

May 1932

Twenty Cents

# BIRTH CONTROL REVIEW



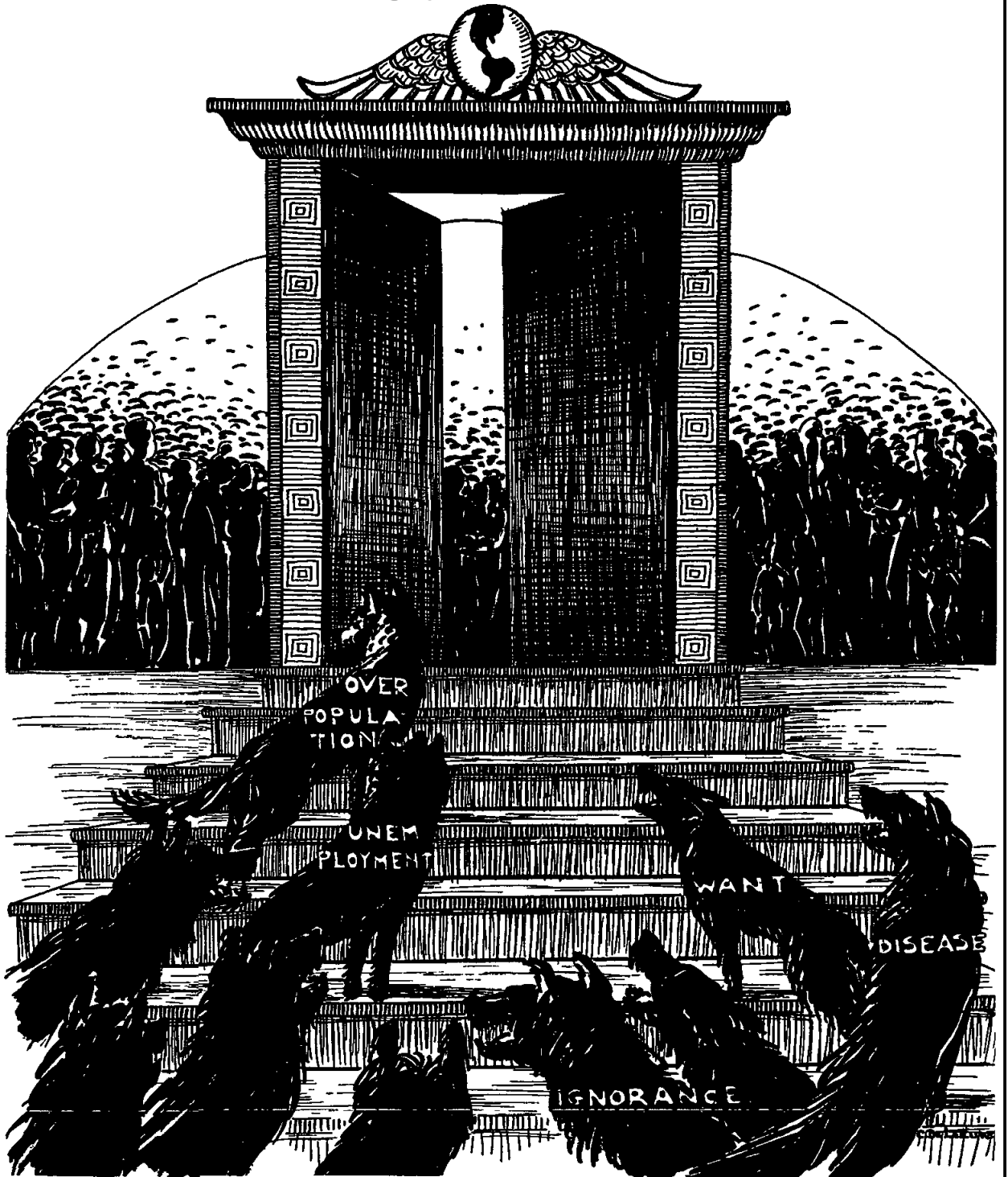
## Social Work and Birth Control

Vol. XVI, No. 5

Two Dollars a Year

**BREAD! BREAD! BREAD!**

**Hungry all the time**



**BIRTH CONTROL**

**will help keep the wolves from the door of the world**

# Birth Control Review

VOL XVI

MAY, 1932

NO 5

## CONTENTS

FRONTPIECE AND BACK COVER designed and written by Elizabeth C Watson	
PHILANTHROPY OF THE HIGHEST TYPE By Judge Walter F Frear	133
MORALS FOR TOMORROW By Rev Robert Weston	134
LET POWER SPEAK By James Rorty	136
A NEW TOOL IN SOCIAL WORK By Gladys Gaylord	137
ONE RELIEF AGENCY RECOGNIZES BIRTH CONTROL	138
BIRTH CONTROL AND DOMESTIC DISCORD By Ernest R Mowrer	139
QUESTIONS FROM THE AUDIENCE By Albert P Van Dusen	140
BIRTH CONTROL CENTRES IN SETTLEMENTS. By Charlotte Delafield Marsh	141
HOW SHALL WE START A CLINIC' By Caroline H Robinson	143
POPULATION EXPANSION IN JAPAN By Harold G Moulton	146
BOOK REVIEWS. By W Waldemar W Argow, CG and Eva Hartman, Anna W M Wolf	147
NEWS NOTES	150
ORGANIZATIONS ENDORSING BIRTH CONTROL	154
IN THE MAGAZINES	156

