

March 1932

Twenty Cents

BIRTH CONTROL REVIEW

Minimum Homes and Maximum Families

CAROL ARONOVICI

Porto Rico's Population Problem

THEODORE SCHROEDER

Soft Coal and Birth Control

ROBERT C DEXTER

INDIANA STATE LEAGUE ORGANIZES

1916

An Immigrant Mother Speaks

STANDS there a lady with her feet on the water and gas lights in her hair They call her the Mother of Liberty The landlord he says we shall give her monies for the rent, the store man he says it is more monies for the eats, the shop says it is more pay for the shoes And they tell us we shall have more babies

1932

The Dean of St Paul's Cathedral, London, the Very Reverend William Ralph Inge, discusses "The Question of Birth Control" in the Pictorial Review for March

IT IS probable that future historians will find that the most important event of the last fifty years has been, not the great improvements in technology nor the growth of socialism, nor the Great War, but the almost universal adoption of family limitation It is impossible to discuss the problem of birth control intelligently unless it is realized, to start with, that in normal circumstances some method of restricting numbers is absolutely necessary The questions which have to be considered are which methods of limiting numbers are least objectionable from the moral point of view—for example, infanticide has now no defenders and abortion very few A very large family is a burden on the state No couple have a right to demand an undue share of public money for the education of their children

. . .

Unemployment Relief and Birth Control

PUBLIC OPINION today accepts birth control and in the middle and upper classes it is very generally practised Existing laws are admittedly absurd and obstructive, especially the federal statute forbidding the transportation by mail or express of contraceptive devices and information But the loophole in the state laws which explicitly or tacitly exempts the relations of physician and patient is wide, so wide that existing clinics now practise undisturbed, so wide that through it our two million unemployed families might march to freedom from one of the chief terrors of the depression, namely that of unwanted and disastrous childbirth

Any organized attempt by the medical profession and by social workers to make this possible would doubtless meet opposition, but, especially if the issue were kept out of politics, it would seem probable that the present desperate mood of public opinion would swamp such opposition as appeared This probability, coupled with the loophole in existing law, constitutes the essence of a magnificent opportunity In its immediate aspects such a program would be obviously humane, economical and "scientific" — or at least sensible From the broader social point of view it is perhaps not too much to say that if this opportunity is not seized and seized promptly, the dysgenic effects appearing in the generation born during this depression may well prove to be serious

What we have, apparently, is merely the tragic inertia of the two professions which have in their power, if they choose, to bring us out of this depression with at least one huge social and eugenic gain the establishment of birth control as a *fait accompli* in this country, not outside the law, but within the law These professions are the physicians and the social workers It would cost \$20,000,000 to give 2,000,000 unemployed families contraceptive information and equipment in 1932 It could be done, easily, as a common-sense relief measure, supported by a tide of public opinion even more powerful than that which overwhelmed the Eighteenth Amendment If it is done, we shall be entitled to consider ourselves almost as civilized as, say, Holland, about fifty years ago Would it be worth while?

JAMES RORTY, *The New Republic*, Feb 3rd

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WITHIN the last month the American birth control movement has added a new state league, Indiana, to the nine already organized for birth control work, and has listed a new contraceptive center, the Chicago Heights Clinic of the Illinois Birth Control League. We are pushing forward rapidly and have every reason to expect steady progress. Each new local group, each new center where contraceptive instruction is given is a milestone along the route to the ultimate goal—"a clinic in every center of population" and a thorough understanding by the general public of "the importance of birth control to the family, the community and the race."

PART OF the general public on all the Main Streets of America learned something about birth control during the past month, when the subject broke into the pages of the *Pictorial Review*, one of the six largest women's magazines in the country. Dean Inge's article on *The Question of Birth Control* (quoted on the opposite page) has found its way into over two million homes—an event of major importance in the history of the movement. *The Pictorial Review* tells its two

and a third million readers that birth control is a subject of "vital importance," of pressing interest, a subject to be thought about earnestly and discussed openly. Inertia, ignorance and legal restrictions have hampered the growth of the birth control movement. But more potent than these have been the shackles of taboo. Dean Inge has given them a shattering blow. In addition, the *Rotarian*, official publication of the International Rotary Clubs carries a letter in the Open Forum department of its February issue urging that "Rotary, with its world-wide ramifications, should take the lead and add advocacy of birth control to the activities it now employs in its efforts to bring about understanding and peace among all men. Sooner or later," the letter concludes, "the nations of the world must make birth control one of their major policies."

AGAIN the headlines scream their news of war, and there can be no doubt but that the chief cause is overpopulation. The Japanese are not merely militaristic, they are hungry. And with less than one acre of arable land to the farmer and his family, the situation has been growing worse year by year. Even Italy, flagrant example of overpopulation in Europe, has about three acres of arable land to every farm family. Japan is overpopulated. Scientists have known and commented on this fact for years, and Japan, knowing it only too well, has been preparing for conquest. The better solution would have been a comprehensive birth control program. Some small beginnings in birth control have been made in Japan, and the government is not, even now, officially opposed to the movement. But overpopulation cannot be checked by a mild acquiescence. Scientific birth control measures are needed in the Far East. Famine or aggressive war are the only other solutions of overpopulation.

THE *Ladies Home Journal* has issued a program for world peace which proposes budgetary limitation of armaments, the abo-

lition of battleships, submarines, war planes and chemical warfare, and the establishment of a permanent disarmament commission. It ignores entirely the less spectacular factors that make for war—chief of which is overpopulation, demanding territorial expansion and aggressive militarism. The study of population control in all its ramifications should find place in any peace program. State control of population, once the optimum is arrived at, may seem a Utopian proposal, but if any lesson can be drawn from the present tragedy in the Far East it is that world peace is dependent on population regulation.

THE MATERNITY CENTER ASSOCIATION of New York has recently issued a pamphlet of sound advice, called, "A Message to Expectant Mothers and Fathers." In an open letter, published in the *Medical Journal and Record* for February 17th, Dr. S. Adolphus Knopf suggests that the following paragraph be added: "Women should not have children in rapid succession. There should be at least a two-year interval between pregnancies in order that the generative organs may have a chance to recuperate to their normal strength and physiological vigor." The necessity for adequate spacing of children is generally conceded by the medical profession, and there is no clearer or more irrefutable argument for birth control than that child spacing is dependent on it. We cannot recall too often the telling figures of the Children's Bureau of the United States Department of Labor, showing that children born at one year intervals die at the rate of 147 per thousand, while those born at two year intervals die at the rate of 98 per thousand. For three year intervals the rate drops to 86, and for four year intervals it is 85. It is to be deplored that the Maternity Center Association, devoted to "care and instruction during pregnancy, the lying-in and post-partum periods," should not draw the obvious conclusions from these figures. Birth Control is no cure-all for poverty, overpopulation, crime, and all the assorted ills of mankind. But it does belong in any comprehensive maternity and infant care program. Contraceptive instruction should be given to every mother as part of her post partum care.

CONDITIONS in Porto Rico are described in this issue by Theodore Shroeder, who shows that overpopulation is the major problem before the island today. As we go to press, news comes of the inaugural address of the Honorable James R. Beverley, the new Governor of Porto Rico, in which he declares himself in favor of limiting the island's rapidly increasing population. This is indeed a sign of hope for Porto Rico. That the Governor will have the support of intelligent America if he faces the problem is evidenced by the reactions of prominent men in diverse fields. We are happy to be able to give excerpts from a few letters written to Governor Beverley commending his stand.

John Dewey, Columbia University Since I know that it takes a good deal of courage on the part of any public official to say anything which may be construed as openly endorsing birth control, I take the liberty of writing to congratulate you upon your public statement.

Raymond Pearl, Johns Hopkins University I particularly wish to congratulate you upon your declaration in favor of limiting the Island's rapidly increasing population. It is a great satisfaction to a student of population problems to see an executive take so enlightened and forward-looking a position.

Elias P. Lyon, University of Minnesota From all I can learn I consider your declaration favoring the limitation of the Island population a very statesmanlike one, and one which would have my entire favor. I congratulate you on the brave stand you have taken.

Minot Simons, Minister of All Souls Church, New York City I would like to be among those who would want to give you the strongest encouragement for your wisdom and courage. You have certainly manifested both. You have dropped the seed thought which is bound to develop into a result of definite and continued improvement in the social well-being of Porto Rico.

S. Adolphus Knopf, M.D., tuberculosis specialist The fact that you advocate a limitation of the island's rapidly increasing population prompts me to address this letter of congratulation to you, for having had the courage to advocate so beneficial a measure, in a distinctly Roman Catholic country. Scientific and judicious birth control will decrease the fearful prevalence of tuberculosis among the Porto Rican population.

Minimum Homes & Maximum Families

By CAROL ARONOVICI

THERE IS GREAT agitation among housing reformers, economists, sociologists, engineers and politicians in high places. They have rediscovered the housing problem. They have also been reached by the news that there is an economic crisis in this country. They have wisely hit upon the ingenious idea of helping the brick manufacturers, the speculative builders, the financial men interested in the profits to be derived from housing. They will try to reform the housing conditions of this country and incidentally pump some life into an industry which is presumed to be the life blood of our economic system.

This effort to revitalize our building industry by way of housing reform has however one drawback, the fact that the man whose home we desire to reform has no money to pay for the kind of house we are trying to sell him. Thus the skill of the architect and the ingenuity of the engineer must be called into action to discover a way of fitting a ten-room family into a two-room house. They must also work upon the difficult task of trimming each room to the minimum of light and air and size, so that the cost of the house or tenement or whatever new type of house we may develop will come within the uncertain and limited income of the housing-reformed wage earner.

All this effort is worthy enough, it is even respectable and politically expedient. The fact remains, however, that we may standardize parlors and kitchens and bedrooms, but somehow we cannot standardize sizes, characters, temperaments and dispositions of families. Yet the only kind of housing that is economically possible is the standardized kind intended for standardized families with low standard wages.

What is actually happening is that wages are standardized at a low common denominator, while the size of the family is permitted to fluctuate on a wide range. The low wage families among the working classes are having babies four and a half times as fast as the classes of a higher financial stratum. With all the machinery of public and private charity added to wages, there is still little margin left for a rental that would anywhere near approach the minimum standards of housing required by a large family. Even the small, so-called normal aver-

age American family with four or five members has considerable difficulty in finding accommodations with decent sanitary provisions, adequate facilities for privacy and convenience at rates in harmony with its low economic income. The housing reformer, therefore, while fostering legislation which would raise housing standards, must at the same time harmonize minimum housing standards and minimum wages with maximum families. Is it any wonder that practically every city in the United States has its slums and its cellar habitations?

The problem that we must face when we strive for better housing is not a mere matter of housing legislation, housing inspection and education of the poor as to how to live. What we need to know is how we are going to provide wage earners with homes for which they can pay, and in which they can raise their families.

Any economist who honestly faces the facts knows that wages in the vast majority of occupations and trades reach a certain ceiling level beyond which they cannot go. Out of this wage must come rent which, under our present system, is expected to pay a profit on the investment. The proper rental budget *should* be determined by the standards and the size of the family, but the wage is determined by skill and supply and demand. There is no relation between the size of the family and the family income, and therefore there can be no sound fixed relation between the size of the family and the type and size of its home.

In actuality, with the increase of the family there must come a decrease in the rental budget, as the demands for the other necessities of life such as food and clothing and medical care and education increase. The family is less sensitive to the shrinkage in housing accommodations than to shrinkage in food and other pressing necessities. But while less obvious, the evil effects of inadequate housing are perhaps more insidious.

The devastating effects of poverty and bad housing are so obvious that there is hardly need for mentioning them in this short article. However it might be well to record that the birth rate on New York's lower East Side is four times as great as

that on Park Avenue, and that the death rate on the lower East Side is twice that of Park Avenue. The slum and the tenement are Malthusianizing our civilization far beyond the dream of Malthus. To increase our population by the "production and waste" method seems to be our slogan, and our slums are the accepted instrumentality through which we are doing our selection.

But the Pharesees among us will still ask what about the other classes, the better, the privileged, the higher classes? The normal average capacity of women for childbearing is alleged by biologists to be about ten children. The potential birth rate of the Caucasian race is sixty per thousand, and the actual birth rate for the remotest parts of Russia, for example, is forty. In our civilized Occidental world the birth rate hovers between seventeen and twenty-five per thousand. Have the so-called higher classes attained a limitation in the size of the family by a process of control through virtue? Have they attained this control of the size of the family involuntarily by becoming sterile? If so, there must be something wrong with a civilization which kills off the privileged classes and allows full sway to the fecundity of the lower and poorer classes. Perhaps they have been using scientific birth control. Some recent investigations into the sex life of several thousands of families would seem to indicate this, and, in addition, reveal that birth control is not a matter of medical necessity or moral perversion, but a common every day accepted practice in more than nine-tenths of the families studied. The real problem, apparently, is not the restriction of birth control, but the development of a technical method or methods which would be within the reach of the underprivileged classes.

