminish While many well-intentioned parents are scarcely to be considered well-fitted to train children, yet, on the whole, wanted children receive better home training than unwanted children, and that is all we can expect of voluntary birth control The weeding out of the well-intentioned unfit is another matter We maintain that an increased incidence of illicit sex relationships under a widely applied regime of contraception is light in the balance compared to the influx of a stream of ill-starred illegitimate children

It may be argued that many prominent persons have been directly or indirectly the result of extra-marital intercourse The prominence of these persons is undoubted, that the world could have ill spared their services is, however, a question If we are to look to illegitimate children to lead us, let us hasten to produce them in greater numbers, for we have need of leaders

If there is anything of value in genetics for the human race, surely the universal application of

birth control methods will prove of incalculable benefit to the race In a generation's time the licentious, selfish, and cowardly individuals would be dead without issue, and the population would consist of the progeny of child-desirous parents The Catholics and other groups need have no fear of birth control It will augment rather than diminish our stock of duty, love, wisdom and self sacrifice

HORACE E CAMPBELL, M D

Foochow, Fukien, China

FROM OUR RADIO AUDIENCE

TO THE EDITOR

As I listened to the radio talk on birth control recently, it brought back my own unhappy childhood I was one of nine children Our food consisted of soup, coffee, and dry bread, with an occasional vegetable—never butter, milk or cereal Never had a doll or ball, although there were 5 and 10 cent stores then My father was careless, and drank, mother was indifferent and nervous When I was about ten years old, I remember asking for a pair of shoes The soles and vamps of my shoes had completely separated, and my toes were getting a good airing At this request mother turned on me with fire in her eyes and said, "All I hear is—I want shoes Have I got shoes No, all I got is a lot of damn children" My little heart ceased beating I asked her why we had so many children when we could not have shoes She answered "If God sends so many to me, and I don't take them He will send me to hell"

We all attended the parochial school, but neither Sister nor Priest ever noticed our condition Their motto is, blessed are the poor I ask you, who wants to be blessed that way? The Roman Catholic system, to which my parents were slaves, *cheated me out of a childhood, and a necessary education*

When I reached the age of seventeen I left home I worked in a factory during the week On Saturday afternoon and evening I worked in a store That was in 1923 I liked store work, so I took a course in salesmanship I got a steady place in a large store at \$12 a week I married in 1927 and kept on working My husband earned \$27 and with our combined salaries we lived comfortably

To all my friends I have no mother and no family I want to forget that part of my life But can I? All I have will never take the place of

a cheated childhood When I left my home I left the Catholic religion, because Catholicism robbed me of the joy of being well born So I say, best wishes for a victorious fight

A VICTIM

New York City

FISH OF POOR PARENTAGE

TO THE EDITOR

I have just read an article on "The Future of Our Brook Trout" by S F Fullerton, (218 South Avon St, St Paul, Minnesota) in the 1911 "Transactions of The American Fisheries Society" It is interesting to an angler, a hatchery man, and to anyone thinking about birth control!

Referring to fish of poor parentage, the author says, "They have to be nursed and coddled as other weak infants from weak parents, and if they ever do grow up they have no life, no vitality, and no future" Anyone who has had any experience with animals of any kind, as stock raiser, general farmer, poultry man, dog breeder, guinea pig raiser, rabbit breeder, fish hatchery man, zoo attendant, and even as doctor and nurse in a maternity hospital, ought to be intelligent enough to consider birth control in relation to the welfare and future of human beings All life is worthy of our interest and intelligence, whether it is mosquitoes we wish to kill or fish we wish to propagate Now that man has studied the distant stars and the interior of the earth, would to God that he would take an interest in himself! We have surplus of people that are up against starvation or the battlefield Wouldn't birth control be better than either of these solutions?

P R STEPHENSON

Duluth, Minnesota

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