Those who fear that this is a doctrine of deliberate race suicide may take comfort in the fact that in the United States the increase in the population is over fourteen times faster than that of France, three times faster than that of Sweden and twice as fast as that of Japan. This should calm our anti-birth control legislators who fear that the next war will find us without ample tenement house population to defend our shores.

However, if we are willing to promote reckless procreation among our lower classes by depriving them of the knowledge already attained by the well-to-do, we must assume the responsibilities which this recklessness has thrust upon us. There must be a new economy in human life commensurate with the fertility which we are directly fostering by

denying the right of each family to determine its size in accordance with its economic capacity.

There is little hope that the average wage earner will ever, under present conditions, be able to meet the cost of decent housing when the family is larger than the average of five. One third of the families in the United States receive an income which, at its highest, would never allow for a rental of more than \$25 per week, and the vast majority can afford to pay even less than this amount. It is precisely this group which has the highest birth rate. Recent studies have shown not only that most wage earners are incapable of paying high rents, but also that there seems to be a rather close relation between the smallness of the income and the largeness of the family.

It is unfortunate that we have been so prone to sentimentalize about housing, and that we have long had the idea that legislation will reform the landlords. We should have known that men may reform the laws, but the laws—particularly economic laws—never reform men. Housing reform is subject to economic laws. It is part of the scheme of things in which profits, competition, taxes, interest, speculation play important parts. Houses are not built to conserve family life, or to perpetuate the race. They are built for business reasons and business is not sentimental.

The building of houses is subject to all the economic laws of mass production, and to all the evils and economic prerequisites of mass production. Standardization is essential. But these standards are not based upon statistics of family sizes in the groups for which the homes are being built, but upon cost plus profit factors. Our rugged individualism has not been very successful in bringing about harmony between what a family needs in the way of housing and what it can pay for.

Thus housing reform can find only two alternate solutions, or perhaps three. Either we must permit the dissemination of methods of family control which would make it possible to produce a family group of the size and type peculiarly fitted to the exigencies of economic housing as we have it today, or we must change the economic system so that wages would be raised to meet the housing needs of families according to their size. Or, as a third alternative, the State must assume the responsibility for meeting the cost of the kind of housing required by large families.

It may well be argued in support of this third alternative, that the State, by interfering with the

process of education which would lead to intelligent, safe and economically desirable birth limitation, is assuming the responsibility for conditions arising out of the inability to control the size of the family. It is assuming the responsibility for providing decent living conditions for parents *kept in ignorance of birth control*, and for their children.

Europe is more and more assuming the responsibility of housing wage earners. England, France and Germany are setting aside large sums of money (some of which are part of their debt to the United States) in order to provide decent houses for their workers. In this country we depend upon business

to achieve this end, and the slums and high mortality rates of babies and mothers are the answer.

Between the slum and birth control as forces of selection, as means of keeping families within the range of the wages earned, I prefer birth control. One third of our population is under-housed, and a considerable portion of this third is over-stocked with offspring. When we become intelligent and humane enough to conserve life as zealously as we conserve and protect our economic system, when the State is ready to take full responsibility for the living conditions of those who it allows to be born into an unfriendly and badly housed world, birth control will cease to be an issue.

Porto Rico's Population Problem

By THEODORE SCHROEDER

IN PORTO RICO one can find more suffering than in any other like area under the American flag. The largest contributing factor is overpopulation. It accentuates the ills which are inherent in every other unsolved problem in Porto Rico, and is the most important question the island must face.

Someone must assume the role of spokesman for the inarticulate, disinherited and unemployed—the homeless, wandering children—approximately 20,000, the children without school facilities—280,000, the underpaid workers—women earning about 12 cents per day, men about 40 cents for seasonal employment, the underfed—5% or more of all children, the undersized—67% of the school children who were measured, the overcrowded—sometimes 10 and 12 living in one room, the tubercular—40,000, the malarial—200,000, those infected with hookworm—600,000, the syphilitic—700,000. Such conditions are found within a population of 1,600,000. They are not due to temporary causes, such as the recent hurricane or the present general financial depression. Except for some increase in unemployment, they are “normal” for Porto Rico.

The infant mortality rate is two and a half times greater than that of continental United States, but to lessen it will increase adult starvation. In spite of incomplete reporting and more favorable climate, the death rate from tuberculosis appears to be four times as great as in continental United

States, to decrease this will increase starvation, which means the recurrence of tuberculosis. The only solution is to check overpopulation.

Army statistics, during the World War, showed syphilis in Porto Rico to be two and a half times as prevalent as in the Philippines, and twenty times as prevalent as in continental United States. Why do politicians pretend to be blind to the existence of syphilis? True, it is not a popular word, and it evokes unpleasant emotions. But it is more curable than tuberculosis because its existence is not largely dependent upon undernourishment.

The Brookings Institute survey *Porto Rico and its Problems*, published in 1930, sums up the situation: “While the birth rate in the Island is 39 per thousand as at present, all solutions for social problems will fail.”

“Since the cultivatable area of the Island is scarcely one-fourth of the total,” write B. W. and J. W. Diffie in *Porto Rico, a Broken Pledge*, “it is apparent that every square mile of land in cultivation must support some 1,800 people. The actual amount of land devoted to the types of food destined for consumption in the Island is even smaller, being approximately one-twentieth of the entire area. For every square mile of such food crops there are about 9,000 people, who must be fed, clothed, housed, insured, doctored and educated.” In continental United States we have about eighteen acres per person, with infinitely diversified natural resources. But in Porto Rico there are no natural

resources but agriculture, and this "shows constantly diminishing returns," according to the authorities quoted above. Over three persons must live on the product of every acre, in reality, fourteen on every acre planted to food products for home consumption.

A local congestion of population on the continent can find some remedy, by means of relatively easy migration. Not so in Porto Rico. Fifteen hundred miles of expensive sea-voyage stretch between the starving ones and a better labor market. In addition there is the difficulty of language. Only a few Porto Ricans have learned to speak English, and these are not the hungry ones. For a man who knows how to do nothing but hoe cane and tobacco, and speaks only Spanish, the chance of a job in North America will not be very good. Whatever slim chance there is will not be improved by the weakness of underdevelopment and undernourishment. Politicians who primarily serve American corporations in Porto Rico all favor only such "practical" education and relief measures as will not diminish the supply of hungry and cheap laborers.

EDUCATION AND BIRTH CONTROL

For overpopulation in Porto Rico there are only two remedies: birth control and education for emigration. The first would offend the moral superstition of many persons. The second would alienate all who disapprove of the democratization of education and welfare.

Last year the lower house of the Porto Rican legislature passed a bill for the establishment of public birth control clinics, but it failed in the Senate. Theodore Roosevelt, Jr., then Governor, was apparently too busy with "more important" matters than overpopulation to express publicly any opinion on the measure.

It is doubtful if the limited funds that a Porto Rican legislature could devote to birth control clinics could make them effective enough to be much of a remedy for overpopulation. The need is greatest in the mountain section. Many women in these districts never get to any important town, and birth control information and materials would have to be brought to them free of cost. There are less than 7,000 doctors for a population of over one and a half million, not enough to carry on such work thoroughly. Catholic opposition to birth control would make further difficulty. In short, to be adequate, birth control would require a large ap-

propriation from Congress, to be expended by army and navy doctors and nurses. The work should be combined with a thorough campaign against syphilis.

This suggestion may sound Utopian, but some extraordinary measures are necessary, if the problem of an overcrowded and underfed Porto Rico is ever to be solved. Not much could be accomplished for older people, but something could be done for the coming generation, if birth control were adequately and scientifically taught, and education was planned as a preparation for possible emigration. The young Porto Rican must be taught English, he must be taught some trade and he must be built up physically.

Congress was asked by Theodore Roosevelt, Jr. to appropriate a few million dollars for Porto Rico, to be used to permanently enhance the value of real estate by building better highways and public buildings and by dredging harbors. Nothing was asked of Congress for directly "building" better human beings and better citizens. For that a little temporary private charity was solicited. Ex-Governor Roosevelt argued that the proposed highways would bring a future saving of \$400,000 per annum in the cost of maintenance, and that this money could be put "to other much needed uses" such as schools for the laborer's children. But real estate values were placed first and human beings were forgotten.

Meanwhile the problem of overpopulation grows more acute. In 1900 the population was under one million. Today it is over a million and a half. At this rate of increase, there will be a population of two millions and a quarter in 1940. But the worst of the problem is yet to come. Due to improved sanitation the rate of *survival* in population is also growing. During the last ten years population has increased nearly 20%—which means a probable population of close to 2,000,000 by 1940. And yet, up to the present time, those in authority have had the extraordinary courage to ignore the whole situation.

To me it seems clear that very soon the choice for many Porto Ricans will be between suicide and banditry. When pillage as the only means of getting food is organized, there will be, of course, American soldiers and machine guns—to reduce the population. Perhaps this is the best method of solving the problem, but if the time for machine guns should ever come, where will the major responsibility lie?

Some Facts About Sterility

*Chief among the positive aspects of birth control is the study of sterility, its causes and possible cure. The following excerpt from a paper by one of the leading authorities on the subject describes, in terms suitable for the layman, the factors to be considered, and gives some interesting statistics**

By WILLIAM H. CARY, M.D.

A TABULATED analysis of the case records accumulated during several years' experience in the special study of sterility, demonstrates that of every one hundred involuntary childless marriages today, at least thirty-three would prove fruitful if the husband and wife fully cooperated in obtaining expert study and treatment of this problem.

The importance of special diagnostic studies as the first step in the consideration of a sterility problem cannot be too greatly emphasized, for treatment which gives reasonable hope of success must be based upon a knowledge of the facts which are preventing conception. Such diagnostic procedures, which include the evaluation of the husband's fertility, constitute a very difficult and specialized branch of gynecology. The examination of the female reproductive organs must be conducted with special reference to the conditions which affect fecundation. Minor changes which would be disregarded in the usual health examination may assume major importance as obstacles to impregnation. On the other hand a gross disorder, such as a displacement or a tumor of the womb, may exist without interfering with conception. Only by weighing other potential factors and by special tests are we able in some cases to determine if such disorders are preventing childbearing. A decision would be greatly influenced if, for instance, the husband was found to be sterile.

Because prompt treatment appeals to the imagination, if not to one's logic, and is usually a much simpler part of the sterility problem than diagnosis, both doctors and patients are inclined to undertake the immediate correction of obvious disorders in the hope that fertility may result. While the patient's health may be improved, sterility is rarely cured by such empiric procedures, in fact, the subsequent study of the problem may be rendered more

difficult. In former years women were treated over long periods of time and often submitted to operation for the relief of barrenness without the fertility of the husband being questioned. Such a practice is now condemned by all informed physicians. We are making some progress in attacking this problem, but the advance would be faster if patients would demand for themselves the same specialized service they would insist upon for the adjustment of a costly watch or automobile. One of the discouraging conditions encountered by the special worker in sterility is that patients delay, or are not advised to consult him, until they have expended much time, patience and money in unsuccessful treatment. Frequently, the husband and wife have undergone various tests by one or more physicians, and, without receiving any definite explanation for their childlessness, submit to a trial of various treatments. Finally they consult a specialist, hoping for something new and miraculous, only to find that, before an intelligent prognosis can be given or any treatment instituted, the physician must carry out a complete sterility investigation to determine the one or several factors which prevent conception. In such a study many previous tests may be repeated. But by accuracy in diagnosis, due to an extensive experience, oftener than by skill of treatment, a specialist justifies his place.

Causes—Male

With regard to the causes of sterility, our statistics show that in the examination of one hundred problems the husband will be found sterile in eleven instances, owing to a lack of reproductive seed in the seminal discharge. Millions of these motile seeds are revealed by the high-powered microscope in a normal male specimen. In approximately 20 additional cases, the vigor of the male fluid will be found so weakened by reduction in the number and motility, as well as in proper development of the sperm cells, as to render the husband incapable of fertilizing his mate. In 10 additional instances the

*Taken from a paper presented as one of the lectures in a series before the Kings County Medical Society and rewritten for this publication.

male specimen will be shown to be defective to a degree which might delay but not permanently prevent pregnancy if their wives are highly fertile

From these facts, one is instantly impressed with the importance that should be attached to the examination of the husband in every sterility problem. This view is now generally accepted by the public and the profession, but a fact not so well known is that the evaluation of a male specimen is frequently the most difficult procedure in the entire routine of fertility study. It is in this phase of the investigation that numerous and disastrous errors are made. Completely worthless or highly vigorous specimens should be easily recognizable. Such specimens, however, will comprise but a small percentage of those encountered in a hundred examinations. The majority will belong to the poor, fair or fairly good class, and the proper evaluation of these specimens can be made only by one long experienced in this work. Often the efficiency of the husband's specimen can be determined only by correlating this finding with the wife's susceptibility to impregnation and such biological tests are not usually attempted except by the gynecologist trained in the examination of male fertility.

The mistakes made in estimating male fertility are usually due to the erroneous opinion held by many physicians and laboratories that the presence of motile seed in the specimen justifies a favorable report. Such a conclusion may prove as inaccurate as the assumption that eleven men in football togs constitute a capable team. A laboratory report limited to the mere statement that "motile sperm cells are present" actually means nothing. Further details relative to this study cannot be enumerated here, but one might add that two or more specimens must sometimes be examined, possibly over a period of hours, before a decision may be reached. In order to correct a fallacious impression held by many, it should be stated that male fertility usually bears no relation to the question of potency. According to Doctor Read, an experienced urologist, a history of venereal infection was obtained in less than half of the men who were referred to him for lowered fertility. Inherited tendencies, impaired health, sedentary occupation with obesity, and mental fatigue may also account for this condition. Errors in sexual hygiene seem to impair the fertility of some men. Excessive sexual activity has been noted as a cause in some of our cases. In a few instances, irregular sexual relations practised by the husband as birth control measures seem to

exert an unfavorable influence. Contrary to the usual opinion of the laity, male causes of sterility respond to appropriate treatment as frequently as the causes found in the female. Twenty per cent of our successful results were attributed directly to improvement in the male.

Causes—Female

The examination of the wives of our supposed group of one hundred will reveal that approximately one-third have sustained a blockade of the oviducts (fallopian tubes). These tiny tubes extend outward from the cavity of the womb about four inches. Their free portions float about in the abdominal cavity, catch the egg that is discharged from the ovary and carry it to the womb. When both tubes are closed, pregnancy is of course impossible. Unfortunately, sterility due to this cause can be relieved in but a small percentage of cases. Venereal infections may occlude these tubes, but we found this a factor in less than half of our cases. Obstruction of the tubes frequently occurs from infection caused by induced abortions. Thus one of the major causes of sterility is largely preventable. All gynecologists know that many women who ardently desire children feel entirely unprepared to accept this responsibility during the first year or two of marriage. Lacking adequate knowledge of birth control they become pregnant and unwisely seek relief by abortion. Minor degrees of post-abortion infection may result in permanent sterility. Appendicitis, abdominal operations, the use of unsterile instruments in treatment may convey infection to the tubes and in some cases we are utterly unable to determine the source of infection.

Until recent years, the study of sterility was greatly handicapped by our inability to determine, in many cases, if the tubes were normally open. It is only during the past decade that methods for testing the patency of these tubes have found a place in gynecological practice. Because it may prove of interest to lay readers, the writer begs the privilege of mentioning that the first experiments in this work were begun and published by him in 1913 and consisted of injecting the tubes with a fluid, the spread of which could be recorded by the X-ray. Some time later a method of testing the tubes by gas inflation, which obviated the necessity of X-ray study, was described by Doctor Rubin and gained wide popularity. This test today bears his name. Both methods are now in world-wide use.

Like all new and valuable procedures, these tests are often used ill-advisedly. Women should be informed that "blowing open the tubes," about which they so often converse, is really a diagnostic procedure and that the utilization of this technique for the purpose of forcing the tubes open is usually unsuccessful and should be attempted only by skilled gynecologists. In many sterility problems a proper history and a competent examination will reveal the condition of the tubes without resorting to these tests, and if a patient has any pelvic infection serious harm may result from forcing any substance through the tubes. The testing of the tubes is but one of the several investigations found valuable in the study of sterility, and it should be carried out only after other diagnostic procedures, including the examination of the husband, have failed to disclose the causative factor.

Another condition frequently found in women is the chronic inflammation of the mouth of the womb (cervix). The pus-laden discharges in its canal obstruct and destroy the male seed which attempt passage to the womb, thus fecundation is defeated. The mouth of the womb has been aptly called "the pelvic tonsil" because its structure resembles that of the real tonsil and may be similarly diseased. When such a process is mild it may be cured, but well-established cases are most resistant and their treatment requires much patience by both the doctor and patient. This condition was noted as the major cause of barrenness in 16 per cent of our series and in many other cases it was found to co-exist with other sterilizing disorders.

In the study of one hundred sterility problems, underdevelopment of the female reproductive organs, with possibly a concomitant deficiency in egg-production by the ovary, will be met as a causative factor in approximately eighteen. The cause of underdevelopment is probably hereditary in some cases, ill health, overwork and rapid growth at puberty seem plausible explanations in other patients. While proof is hard to obtain, the writer has gained the impression, from clinical histories, that excessive exercise, especially in competitive games, during the years in which the reproductive organs are attaining development, is becoming a causative factor in these cases. If a proper diagnosis is made and treatment is begun not later than the third decade of life, pregnancy may be brought about in about 40 per cent of these cases.

General Considerations

Heredity is doubtless an important factor in determining the reproductive vigor of men and women. To what extent and by what general laws it operates, is conjecture. Such influences are probably transmitted through the glandular system which controls the production of the seed.

Therefore, in sterility problems the activity of the glands, whose secretions play such an important part in our vital processes, and about which there is much discussion in both scientific and lay articles, must be taken into consideration. The ovaries, testicles, thyroid and pituitary glands are thought to be the ones chiefly concerned in reproduction but, as the glandular systems are interdependent and are largely outside of our conscious control, much difficulty is experienced in determining the significance of their unbalanced relations. Much work is being done in experimental laboratories in the study of their problem. From physical signs and certain laboratory tests we can learn something as to whether these glands are over- or underacting. We have some knowledge of the relation these factors bear to fertility, and have means of supplying the deficient secretion of some glands or of controlling their hyperactivity. Gland products have a limited place in the treatment of sterility, not, however, as a routine experimental measure but when administered with respect to the indications which our present knowledge imposes.

It has been demonstrated that acute illness reduces the fertility of the male temporarily and we have reasons for believing that similar results occur in the female. Good general health, rational living and normal emotional reactions must be considered as factors which contribute to fertility. Doctor Macomber has laid special stress upon the importance of diet in the treatment of sterility. He feels that women may lower their susceptibility to pregnancy by the rigid diets they impose upon themselves for weight loss. There are instances, too, in which tendency to excessive weight gain and sterility co-exist as symptoms of a glandular disorder. This condition may be corrected if promptly recognized and properly treated.

It is not deemed wise in a paper of this kind to mention other than the most frequent and less technical conditions which defeat the desire for children. Every sterility problem has its own peculiar features, and a circumstance which makes the diagnosis and treatment of sterility more dif-

ficult than our paper may indicate is that in many cases there are two or more causative factors. We note that patients find satisfaction when a positive diagnosis is made even if it leads to an unfavorable prognosis. False hopes will be abandoned.

If these comments influence some couples who are

interested to present their problem to competent medical care and to fully cooperate in a diagnostic study before expecting well-directed treatment, some will ultimately secure successful results and all of them will experience the satisfaction of having made their best efforts.

Soft Coal and Birth Control

By ROBERT C. DEXTER

I HAVE recently returned from the soft coal mining regions of West Virginia and Kentucky. It is scarcely necessary to describe the situation which I found there. Everyone knows by this time that owing to various causes, largely economic, hundreds of thousands of men, women and children throughout the entire soft coal region of the United States are either over or near the verge of starvation. If it were not for the generous assistance of the Quakers many of them would be entirely destitute. The Friends Service Committee is at the present time feeding ten thousand school children. It is also with some very considerable difficulty, owing to the inaccessibility of these mining camps, attempting to reach the children of the pre-school age with at least a minimum of one meal a day, which otherwise most of them would go without. In addition, there is the long-time problem of what to do with one hundred thousand miners who will never go back to the mine again, and the Friends Service Committee, far-sighted enough to be concerned with this fundamental issue, is making some attempt (with a very limited budget) to see what can be done in the way of retraining and replacement of these men in industry.

You may well ask, what has all this to do with the issue of birth control? The answer is patent to anyone who visits this region. The little two and three-room cabins in which the miners and their families live, or the tents in which some that have been on strike are trying to stave off the winter's cold are literally overflowing with children. There is little in the way of amusement or recreation in these mining homes and the boys and girls marry at a very early age. One frequently sees 16, 17 and 18-year old girls with one or two or sometimes three babies, and births continue at this rate up to the age when the women cease to bear children.

Such early and constant childbearing is not only a drain on the health of the mothers, it is a

drain on the income of the fathers, and since housing and educational provisions and opportunities for recreation are so lacking even when there is no great unemployment, it is a frightful handicap on the future citizens of America. One of the relief agencies working in this area was urged by a representative of the National Government in Washington not only to see what could be done to feed school children and children of pre-school age, but to see that expectant and nursing mothers were also given a minimum of rations. The answer given by the executive of the agency illustrates the situation as nothing else can. He said that if the agency attempted to feed every expectant and nursing mother in the soft coal regions it would mean that every woman in the area between 17 and 45 would have to be put on their ration list. While this may not be literally true it comes pathetically near the truth. Apparently no attempt is made by anyone to control the birth rate. One of the consequences is that the economic situation in the soft coal region, populated in the main by American mountain stock, is the most serious of that anywhere in America at the present time. There is no question that the high birth rate has been at least one of the contributing factors to the present hideous situation.

Birth control alone would not solve this tremendous economic problem. Even if an intelligent birth control policy with proper medical assistance were adopted at once, it would have little immediate effect. On the other hand, there is no question in my mind that an adequate development of birth control information centers, with trained medical and nursing service, would go a long way toward the ultimate solution of the problem, which the present over-supply of man power in the soft coal region presents. I am more convinced of the theoretical efficacy of birth control as a remedy for this situation than of any other single method. If only the birth control clinics which are now functioning

in many of our large cities could, by some miracle, be moved into the regions affected by the debacle of soft coal, I think we would begin to see some way out. But there is, unfortunately, no hope that a birth control program can be put into operation at once, and the way out seems dark indeed—as dark as the inside of a mine.

Whether or not it would be practically possible to get these uneducated people to adopt birth control methods is quite another question. There would be, in the beginning, ignorance and lack of rudimentary household equipment. There would be the opposition of such religious organization as there are in the area, in the main ultra-conservative. There would also be the question of cost. But my own feeling is that those who are interested in the welfare of these people had much better give their funds for carrying the financial burden of a birth control program than for many other activities. These are some of the disadvantages which must be faced in considering birth control as a remedy for the present situation.

On the other hand, there is the generally accepted fact that while the mountain folk are not educated they are naturally intelligent, furthermore, it has been the most ambitious and intelligent who have left the miserable farms, so-called, on the mountainside, and gone into the mining villages in an attempt to better their condition.

Women with a natural intelligence and a genuine love of children would, it seems to me, grasp eagerly at any method which would prevent the excessive burden of childbearing, and enable them to care better for the children already in existence. It must also be borne in mind that in the main these people are Protestants. And while conservative Protestantism has not shown any great interest in birth control, it has not taken the same extreme position in opposition as the Roman Catholic Church.

It seems to me, therefore, that there are three things that any of us who have what the Quakers call a "concern" for the men, women and little children who are now suffering in the soft coal regions of our country must do. We must be willing to give of our substance and our efforts to help the Friends Service Committee's relief work. We must see to it that funds and moral support are given to the Friends or whoever else undertakes the most difficult task of industrial rehabilitation for the hundred thousand miners who will never go into the mine again, no matter what happens to the depression. And third and fundamental, those of us who believe in dealing with problems basically must consider what can be done toward the developing of a medically and socially sound and practically successful birth control program in this isolated region of our country.

Eugenic Sterilization in England

By CORA B. S. HODSON

CERTAIN FACTORS contribute to an ambiguous and puzzling situation in regard to the legal position of sterilization in England. Therapeutic sterilization, that is, an operation however drastic which, in the opinion of the physician concerned, will contribute to the health of the patient, has long been legal. In fact, its legality appears never to have been questioned. Such operations are now increasingly frequent. Among the wealthy temporary* or permanent sterilization by X-rays

for women suffering from menstrual troubles is increasing rapidly.

The term sterilization is, however, now generally taken as meaning the prevention of procreation on other than therapeutic grounds. Or it may be said that by sterilization we connote merely prevention of procreation, thus throwing emphasis on the use of such an operation for the welfare of posterity, rather than for the welfare of the patient.

This is, in England, a relatively new idea and it is sometimes regarded by legal authorities as contravening the old law against causing "grievous bodily harm" to any person. It is this ambiguity alone which has caused the Eugenics Society to urge legislation. One of the categories in which parenthood is clearly undesirable from the social point of view is that of the various grades of the

Dr. Robert L. Dickinson calls attention to the fact that sterilization of women by X-ray or radium is still in the experimental stage and warns against its being undertaken except under most expert guidance. Checking of menstruation intended to be temporary may prove permanent. X-ray used with women not pregnant arrests production of eggs by the ovary with complete recovery of function so that subsequent children show no more than average defect, namely one congenital idiot or malformed baby with defective head to 170 births, but if pregnancy has already started one in three children is gravely defective.—*Editor's Note*

feeble-minded, whether their condition is truly hereditary or not. At law a certified moron is not a wholly responsible individual, and this group is very specially protected by recent legislation. Morons are, at law, incapable of themselves asking for the sterilization operation. Their legal guardians, because of the protective clauses above referred to, are equally unable to secure the operation for them. It is a situation which warrants, if it does not absolutely necessitate, clarifying by an Act of Parliament.

When Major Leonard Darwin was president of the Eugenics Society, he drafted a bill, with the help of various authorities, not only to cover legalization of the operation for those who could transmit hereditary taints and for the feeble-minded, but also to include safeguards against the ill-judged attempts of normal persons to have themselves sterilized. This is a danger which has been envisaged from time to time in the United States as a possible cause of the impoverishment of the good stocks existing in the community. The publication of this bill in the *Eugenics Review* aroused very strong support, though circumstances prevented its actual presentation to Parliament.

Since then, the movement has advanced rapidly. Through the energy of Dr. C. P. Blacker (now general secretary of the Eugenics Society) and Professor Julian Huxley, a special committee known as the Committee for Legalizing Eugenic Sterilization has been formed. This committee is conducting an energetic campaign and has prepared a well-considered draft measure which would cover simply and practically the social and legal needs of the poor and rich alike.

On July 7th, 1931, the section dealing with the feeble-minded was introduced in the House of Commons by Major Church, under the so-called ten minute rule, which precludes prolonged debate. The Committee was much encouraged by the voting, for though the measure was rejected by 100% majority, the whole House turned up to hear it and more than half the members refrained from voting—a situation which has been interpreted by competent persons as showing that in the main their consciences approved, while their political sense doubted the wisdom of supporting the measure, for fear of objections in their constituencies.

Propaganda among the working classes of the country is very encouraging. Those who speak to such audiences encounter only enthusiastic approval, save from the Roman Catholics, who are clearly

bound, since the issuance of the Encyclical on Christian Marriage (January 8th, 1931) to regard eugenic sterilization as a sin. Approval was indicated in the passing of a resolution by the Conference of the Women's Co-operative Guilds last summer, asking for a bill for compulsory sterilization of the unfit. (The policy of eugenists is wholly against compulsion, but the necessity for educative and voluntary work are not clearly obvious to those who come rather freshly to the study of the question.) Further support has been received in resolutions from local authorities dealing with mental defectives, the insane and those requiring public assistance, and a number of societies as well as the Women's Section of two political parties have passed votes in favor of a bill.

Another hopeful sign of quite recent date is the discussion of *Racial Decay and the Role of Eugenics in Preventive Medicine* at the last Annual Conference of Committee Members working under National Health Insurance. Eugenics as a main line in preventive medicine carries with it, of course, the natural corollary that sterilization operations would be available for persons of bad stock.

It may not be out of place to consider what is actually being done. Experience shows that legislation always follows practice—which does not wait in an emergency. Thus, medical men are aware that well-to-do people secure sterilization operations privately with increasing frequency, while among the poor, a certain number of cases have already had the operation. One of the most advanced birth control clinics when dealing with a case which does not merely require help for spacing, frankly points out that even the best modern birth control methods in a poor home fail of absolute security, and refers the woman to a small hospital where the surgeon is prepared to take the case on its merits. This fact has been frankly set forth in the Annual Report and has not, as might have been feared, raised any acute opposition. In one county (Leicestershire) where the National Health Insurance Committee has adopted eugenic services as part of its program, three operations have been performed and given wide publicity in the press. Two were pre-marital, and one was carried out after the birth of a child showing the paternal deformity.

The most vital immediate work to be done is to make clear to members of Parliament the favorable reaction of the community, particularly of the working classes, toward effective eugenics.

Birth Control for the Prodigal

By MARGARET LEE WOODBURY

THERE can be heard today in the wilderness of our national ignorance, indifference and inertia, the voices of prophets crying for birth control for the prodigal. Some of them urge it on humanitarian grounds, some for eugenic reasons. They say that the unfit are breeding wantonly and recklessly, while the college graduate sports his one and a quarter child or whatever the fraction is. They say it should be stopped, both for the sake of the prodigal and for the sake of the race. But especially, I believe, it should be stopped for the sake of the elder brother whose burden is becoming unbearable because of the prodigal's fertility. Today the life of every responsible citizen of the United States is shadowed, weighted, weakened by the life of some prodigal son of his father's.

Our government spends every year five billion dollars upon the care of the dependent and delinquent classes—nearly three times what it spends upon the public schools. Now, if these charges were reduced in number to one half, we could, obviously, double what we now spend on the schools. This in turn would mean a still further reduction in dependency and delinquency. It would mean, too, more opportunity to develop to his highest possibilities the hitherto neglected "normal" child who is neither dependent nor delinquent.

Our immigration laws prevent the entrance into the country of persons likely to become public charges. Birth control would prevent, or do much to prevent, their entrance into the world. This would be simpler and cheaper and more comfortable all round. The ranks of the unfit would be painlessly thinned out.

Most economists and sociologists agree that large families among those least able to support them is one of the principal causes of poverty. Birth control for the poor offers the best way out.

The average unskilled laborer today has a family that most college graduates would find themselves unable to support. The children in this family, most of whom in these humane days grow up to maturity, are under a tremendous handicap from birth and even before. They are undernourished and undernurtured, they live in unsanitary tenements and play in the crowded streets.

Most of them leave school at fourteen, and drift from one low-paid, unskilled job to another, building up the habit of failure. They marry young and the grind begins again.

The McDonough family, once neighbors of ours, are typical of this group. Harold McDonough is a garage mechanic earning thirty-five dollars a week. Dot, his wife, who is still pretty in a red-cheeked, blousy way, has had six children. The oldest, Jack, ran away to sea, Belle, the next in age, is in a sanitarium for tuberculosis, Claribel, aged twelve, has twice been brought home at night by a policewoman. There is a boy of nine being treated at the dispensary for eye trouble, and twins of six, these last three born in a public maternity ward. And the provident middle class pays extra for medical care so that the McDonoughs can get theirs free, the tabloids and screen comedies thrive at the expense of higher forms of entertainment because there are so many Dots and Claribels.

Now a knowledge of contraception would not have made the McDonoughs into intelligent or successful people. But there might have been few enough of them to be self-supporting. Belle would not be dying at the public expense. The younger ones would not have been born either at the public expense or their own. There would be fewer McDonough children in the schools, fewer McDonough parents for the children of the next generation. The worst of them, and their name is legion, is not that they are wicked or especially vicious, but that, in their present numbers, they drag down the level of our national culture, prosperity, and civic virtue. And when they become public charges, as many of them are bound to do, it means that the college professor, the engineer, the responsible and intelligent element generally are postponing their own families because the McDonoughs are so expensive.

Juvenile court workers will tell you that the majority of the juvenile delinquents are the younger children in large families. This is partly because they get a poorer physical start and less care than their older brothers and sisters, but perhaps even more because they are made to feel from earliest

childhood that they were unwanted. What could be more deadly to one's self-respect and morale than that? That birth control among the poor would mean fewer of these pathetic specimens seems self-evident.

None of the hundred clinics now functioning in the United States has been in operation long enough to enable us to estimate long-distance results with any accuracy. One of those anticipated is what Dr. Robinson in her book *Seventy Birth Control Clinics* calls a transfer of fertility. By that is meant that, with the decline of families of over four children among the poor, will come an increase in the number of children in the hitherto very small families of the middle-income class, especially the professional group. While the laborer's wife will have four instead of eight children it is hoped that the professor's or the engineer's wife will have two instead of one. In other words, the elder brother, not having to support so many children of the prodigal, can have more of his own.

This transfer of fertility is one reason why an extension of birth control knowledge to the underprivileged would not decrease the population as much as some statesmen fear. Another reason is that, with the decline in the birth rate, will go a decline in the death rate, particularly that of mothers and babies. Today seventeen thousand mothers die in childbirth every year in the United States, and between seven and ten per cent of the infants. In Holland, where birth control clinics have been in operation for fifty years, the saving in maternal and child life has been so great that population has actually increased. A third reason why birth control is not de-populating is that the sterility of many women who want to and should bear children is successfully treated by these clinics. These are results of birth control which even its opponents must approve.

There are, of course, many people who do not care one way or the other what the quality of our population is going to be, and who are impervious to the sufferings of the mothers who bear unwanted children year after year. But I have yet to see a person who enjoyed paying his tax bills. One of the most obvious ways to keep taxes down is to keep down the kind of people who have got to live on our tax money.

There are those who approve of birth control, and who think "Everybody knows all about it anyway, so why bother? If there are still those

who do not practise it, it is because they do not want to." The experience of the clinics contradicts this. According to the findings of the Clinical Research Bureau study, as reported in the February REVIEW, the majority of women coming to the clinic have used some kind of family limitation methods before coming for advice, but with unsuccessful or injurious results.

Many persons who concede the need for birth control on humanitarian grounds, fear its effect on sex morality. What they fail to see is that with the means for separating sex experience from parenthood a new morality is being born. Restraints imposed by good taste must replace those imposed by fear of biological consequences. Contraception, to be sure, like every other tool, is subject to abuse. Our servant, the automobile, not only kills and maims thousands of people every year, but has greatly facilitated crime and immorality. Yet who would seriously suggest prohibiting its sale or use?

The people who object to the practice of contraception on moral grounds have little to say about the immorality caused by other means of family limitation—abstinence, abortion, late marriages. Moreover they fail to realize that the new sex code has brought about a morality which judges actions by their effect upon the persons involved, rather than by their conformity with ancient oracles or tribal taboos. A morality based on individual needs and inner restraint is replacing the old shotgun morality based on fear of God in the shape of biological laws.

And, after all, since it is the responsible, home-keeping stable sort of people who are most inclined toward bringing up families, children will be born in responsible, stable homes—when only those who *want* children need *have* them. Birth control may yet produce a race so conservative that the few radical spirits surviving will clamor for a return of the prodigal to stir things up.

If ever social planning were needed, surely it is here! Birth control is a reality, which in the short space of a few decades has had tremendous social consequences, and it is precisely for that reason that our society must frankly face and in so far as possible intelligently seek methods of guidance and direction over this mighty instrument in its hands.

HERBERT APTEKAR

POPULATION SECTION

The Differential Birth Rate in Holland

By A J BARNOUW

IT IS a universally accepted belief that the upper classes are rapidly dying out as a result of their suicidal resort to birth control, and that the white race must look for its perpetuation to the unchecked breeding of the slums. And what will become of culture, the pessimists ask, when those in whom it has been inbred for generations fail in their duty to society and let their most precious inheritance perish with them? The slums cannot reproduce it, they can only supply a factitious copy of the real thing, which it will take several generations to develop into something genuine. Such is supposed to be the curse that will fall upon mankind for leading an unnatural life in overcrowded cities.

But a Dutch physician, Dr J Sanders, of Rotterdam, Holland, armed with an impressive array of statistical data, gives the lie to this prophecy of a cultureless, slum-fed future. Dr Sanders is the author of *Comparative Birth-Rate Movements Among European Nations*, which won a prize awarded from the Eugenics Research Association. His latest publication is *The Declining Birth Rate in Rotterdam*. At the International Conference on population problems held at Geneva in 1927, it was revealed that at Stockholm, since the war, the proletariat had been less reproductive than the well-to-do classes, that the same difference in favor of the better-situated prevails in Paris was brought out at a conference held at Rome in 1930. These startling revelations induced Dr Sanders to examine conditions in Rotterdam. The result is a painstaking analysis based on a record of 24,644 Rotterdam households extending over the past fifty years.

One of the most interesting features of his investigation is the discovery that the question of religion and church affiliation is immaterial to the birth-rate problem. The decline in the number of births is equally strong among the confessionalists as among the churchless. The number of children born from couples that were married in the period 1919-1928 as compared to the number of those born between the years 1879 and 1893 shows a

decrease, among the orthodox Calvinists to 23.6 per cent, among the Roman Catholics to 30.2 per cent, among the mixed marriages of a Protestant father and a Roman Catholic mother to 27.8, among those of a Roman Catholic father and a Protestant mother to 23.4 per cent. In the past the number of children in Protestant and Roman Catholic families exceeded that of the churchless, and it does so still at the present day. But since the decline is almost the same in either group, it follows that economic exigencies are being obeyed rather than the admonitions of the clergy.

From an average of one hundred marriages concluded in the period 1879-1893, 634 children were born among the orthodox Calvinists, 622 among the Dutch Reformed, 597 among the Roman Catholics, 372 among the Jews, 301 among the agnostics, in the period of 1919-1928 these figures decreased to 209 among the Calvinists, 147 among the Dutch Reformed, 180 among the Catholics, 130 among the Jews, 163 among the churchless. In the after-war period families of three children were more numerous among the Roman Catholics, but among the Calvinists the one-child families formed a larger percentage than those of two and three. The Jews appear to be the least productive of all denominations, on an average of one hundred families, during the after-war period, only 130 Jewish children were born, which is 43 fewer than the number of children born to the churchless.

Dr Sanders has arranged his material also according to the occupations of heads of families. He distinguishes six categories, (1) intellectuals, (2) officials, (3) tradesmen, (4) technically schooled workers, (5) skilled workers without technical schooling, (6) unskilled laborers. The group of officials, in the post-war years, has produced fewer children than any of the other groups, only 125 to 100 families, the tradesmen class comes next with 136, the skilled workers without technical training with 146, the intellectuals with 147, the technically schooled workers with 148, and the unskilled laborers with 172. The intellectuals do not make such a bad showing in this survey. Only the

schooled and the unskilled workers did better than they. Among the latter, families with two children are more numerous than the one-child households, whereas among the unskilled workers the number of one-child families exceeds the number of those that have two or three.

Birth control is evidently practiced among the proletariat no less than among the cultured classes of Rotterdam. The physician's statistics of childless marriages also yield unexpected results, the increase of these is greatest among the unskilled labor and smallest among technically schooled workers and higher intellectuals. Culture, to judge from these figures, is not in such imminent danger of extinction as the pessimists are inclined to believe. A leveling process is apparently at work which, regardless of culture, profession, or religion, forces society to reduce the size of families to a common standard. Selfishness took the lead among the rich, but the poor had to follow from necessity. The slums have ceased to be more prolific than the boulevards, and, thanks to this reduction of the birthrate, may cease in the near future to be slums.

—*Monthly letter, Netherland-America Foundation, New York City*

The Social and Economic Consequences of Cessation of Population Growth

By JOSEPH J. SPENGLER

Summary of a paper presented at the International Population Conference at Rome, 1931

THE RAPID approach of a stationary population is stimulating, and will continue to stimulate, extreme and unfounded statements. Some view the cessation of population growth with undue alarm, others unwarrantedly believe the decline in the birth rate will, of itself, correct socio-economic evils attributable to other causes. Few see the adjustments in our economic structure which the advent of a stationary population will make necessary. It is our purpose, therefore, to appraise certain social and economic consequences of cessation of population growth in the light of economic theory and data.

A country whose population is stationary has three outstanding economic advantages over a similar country whose population is growing. First, other things being equal, per capita productivity is greater because of the more favorable age compo-

sition. The decrease in the proportion of unproductive youth more than counterbalances the increase in the proportion of unproductive aged. According to the estimates of Dublin and Lotka in *The Money Value of a Man*, per capita earning capacity, which is a fair measure of productivity, will be eight per cent higher than in a growing population of the age composition of the American population in 1920. Second, non-replaceable natural resources, such as mineral supplies, will be exhausted less rapidly, other things equal, if a population is stationary. Man needs to husband these resources until he acquires the skill necessary to harness the relatively inexhaustible power of water, wind, and sun. Third, when a population is stationary, a more favorable balance is preserved between population and fixed resources.

If population continues to increase within a given area, other things equal, diminishing average returns will set in and per capita output will decline. This tendency toward diminishing returns can be counteracted only by increasing adequately the supply of capital, or by improving the methods of production and the type of social organization. But, since capital equipment can be produced only at increasing cost over a period of time, if there is no investment in the methods of production and in social organization, the extent to which the tendency toward diminishing returns can be counteracted depends, in the last analysis, upon the amount of improvement possible in methods of production and in social organization.

Two errors with respect to the consequences of population growth are frequently implied in the writings of certain scientists who oppose quantitative control of population growth. First, it is assumed that each increase in population creates its own antidote by making possible improvements in invention, science, education, and social organization, which would not be possible without the given increase in population. Within limits, this contention is valid. But once the so-called *optimum density* of population is reached, further increases in population density do not make possible correspondingly greater amounts of cooperation, specialization, and mental inter-stimulation. Hence, although per capita income may continue to increase after population in a given territory has exceeded the optimum size, this increase in income is not caused by the increase in population density. Rather it has been achieved in spite of the increase in population. It has been made possible by im-

provements in methods and social organization which would probably have been made had population not increased. Hence, one may argue that, had population not increased beyond the optimum size, per capita income would have been greater than it is. It follows, accordingly, that if the highest possible permanent per capita income is the *summum bonum*, then any increase in population density which fails to cause an increase in per capita income, is undesirable.

Opponents of conception control err, secondly, in assuming that there is no limit to the possibility of improvements in methods and social organization. However, in the last analysis, the limit to the possibility of improvements in methods of production is fixed, at present, by the amount of non-replaceable resources. According to a recent statistical study by Dr. Simon Kuznets, "In most branches of productive activity the rate of technical progress slackens, provided we measure it from the beginning of the modern era." Hence, in the absence of population control, natural increase would eventually visit upon a large part of mankind the questionable advantage of a coolie level of existence.

The advantages of a stationary population may be summed up in one sentence: *other things equal, per capita production will be higher in a stationary than in a growing population.* This higher per capita productivity will make possible a higher per capita income, greater savings per capita, and greater collective expenditures per capita for education, health, culture, etc.

Adjustments must be made to present trends in natural increase and certain present trends in natural increase must be corrected if untoward consequences are to be avoided.

Cessation in population may, unless necessary adjustments are made, aggravate the unemployment situation somewhat. In the long run, however, the volume of unemployment will not be affected at all, it will possibly be reduced somewhat if Cassel's contention is sound that under conditions of a constant population cyclical fluctuations in business may be less violent. Since cessation in population growth will curb the rate of expansion of the market for agricultural products, industrial equipment, certain raw materials, etc., the expansion of these industries must be much less rapid than in the immediate past. Otherwise overcapacitation and unemployment will result. Increments in the labor supply will need to be shifted to the

comfort, luxury, and service producing occupations. To argue, as do some writers, that unemployment will steadily increase is unsound, for in the long run the demand for goods and services consists of goods and services produced for the market.

Since the advent of a stationary population will be marked by an increase in the relative number of older persons and of women seeking employment, present obstacles to the employment of older men and of women must be removed.

Differential rates of increase threaten the long run economic advantages of a stationary population in two ways. Continued dysgenic selection, a phenomenon which has accompanied the spread of birth control, must be checked. Otherwise a deficit of superior persons will eventually result. Reproduction among the less fit must be controlled. Larger families among the upper socio-economic classes must be encouraged through family endowments and other state action. Man must control population qualitatively as well as quantitatively.

Continued high rates of natural increase in certain countries, especially if coupled with intensive nationalism, constitute a military and an economic threat to the relatively greater prosperity of the low birth rate countries. The latter, however, can protect the economic advantages won through birth control if they will cooperate in opposing any aggressive, expansive policies of densely populated countries in need of additional land.

What national and international policy relative to population will be in the future depends largely upon whether the common man's attitude toward procreation is dominated by its effects upon his economic welfare or by nationalistic, militaristic, and religious precepts which involve a partial negation of individual economic welfare.

The Index for Volumes XIV and XV, 1930 and 1931, is now ready, and will be sent without charge to any subscriber on request.

Book Reviews

WITHOUT MY CLOAK, by Kate O'Brien
Doubleday, Doran and Co New York, 1931
 \$2 50

JUST HALF of the significance of this novel will be apparent to Catholics and to others who think with them on the implications of the sex relationship. The whole is revealed only to those for whom its real potentialities have a basis quite independent of ecclesiastical or Biblical sanctions. On its surface this novel is a long and intricate chronicle of the life of a well-to-do Irish Catholic family some sixty years ago. But it is much more than a family chronicle, absorbing though it is in that aspect, it is propaganda of the most eloquent and telling kind. Thanks to the ability of the author to control her material, and to her delightful style, her thesis is never once allowed to emerge explicitly. But it is implicit in every character and every episode. As suggested by the title—a phrase from a Shakespeare sonnet—it protests against the conventions that send people into the marriage relationship with no adequate and intelligent preparation for making a noble and fruitful thing of it, that condemn them in the name of religion and righteousness to fumble throughout their lives with this most delicate human problem.

The Considine family—in the three generations described—represent the best type of Victorian Catholic in Ireland, but they are all priest-ruled and convention-bound. The conflict between their traditions and their personal problems is crystallized in two situations: that of young Anthony and his wife Molly, and that of his sister Caroline and her husband. Anthony and Molly adore each other, and the consequence is annual babies. In desperation the two endure a year of that high virtue called continence, only to find themselves acutely unhappy and thwarted. The result of their reaction is an eighth baby, which kills Molly. No less sympathetic and penetrating is the study of Caroline, married without love, and hungry, but bound to her "duty" as a daughter of the Church. There are other and minor tragedies in the book, all of them springing from the lack of a free and intelligent approach to sexual matters.

But no undue emphasis should be laid on this note of tragedy in the novel, if parts of it are depressing, they are—happily—not so depressing

as they might be if since the 70's we had not begun to think more wholesomely about such questions. The Considines were, of course, not only Victorians—they were Catholics, and as the latter they would even today be—theoretically—victims of like tragedies. And this raises in the reader's mind what is perhaps the most interesting query generated by this story: what is its author's status? Kate O'Brien obviously knows, inside out, the Church's position on marriage and contraception, she understands intimately the psychology of the well-born Catholic who is obedient to authority. But what cannot be determined—what perhaps she purposely leaves in the air—is whether she has left a Church that she was brought up in, and now views it critically and objectively, or whether she is staying in the fold and eager to wage, from that position, a war on its obscurantism.

ELIZABETH C. MOORE

ANJEA INFANTICIDE, ABORTION AND CONTRACEPTION IN SAVAGE SOCIETY, by Herbert Aptekar
William Godwin, New York 1931 \$2 50

MR APTEKAR is already known to readers of this journal through an interesting article on primitive birth regulation. He has now published the results of his research and reflection in full. Needless to say his book is a welcome and valuable contribution to the literature of population regulation and related matters. As Dr. Harry Elmer Barnes says in his foreword, the study shows that "population restriction and accompanying practices are no invention of contemporary atheists, free-lovers, professors of sociology or any others of that evil crew." While the author is, in the very nature of the case, unable to show that all primitive men practiced some form of population limitation, he does show that it has been well-nigh universal and is found among peoples at the lowest levels of human culture. We know that it was practiced among the ancients, having been much discussed by Plato and Aristotle and by publicists at Rome. Mr. Aptekar tells us that "an Egyptian medical papyrus dating back to 1550 B.C. refers to drugs and devices in use in civilized nations today."

While the body of the study relates to the practices of primitive peoples as to population pressure, contraception, infanticide and abortion, Mr. Ap-

tekar seems to have in mind as his main purpose to establish an anthropological background which will make clear certain points of departure for an enlightened study of the present practices relating to population limitation, especially birth control and abortion. It must be said, however, that he succeeds in this more by inference than by direct argument. What he does is to show that population pressure alone will not surely account for any of the practices of population limitation either as to origin or continuance. They may arise in consequence of magical notions or purely personal contingencies, they may be continued long after any Malthusian reason for them has ceased to exist. In other words a full understanding of the practices at any time and place requires an understanding of the cultural history of the people then and there living. Nowhere does he make this clearer than in the chapter on "Infanticide." He shows that, while female infanticide and polyandry may be functionally related, neither is certainly the cause of the other. Infanticide may be associated with any cultural element such as religion, law, economic life, sexual division of labor, marriage forms, secret societies, size of family, slavery, inheritance, caste, etc. So also our own practices are not to be understood or explained in terms of population pressure alone. In fact abortion has always been present, so also infanticide. Moreover both religion and law, which presumably aim to repress abortion in our society, are doubtless greatly encouraging it at the present time by their stupid attitudes toward contraception.

Mr Aptekar puts in a strong word for a truly tolerant attitude toward the present birth control situation, and generally condemns the present public attitude as essentially primitive. On the other hand, he is equally strong in his condemnation of the drifting state of affairs and thinks it high time something was done to give the public a realization of the equivocal situation in which we shall presently find ourselves. He points out that the numbers of births and deaths are rapidly approaching each other, and that as a community we have not yet any consistent notion of the fundamental causes in our culture which explain the spread of the desire for small families, or the social consequences which are likely to follow from the continued spread of the small family ideal.

While *Anjea* has thus established the point that the current situation must be viewed from a broad cultural or sociological standpoint, one cannot say

that it has thrown much light on that situation itself. In the chapter on "The Desire for Progeny," Mr Aptekar brings out the conflict of desires for and against progeny, and presents an interesting outline of such conflict in the modern parent. All the elements he mentions have received repeated emphasis. Moreover, here as elsewhere, he knocks down several straw men to make points no one, so far as I know, would dispute, and involves himself in hair-splitting distinctions which come very close to involving him in self-contradiction. Furthermore, I find no suggestion of ways or means for restoring the desire for progeny to a more vigorous state, especially among the upper classes. Here, it seems to me, we approach the heart of the present population problem. Mr Aptekar is not to be blamed for not bringing forth a solution. Many minds have wrestled with the matter and thus far have produced precisely nothing.

However, in the absence of any clue as to what the future will hold, one may as well be optimistic as pessimistic. In fact, accepting the thesis of this work—that the limitation of progeny is a consequence of a broad complex of cultural factors and an historical situation—one may at least hope that, when the present chaotic turmoil is over and a social need for larger rather than smaller families makes itself felt, we shall witness a certain release of fertility. As has been pointed out, birth control implies positive as well as negative action. In any case, the first step toward a rational policy is control, and control not by the crude primitive methods of abortion and infanticide, but by methods that are physiologically harmless.

F H HANKINS

SEX IN MARRIAGE, by Ernest R. Groves and Gladys Hoagland Groves. *Macaulay Co., New York* 1931 \$3.00

AS IS WELL KNOWN, Dr. and Mrs. Groves have written a number of books on the family. In general these are conservative or mildly liberal, and popular rather than learned. The present volume "written for the newly married, [for] those about to be married, and [for] those having marital difficulty because of sex maladjustment" is of the same general nature. While it fills a gap in the cooperative literary output of the authors—the previous books had minimized the importance of the factors here discussed—it may be questioned whether the volume usefully fills any gap in the existing literature. Its strength is, as usual, its

balance, but it lacks frankness, is verbose, and is often uninforming and timid. Since large numbers of people in this country are ignorant of the subjects discussed, the book may be of help to the man in the street. But it is difficult to see how it would help those with deeply rooted sexual maladjustments.

The chapters on "The Love Art of the Husband," "The Love Art of the Wife," and on "Birth Control" are more significant for what they omit than for what they include. They are characterized by mediocrity of treatment. The authors are non-committal on the ethical aspects of birth control. Granting for the sake of argument that sociologists should not take sides on controversial questions, one might reasonably expect the authors to get at the facts regarding the harmfulness or non-injuriousness of modern contraceptive methods. But the Groves feel more comfortable on the fence, concluding (p. 213) that "no layman is qualified to pass judgment when the doctors so differ." This sounds like scientific caution, but as a matter of fact it is unscientific thinking. These writers should know that *informed, unprejudiced* doctors do not differ materially on this point. This is a question of facts, not opinions, and the Groves have their facts wrong. Moreover, facts are not determined by voting power. No physician who has failed to investigate the matter is entitled to an opinion whether he happens to have one or not. The answer of science is clear and emphatic, the modern devices employed by clinics are not only reasonably safe, they are non-injurious to health.

One can think of several books on which the newly married or those about to marry might better spend their money than on this collection of platitudes. I shall mention three: Michael Fielding's *Parenthood* (Noel Douglas, London, 3s 6d); Helena Wright's *The Sex Factor in Marriage* (Vanguard Press, New York \$2.00) and Oliver Butterfield's *Marriage* (published by the author).

There are, of course, worse books in print on the sex aspects of marriage than the present one, but they have all been produced by quacks of one sort or another. If the sociologists in this country can do no better than the present performance they had better leave the subject alone. It would be a public service to do so. The publishers' "blurb" on the jacket is misleading as to what one might expect from the contents of the book.

NORMAN E. HIMES

THE TRUTH ABOUT BIRTH CONTROL, by
Norman E. Himes. *John Day Co., New York*
1931. Pamphlet Series. 25 cents.

FOR A LONG TIME I have suspected that the birth control movement could well afford to exchange some of its learned books for some pithy pamphlets. Research and scientific monographs are fine for the improvement of techniques, but good techniques, now available, are not in use, rather because people are ignorant of them than because they are unwilling to use them. Moreover, this popular ignorance is due in large part to the stupid legislation, both federal and state, which prevents or hampers adequate dissemination of the science of contraception.

Our most pressing problem, therefore, is not a medical one, but a social one. We must overcome an ignorance that is both popular and governmental. For this purpose nothing is so effective as the pamphlet. With this humble weapon Voltaire dealt religious fanaticism a blow from which it will never recover. Tom Paine's pamphlets aided mightily in securing the independence of our country, and by means of pamphlets Alexander Hamilton persuaded the American people to adopt the federal constitution.

The Truth About Birth Control, by Norman E. Himes is an excellent pamphlet of the propagandist type. It makes no pretense of being a contribution to learning. Veterans in the movement will learn little if anything from it, but the answer is—it was not written for them. It was written to dispel the ignorance of the humble, bolster up our timid friends and overcome the prejudices of our opponents. Its style is challenging and provocative and therefore quite properly lacks the dignity and reserve of an encyclopedia article. In short, it is written for plain people rather than pundits.

The pamphlet is so well designed to accomplish its purpose, and this reviewer is so grateful for its appearance, that it is with genuine reluctance that he demurs to some of the author's *obiter dicta*. Dr. Himes suggests, rather than states, that voluntary birth control might go far in solving both our unemployment problem and our crime problem. I fear that both of these conclusions are without much scientific support. It is true, as he suggests, that mothers of criminals might not have born them if the mothers had known how to prevent conception, but the same thing may be said of the mothers of our saints. In other words, if

all motherhood were entirely voluntary, fewer children would be born, but the percentage of both criminals and unemployed might be exactly the same as if contraception were unknown

Neither geneticists nor sociologists are agreed that many are criminal or unemployed because of hereditary defects. And even when bad heredity is the probable cause it is doubtful if defective parents would usually have either the intelligence or the will to practice birth control. It is much more probable that in these cases, society must protect itself by compulsory sterilization, just as California has done so effectively with its feeble-minded.

But it would be unprofitable to go further with my academic captiousness. The pamphlet states its case so well, damns so witheringly our idiotic and hypocritical laws, suggests so clearly some of the social and economic effects that may result from a stationary population, that it will set anyone to thinking, and many, I hope, to distributing it.

GLENN E HOOVER

BOOKS RECEIVED

RATIO OF CHILDREN TO WOMEN, 1920 *U S Department of Commerce Bureau of the Census, Washington, D C*

FAMILY ADJUSTMENT AND SOCIAL CHANGE, by Manuel C Elmer *Ray Long and Richard R Smith, New York \$3 00*

SOCIETY ITS STRUCTURE AND CHANGES, by R M MacIver *Ray Long and Richard R Smith, New York \$5 00*

GENIUS AND CREATIVE INTELLIGENCE, by N D Hirsch *Sci-Art Publishers, Cambridge, Mass., \$3 00*

COMMONSENSE AND THE CHILD, by Ethel Mannin *J B Lippincott, Philadelphia \$2 00*

ENDURING PASSION, by Dr Marie C Stopes, *Putnam's, New York \$2 00*

CONTROL OF CONCEPTION, by Robert L Dickinson and Louise S Bryant *Williams and Wilkins, Baltimore \$4 50*

PAMPHLETS

A GUIDE TO BIRTH CONTROL LITERATURE, by Norman E Himes *Douglas, London, Eng 3s 6d*

INTERNATIONAL MEDICAL GROUP FOR THE INVESTIGATION OF CONTRACEPTION Third Issue *Obtainable from The Hon Mrs M Farrar, 13 Lansdowne Crescent, London, W 11 6d*

THE AMERICAN BIRTH CONTROL LEAGUE, INCORPORATED

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BIRTH CONTROL REVIEW

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"You're so up-to-date and tolerant and free-thinking, I'm sure you believe in birth control"

"Well," said Hilary, "the position there is ironical for us parsons. It used to be considered unpatriotic to believe in limiting our population. But now that flying and poison gas have made food for powder unnecessary and unemployment is rampant, I'm afraid there's no question but that it's unpatriotic *not* to believe in limiting our population. As for Christian principles, being patriots we didn't apply the Christian principle 'Thou shalt not kill' during the war, so, being patriots, we can't logically apply the Christian principle 'Thou shalt not limit' now. Birth control is essential for the slums, anyway."

JOHN GALSWORTHY in "Maid in Waiting"

News from the State Leagues

CONNECTICUT BIRTH CONTROL LEAGUE

February Mrs Annie G Porritt, secretary of the American Birth Control League and a member of the executive committee of the Connecticut League, spoke before the Norwalk section of the National Council of Jewish Women on February 1 on *Birth Control and Human Welfare*. She discussed the present Japanese war situation from the point of view of population pressure in Japan, and pointed out that control of population is one of the main roads to international peace. In conclusion she said

A mother should be allowed to decide when she is to bear a child. Even for the woman who wants six or ten children, it is not wise to have them haphazardly. If for no other reason, therefore, birth control is of the greatest value in spacing children. No doctor wishes a mother to bear one child and start to bear another within one year.

The Connecticut League announces that it has increased its membership to 350 and that it has enlisted the support of 400 doctors.

DELAWARE BIRTH CONTROL LEAGUE

January *The Birth Control Clinic and Family Rehabilitation* was discussed by Miss Henriette Hart of the New Jersey Birth Control League at a meeting of the Social Worker Club of Wilmington, on January 11.

The Delaware League held an open meeting in the Unitarian Church of Wilmington on January 28, at which Mrs Caroline N Robinson and Mrs George A Dunning spoke before a large audience. The meeting stressed the necessity for keeping up the work of the clinic. A report of the progress of the League since its organization last July was given.

ILLINOIS BIRTH CONTROL LEAGUE

The Illinois League announces the opening of a new contraceptive center, the Chicago Heights Clinic at Chicago Heights. Dr Lucia Tower is the physician in charge.

BIRTH CONTROL LEAGUE OF MICHIGAN

January A meeting of workers in the membership drive was held in Detroit on January 27th. Reports were made by teams, and Mrs Morton

Keeney, president, reported on the Annual Meeting of the American Birth Control League.

February Mrs Keeney spoke to a group of girls from the Junior Welfare League at Jackson on February 11th. The prominent people of Bloomfield Hills were contracted on February 15th at a tea held at the home of Mrs A R Glancey. On the 17th, Miss Elsie Wulkop gave a tea at the Statler Hotel, Detroit, for members of the Michigan League and their friends. Mrs Keeney, Miss Wulkop and Mrs H W Kerr reported on progress to date. The following day Dr Harrison S Collins spoke on the *Sociological Aspects of Contraception* at a Battle Creek meeting, and Mrs Keeney and Mrs Wulkop spoke. Dr Herbert E Randall presided.

For March Meetings are scheduled in Grand Rapids, Pontiac and Flint.

January A meeting was held at Mrs F Peavey Heffelfinger's home, Minneapolis, on Jan 8th. Rev David Bryn-Jones was the principal speaker, and Mrs W O Winston, Jr and Mrs A E Selby spoke briefly on organization matters. On the 28th Reverend Phillips E Osgood spoke at the home of Mrs F G Atkinson. Mrs Carl W Waldron preceded him with a short organization talk. The following day there was a meeting at the home of Mrs J B Staples, Lake Minnetonka, at which Albert G Minda spoke.

February Mrs Juanita Woodward gave a talk before a group of Visiting Nurses at the Citizen's Aid Building, Minneapolis, on the 15th.

For March On March 24th Reverend Frederick M Eliot of St Paul is scheduled to speak on Birth Control at the Minneapolis Woman's Club. The Executive Board of the Woman's City Club is sponsoring the meeting.

NEW JERSEY BIRTH CONTROL LEAGUE

January Mrs Donald S Hooker of Baltimore spoke at St Peter's Parish House, Morristown, on January 15, under the auspices of the Local Birth Control Committee. The audience numbered over 200, and there was keen discussion. On the same day, Miss Henriette Hart, executive director of the New Jersey Birth Control League, spoke

in Trenton before a large and prominent group. There is a growing sentiment in and around Trenton for the necessity of establishing a clinic to take care of the large number of women asking for information in that part of the state.

Recent reports from the Maternal Health Center of New Jersey show that 3,700 patients have been cared for during three years and eight months. Forty-nine and one-tenth per cent of the patients were referred by physicians, hospitals and social workers. The "white collar" class is increasing, and there is an increased number of applicants for pre-marital advice. These cannot be cared for under the rulings of the clinic—"health reasons only." The Orange Memorial Clinic has been functioning for ten months. The number of patients to date is 80.

The Board of Education in East Orange has established a birth control service, but has excluded all Catholic patients. This has caused such vigorous protest among Catholic women that the Board may be forced to give up the policy of excluding Catholics.

For March Under the auspices of the Social Hygiene Committee of Plainfield, of which Mrs. M. L. Crossly is chairman, four lecture-discussion meetings will be held on the Birth Control Study Outline prepared by the State League of Women Voters.

The Round Table conferences at the Maternal Health Center continue to prove of great interest and value. They are attended by workers from every type of social welfare and health agencies. Much interest is shown in the legal aspects of the movement and, particularly, in actual methods and instruction procedure.

PENNSYLVANIA BIRTH CONTROL FEDERATION

Excerpt from News Letter of February 10th

For those of you who were unable to attend the annual meeting held in Philadelphia on December 3rd, we are sending a resume of the progress of our work during the past year. We now have such a network of leagues, committees, maternal health centers and doctors over the state that no would-be patient writing to us for help has to be refused.

Legislation Our bill was again introduced in the regular session of the 1931 Legislature, sponsored by Hon. Matthew A. Dunn, of Pittsburgh. It

was again referred to the Committee on Health and Sanitation and although we had an increased number of supporters, this bill did not come out of committee.

Organization S. E. Pennsylvania Birth Control League, our largest organized group, which includes Bucks, Chester, Delaware, Montgomery and Philadelphia Counties, held its annual meeting and election of officers on December 3rd. Dr. Jos. Stokes, Jr., was re-elected president, Mrs. H. Wilson Moorhouse, secretary and Mrs. Wallace R. Lee, treasurer. This League has formed an Emergency Committee of volunteers who are assisting social workers in bringing to the birth control clinics destitute mothers who very often do not even have carfare. In addition to the Maternal Health Center at 68th and Market Streets, which has been established for over three years, a Branch Center was opened in July.

Birth Control League of Allegheny County—This League has done an outstanding piece of work during the past year. In June they opened a clinic which adjoins their executive offices in the Wabash Building, Pittsburgh. Mrs. Ruth Day Exline, the executive secretary, is in charge and the doctors on the clinic staff have studied technique at the Maternal Health Center in Philadelphia. They have sessions for both white and colored and the work is being extended into the mining districts. Mrs. Wm. Thaw, Jr., has been elected president.

Luzerne County Birth Control League—Mrs. Chas. N. Loveland, of Wilkes-Barre, continues as president. Needy cases are being referred to a qualified physician.

Bethlehem—Mrs. O. A. Kreutzberg has succeeded Mrs. Geo. L. deSchweinitz as president. Mrs. deSchweinitz and Mrs. Oliver Holton are active board members of this League which has been one of the most active in the state although it has been in existence only a little over a year. On December 3rd they opened their own clinic in Bethlehem.

Maternal Health Society of Easton—Mrs. Bolton Love continues as president. The practical work is being done in a doctor's office and recently a woman physician has been added to the staff. The number of patients is constantly increasing. A series of meetings is being held, leading up to a mass meeting in April with Mrs. Margaret Sanger as speaker.

Berks County—Mrs Stanley Bright, of Reading, continues to head this committee. The clinic, which is the oldest in the state, is now located in the Homeopathic Hospital and has the distinction of being the first clinic in Pennsylvania operating in a hospital and at present the only one.

Lackawanna County—Mrs David Boies, president, called a meeting of the local committee in July. Mrs N H Cowdrey was appointed as chairman of the newly-formed Maternal Health Committee and plans are in progress for the early opening of a center in Scranton where there is so much unemployment among the miners.

Lancaster County—A meeting was held at the home of Mrs John L. Atlee in October, and as there are increasing demands from social workers, there is prospect of opening a center in this county in the near future.

A very important sign of the progress of the movement is the interest being taken by physicians not directly connected with our Federation. The Philadelphia County Medical Society devoted an evening on October 28th to a scientific discussion of the control of conception. This was the first time that birth control was brought before this body and there was a record attendance of physicians only. Dr Jay F. Schamberg, president, presided. Dr Robert L. Dickinson, secretary of the National Committee on Maternal Health and Dr Lovett Dewees, president of our Federation, were the principal speakers. There is an increasing demand for lectures on technique before medical societies.

In Prospect The present appalling conditions among the unemployed make it more necessary than ever that we should extend our field work. Many of our counties are still untouched. Some have groups of active members waiting to be organized and we must meet these demands by establishing committees to support clinics where they are most needed.

MRS GEORGE A. DUNNING, *Secy*
For the Executive Board

NEW YORK CITY COMMITTEE

January The New York City Committee held a successful benefit theater party at Philip Barry's play, *The Animal Kingdom*. Enough was cleared to finance five Mothers Health Bureaus for the coming year. A meeting of Brooklyn social workers was held at Elks Lodge on January 19th, at

which representatives from the Association for Improving the Condition of the Poor, the Brooklyn Bureau of Charities, the American Red Cross, the King's County Hospital, the Brooklyn Hospital, the Urban League, the Juvenile Protective Association, and the Federation of Churches were present. After discussion, Mrs Marion L. Foster, of the American Red Cross, voluntarily accepted the chairmanship of a committee whose object will be to secure the interest and cooperation of all the social agencies in Brooklyn. A meeting of the Association of Volunteers in Social Work was held on January 25. Dr Dorothy Bocker spoke on *Newer Aspects of Birth Control*, Dr Helen Miller spoke on the *Under-privileged Mother in our Clinic*, and Miss Mary Palefsky spoke on *A Social Worker's Views on Family Limitation*.

February A new bureau has been organized at Union Settlement in East Harlem and two additional sessions have been added at Council House in the Bronx. Mothers meetings were held at the Educational Alliance and at the Wayside Day Nursery. A meeting of the Chelsea Neighborhood Conference was held at the Y W C A, on February 9, and was attended by social workers representing the Association for Improving the Condition of the Poor, the Charity Organization Society, the West Side Hospital, the West Side Day Nursery, the Nursery and Child's Hospital, the New York Kindergarten Association, and others.

For March A new Mother's Health Bureau will open in Brooklyn early in March, sponsored by the United Jewish Aid Society and affiliated groups of the Federation of Jewish Charities. Dr Lena Levine will be the physician in charge. The Advisory Board has already gone on record as being ready to sponsor another centre as soon as this one is definitely established, and the need for additional service is apparent.

Indiana Birth Control League Organizes

THE INDIANA League was officially organized at a conference held at the Lincoln Hotel, Indianapolis, on February 4. A luncheon meeting was attended by over 250 people. The Reverend F. S. C. Wicks, minister of All Souls Unitarian Church of Indianapolis, presided, and said in part "I am very glad to identify myself with the birth

control movement, for I believe it addresses itself to a fundamental need. With judicious use it would go far to meet the problem of charity, it would check the reproduction of the feeble-minded, the diseased and the unfit, it would protect the health of a multitude of women, and, perhaps best of all, meet the population problem."

Reverend Ferdinand Q. Blanchard D.D., of the Euclid Avenue Congregational Church of Cleveland, spoke on *The Ethical Aspects of Birth Control*. Excerpts from Dr. Blanchard's address will appear in a subsequent issue.

Miss Elsie Wulkop, medical social worker, discussing the establishment of birth control clinics, said, "Experience has shown that the most effective way of securing the proper regulation of birth control clinics is to establish them within the 'Grade A' hospitals, where they will be under the control of the Trustees and Medical Staff. Such clinics are offered to the public with the guarantee accompanying anything sponsored by the leaders of the medical profession. The birth control movement is spreading with great rapidity at the present time, due perhaps to two facts:

(1) The medical profession, always wisely conservative in advocating new things, has now at its command methods of birth control which are at once safe and effective.

(2) The general recognition of the connection between the problem of public relief and families larger than can be supported by the respective parents.

"It is a demonstrated fact that money spent in providing women with medical advice relative to birth control means a decided lessening of the cost of certain aspects of the public health program.

"In addition to the above social aspects one must not forget the personal side of this question. The already over-burdened mother, the harassed father, secure in the knowledge that they are proceeding under sound medical direction, are relieved of a great anxiety. What this means to family life, is apparent to every intelligent person. Up to the present time it has not always been possible for those of moderate means to have access to physicians or clinics equipped to offer this service. It is especially gratifying to find that so many of the public spirited men and women are determined to assist the medical profession in making this phase of medical care available to all groups in the community. In its collective aspects birth

control is a social problem, in its individual aspects, a medical one. All citizens are, therefore, concerned with it."

Among those at the speaker's table were Rev. F. C. S. Wicks, Rev. Ferdinand Q. Blanchard, Miss Elsie Wulkop, Dr. A. M. Mendenhall, Dr. Charles C. McCormick, Dr. Marie B. Kast, Mrs. Donald Jameson, Mrs. William C. Bobbs, Prof. R. Clyde White, Dr. F. C. Walker, Mrs. Fletcher Hodges, Mrs. Lee Burns.

A board of directors (listed below) was elected at the afternoon organization meeting, at which Mrs. Donald McGraw, director of field work for the American Birth Control League, spoke. A discussion of *Modern Contraceptive Technique* was held at the close of the afternoon for members of the medical profession, Dr. William E. Brown, medical director of the Cincinnati Committee on Maternal Health, addressed the meeting.

The board of directors consisting of Mrs. Benjamin D. Hitz, Mrs. Robert Masters, Mrs. John S. Harrison, Mrs. Meredith Nicholson, Jr., Mrs. Dorothy D. Goodrich, Mrs. John C. Vaughan, Mrs. Lee Burns, Mrs. Elias C. Atkins, Mrs. Philip T. White, Mrs. Theodore B. Griffith, Mrs. James O. Ritchey, Mrs. J. A. Goodman, Mrs. Harry Barnard, met on February 24 for the election of officers and to plan for birth control work throughout the state.

Subscribers to the REVIEW in the ten states where there are state leagues

	Jan	Mar
Connecticut	77	84
Delaware	30	31
Illinois	72	90
Indiana (organized Feb 4)	—	19
Massachusetts	83	91
Michigan	209	328
Minnesota	27	37
New Jersey	315	340
Pennsylvania	152	189
Rhode Island	494	510
Total	1459	1719

News Notes

ARKANSAS "Birth control is not a moral issue but a social factor, and the time soon will come when the world will regard it as a social crime to bring children into the world without provision for their wellbeing, or to fail to have children when such provision can be made adequately," according to Dr Robert W Kelso, sociologist and director of the Community Chest of St Louis, speaking before the Little Rock Temple Men's Club Dr Robert W Kelso was one of the speakers in the symposium on *Marriage and Divorce*

MASSACHUSETTS Reverend Kenneth MacArthur, executive secretary of the Massachusetts Federation of Churches, spoke at the monthly meeting of the Wollaston Baptist Church of Quincy on *Birth Control, a Curse or a Blessing*, on January 9

Mrs Thomas N Hepburn, legislative chairman of the Committee on Federal Legislation for Birth Control, discussed *Birth Control Legislation—Is There a Need for It?* at the meeting of the Worcester section of the National Council of Jewish Women on January 5

NEBRASKA Under the striking title *Exit, Mr Stork*, the Reverend Paul C Petersen, of the Leffer Memorial Methodist Church of Omaha, discussed birth control in a recent sermon He made a plea for the constructive aspects of birth control, and said that, properly used, it should receive the commendation of the state and society

NEW YORK Following Mrs Sanger's address before the Rochester Section of the Council of Jewish Women at Temple Berith Kodesh on January 20, Mrs Eugene J Dwyer, wife of the diocesan attorney of the Rochester Catholic Diocese, made the charge that she had given out contraceptive information in defiance of the law Mrs Sanger was exonerated by many prominent women who were present through the entire meeting, and the Rochester newspapers gave her unstinted support In closing the controversy, Rabbi Philip S Bernstein said "The fact that better circumstanced women plead for information to control their parenthood suggests the desperate plight of countless numbers of poor women com-

pelled to bear too many children when conditions of health and economic circumstances make further childbearing inadvisable and often tragic"

Recent meetings arranged by the American Birth Control League

January 12—Hudson Chapman at the Orphans Home Auxiliary of Brooklyn

January 20—Carol K Nash at the Educational Alliance, New York City

January 31—Mrs F Robertson Jones at the Grub Street Club, N Y C

February 19—Hudson Chapman at Lavanburg Homes

February 29—Mrs Carol K Nash at Prescott House

OHIO Dr Ira S Wile debated with Dr Joseph A Muenzer on *Birth Control and Social Welfare Is it Moral, Social, Scientific?* at the Toledo Saturday Night Forum on January 16th No decision was announced

Dr Christine Sears of Delaware spoke on *Organization of Birth Control Clinics* before the Women's Medical Club of Columbus on Feb 11

WISCONSIN The Joint Committee of Working Class Women's Organizations passed the following resolution at its February 4th meeting in Milwaukee

Whereas, the health of the mother and her children is, in a large degree, dependent upon the size of her family, and

Whereas, poverty and large families have a fundamental bearing on the problems of the child, and add enormously to the complex problem of public charities, and

Whereas, the unbalanced overproduction of the working class, sharply contrasts with that of the "limited" production of the Capitalist class, and the general consensus of opinion is—among economists and sociologists—that overproduction in any country, causing unemployment, helps to seriously menace world peace, therefore, be it

Resolved, that the assembly of women meeting under the auspices of the Joint Committee of Working Class Women's organizations, Friday, February 14, go on record as approving the principle of birth control, and the Amendment of State

Laws, to permit the giving of dependable and absolutely non-injurious birth control information by physicians—either in private practice, or in clinics and dispensaries

Be it further resolved, that copies of this resolution be sent to Governor Philip La Follette, Mayor Hoan, the Milwaukee Health Department, the local and workingclass press, as well as to the American Birth Control League

(Mrs) WILMA ULDRIAN, *Chairman*
Cudahy, Wisconsin

CANADA

United Farm Women of Alberta passed a unanimous resolution at their annual convention held on January 22, favoring an extensive study and investigation of birth control and its relation to social and economic conditions

POLAND

A BIRTH CONTROL clinic, the first in Poland, has been opened in Warsaw The director, Dr Budzinska-Tylicka, eminent fighter for women's freedom, and Dr H Rubinraut, General Secretary of the birth control section of the Workingman's Society of Social Service of Warsaw, have issued the first popular Polish pamphlet on contraceptive methods Dr Rubinraut, in a recent letter to Dr Dickinson of the National Committee on Maternal Health, writes

The popularity of the pamphlet has surpassed our expectations Since last May more than 10,000 copies have been sold, a good number for Poland The number of women who are medically examined and who receive advice in our clinic is not less than twenty a day We cannot receive more because our means are limited

The women are charged 3 zloty (36 cents) plus the price of the supplies These we manage to sell at a price far lower than the chemists The unfortunate, endless custom-duty war with Germany is responsible for the exorbitant price of supplies, 4 to 12 zloty (50 cents to \$1 50) We have no home-made supplies and must buy from Germany and Holland, by way of Vienna The world is crazy!

The militant Roman Catholics are calling our clinic "the murder clinic of Leszno Street" The spiritual father of our work is Dr Roy Zelenski, the Polish Voltaire, our greatest writer, poet and moralist His book *Women's Hell*, published two years ago gave us gynecologists the impulse to start birth control work

In the Magazines

Why Not Legalize Birth Control? By H Adye Prichard, D D *The Churchman*, January 9th

"Which of us does not detect the flaw in the whole argument that is raised against this movement—the flaw of regarding as a theory what probably always has been in some degree or another, a fact? There are very few of us who have not had personal experience of families where there were too many children, who have not seen mothers' lives wrecked by constant confinements, who do not realize that nature is never interested in quality, but only in quantity, and do not know, by actual evidence of their senses, that quantity, in this connection means mediocrity or worse—means increasing mental deficiency, tuberculosis, syphilis, crime, immorality, ignorance, poverty Children, even unborn children, have as much right to life, liberty, and the pursuit of happiness as their fathers That right is seriously jeopardized if they are brought into the world before an adequate place has been prepared in which to receive them"

Heredity and Environment By George B Lake, M D *American Medicine*, January

A discussion of the influence of both of these factors, and a plea for a more intelligent and responsible attitude toward parenthood

Contraception and the Physician Editorial *Clinical Medicine and Surgery*, February

"Since the development and extension of birth control appear to be inevitable and necessary, it seems rather ridiculous, or worse, for the medical profession of the United States to turn its back upon the constructive and valuable work which is being done along this line and shriek 'Unclean' The people are going to have this information, somehow, and if we are seriously interested that its dissemination shall be accomplished in a rational, dignified and ethical manner, it is high time (if not already a bit late) that we found out what it is all about and began to assert our perfectly natural leadership in that field Laboratory and clinical research has now demonstrated that there are measures which, in the hands of reasonably intelligent and civilized persons, are far more reliable in preventing conception than are most of the therapeutic resources we are using every day Detailed information on these points is now available to any physician"

If I Were a Dictator A series of articles in the Nation, January

HAROLD J LASKI "I desire to see the practice of birth control—perhaps the greatest discovery since the invention of fire—made freely available to all social classes. It is the main avenue to the emancipation of women. It is the best safeguard for a proper relationship between parents and children. It is the surest way of making effective comradeship possible between men and women" (Jan 6th)

MORRIS L. ERNST "Procure advice from the medical profession, and on its judgment legalize abortions within that period which the profession reports as medically safe. It will thus stop at once thousands of needless deaths and the present enormous practice of stealthy operations. It will relieve hundreds of thousands of women from disturbing fears. After our economic reforms are established, our birth rate will increase—but only of wanted offspring born into adequate economic surroundings" (Jan 13th)

OSWALD GARRISON VILLARD "I should at once tackle the disgraceful statistics which reveal to all the world that the death rate in childbirth is higher in the United States than anywhere else. And, of course, I should make free for all the necessary information as to birth control" (Jan 20th)

Special Birth Control Number The Nation, January 27th

Articles by Margaret Sanger, Henry Pratt Fairchild, C V Drysdale, Morris L Ernst, S Adolphus Knopf, M D, and others. An excellent symposium as far as it goes. Unfortunately the formation of clinics, the work of state leagues, the success of clinical methods, and so forth were not discussed.

What's Stopping Birth Control? By James Rorty New Republic, February 3rd

A plea for giving contraceptive instruction to all unemployed families now in need of relief. See inside front cover for quotation.

Contraception in General Practice By A Lovett Dewees, M D Medical Journal and Record, February 3rd

A discussion of 285 records at the Maternal Health Center, Philadelphia, during the years 1924 to 1930.

"It seems reasonable for every couple to hope and plan for voluntary rather than accidental parenthood."

Letters

IS BIRTH CONTROL A RIGHT OR A PRIVILEGE?
TO THE EDITOR

If there is one criticism which might be made of the orthodox birth control movement of today in this country as compared with that of five or ten years ago, it is that undue attention is being given to the diseased and unhealthy mother, and not enough to those healthy persons who for economic or other reasons desire to limit their offspring. Some years ago the leaders of the movement considered birth control information the right of every adult. Nowadays it seems to be a privilege granted to the sickly.

The birth control movement was founded, as I understand it, for the purpose of disseminating information to all who for any reason felt in need of its assistance. It seems a pity that such information is to be restricted to those who can satisfy some physician that they are unhealthy enough to need it. Why should not our organizations take a strong stand for the repeal of all restrictive laws now on the statute books? I believe that unless this is done the present official birth control movement will lose many supporters who believe in thorough-going legislation.

West Hartford, Conn

H E BARNES

THE CHURCH OF ENGLAND OF BIRTH CONTROL
TO THE EDITOR

May I draw your attention to a statement on page 46 of the February REVIEW which I think needs correction, if not contradiction. The writer says that the Church of England is opposed to birth control. This is not carried out by the results of the recent Lambeth Conference. A vast majority of the bishops of the Church of England were in favor of birth control, with certain qualifications. The Conference agreed "that other methods [than abstinence] may be used, provided that this is done in the light of the same Christian principles. The Conference records its strong condemnation of the use of any methods of conception control from motives of selfishness, luxury or mere convenience." The Resolution was carried by 193 votes against 67, and it was the American bishops who were largely opposed to it.

REVEREND H ADYE PRICHARD, D D

Mt Kisco, New York

Contraceptive Centers

A new clinic has been opened since the list of centers was printed in the February REVIEW The Chicago Heights Clinic of the Illinois Birth Control League Dr Lucia Tower is the medical director

Corrections New Jersey Dr Hannah M Stone is the medical director of the Maternal Health Center of Newark Ohio Dr Marion Douglass is the medical director of the Lakeside Hospital Center of Cleveland Pennsylvania Dr Carl Gaines is the medical director of the Maternal Health Center of Bethlehem

Contributors to this Issue

CAROL ARONOVICI, housing and planning consultant and author, organized the first Regional Planning Association in the United States

CORA B S HODSON is the education secretary of the English Eugenics Society

THEODORE SCHROEDER is a writer and publicist now living in Porto Rico

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JOSEPH J SPENGLER, a specialist in population research, is a professor of economics at the University of Arizona

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DELAWARE STATE MEDICAL JOURNAL
NOVEMBER, 1931

BOOK REVIEWS

Physicians' Manual of Birth Control By Antoinette F Konikow, M D Pp 245, with 21 illustrations Cloth New York Buchholz Publishing Company, 1931

This volume, intended for physicians only, seems to be the most analytical and critical essay on the subject that we have yet seen Its aim is to teach the profession at large the technique of contraception, and this it does plainly and tersely The book is in four parts—general discussion, detailed discussion of methods, practical applications, statistics The index is complete The book can be well recommended to those interested in this increasingly important subject

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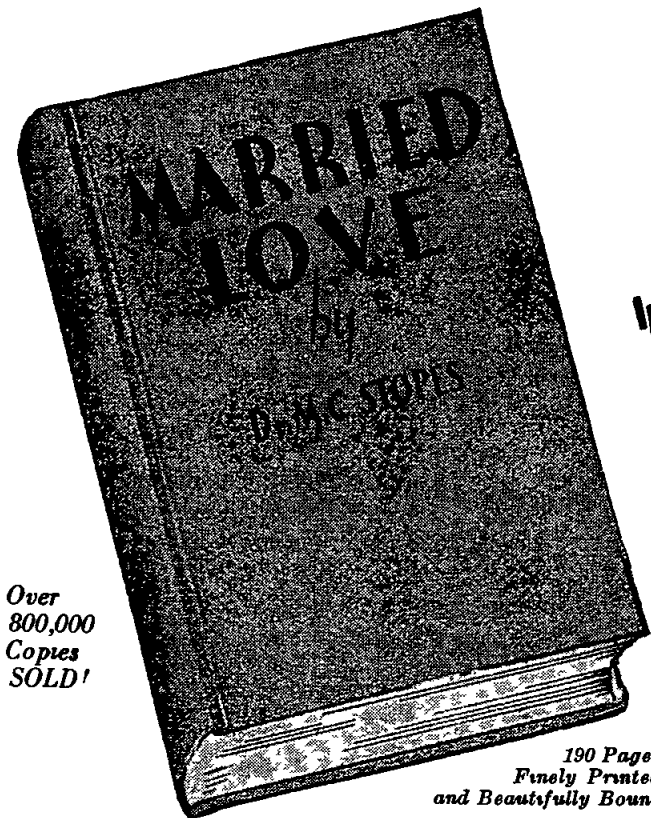
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