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**T**HE UNANIMOUS endorsement of birth control by the National Council of Jewish Women brings a large and Influential group into the work. It is reported that opposition was expected from "some of the older delegates," but when the resolution was put to vote it was adopted unanimously. Another forward step is the introduction of the Federal Committee's bill into both the House and the Senate. Hearings before the House Ways and Means Committee and before a sub-committee of the Senate Judiciary Committee are to be held on or about May 10th. Whatever the outcome, this development will focus the eyes of the country on the birth control issue and bring those lined up for and against the movement out into the open. It is safe to predict that, as in 1931, the opposition will come from the Catholics. In this connection it is well to remember that Catholics are represented at the large birth control clinics in numbers approximately proportionate to their number in the community. At the present time, when public spirited people are engrossed, for the most part, in meeting the Immediate emergency of unemployment and want, such considera-

tion of the birth control case as the forthcoming hearing will evoke is of tremendous importance. It is a fundamental issue which must not be lost sight of.

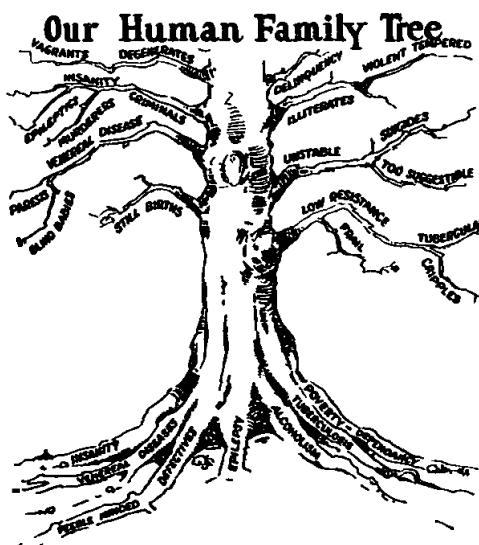
**I**N MID-MAY, those most closely and poignantly concerned with economic distress, the social workers, will meet for their Annual Conference in Philadelphia. As it has done for the past several years, the American Birth Control League will hold meetings at this conference as an Associate Group. The implied acceptance of birth control as an integral part of social work is no small indication of progress. But it is at best far from a forthright acceptance. We have tried in this issue to show the relation between birth control and social work. Judge Frear has pointed out the dysgenic effect of social work without birth control, of saving the unfit without preventing their propagation, Professor Mowrer shows the need for birth control in preserving family harmony and welfare, Miss Gaylord explains what the contraceptive clinic has to offer the case worker in family rehabilitation. A handful of typical case histories from one clinic record succinctly how utterly futile social work may be without birth control advice. Evidence of the active cooperation of social workers is abundant—settlements are housing centers for contraceptive advice, social agencies are referring cases, individual workers of prominence are expressing their opinions. But something is lacking. No large agency dealing with families, no public health service, no community organization of scope has put forward the matter for discussion, much less expressed an opinion or policy. Social work is no pursuit for the interested initiated. It is a public activity upon which much of our social structure is built. Has not the time come when those who chart the course of social work must come to some decision about birth control? Is it a necessity in dealing with family problems? Is it a constructive measure in health work? Is it or is it not a matter of public policy today?

**C**HILD HEALTH DAY, May 1st, and Mother's Day, May 8th, will doubtless be observed throughout the land with a goodly amount of oratory. Advance press releases give some indication of the flowery heights that will be scaled. One from the American Child Health Association, tells us that child health depends on proper food, adequate sunshine and happy recreation, and that maternal health calls for proper prenatal, natal and postnatal care for every mother. "To attack and conquer difficulties," the article concludes, "is bred into our American blood and bone. Therefore May Day, National Child Health Day, summons us to the conquest of fundamental happiness and security by the preservation of life and health, the life and health of American motherhood." Such fine phrases deserve a few blunt answers. Children cannot have enough milk, fresh vegetables, etc., etc., if there are too many mouths to feed, children cannot have room for growth and development in over-sized families. Mothers cannot preserve life and health if pregnancies come too often and too closely. Child Health Day and Mother's Day will be empty and meaningless occasions until the knowledge of how to space and plan families is put into the hands of all parents.

**J**ULIA LATHROP, who died in April, had the distinction of being the first woman to head a United States government bureau as the chief of the Children's Bureau from its inception in 1912 to 1922. The first child labor survey, carried out under her direction, the invaluable data gathered by the Children's Bureau both under her regime and that of her successor, Grace Abbott, are fitting monuments to this effective crusader in the cause of maternal and child welfare. No stronger case for birth control can be made than its obvious relation to all that concerns women and children. The facts gathered by

the Children's Bureau, so ably launched by Julia Lathrop, are proof positive of this relationship, and of the role of birth control.

**T**HE Population Association of America held its first annual meeting in New York on April 22nd and 23rd. A distinguished group of scholars, headed by Dr. Henry Pratt Farchild, president, discussed population growth and decline, feeble-mindedness, and other problems relating to population. Dr. O. E. Baker's paper on *The Reason of Children Under Five Years of Age to Women of Childbearing Age*, and his forecasts about the stationary population of the future will be seized upon by many as arguments against birth control. In facing the fact that declining birth rates are caused by the ever-wider spread of contraceptive information, we should not jump to the conclusion that the alternative is restriction of such knowledge. In the first place, such a program is utterly impractical, even grant-



A Tree Is Known By Its Fruit

ing that it would be desirable. There is, fortunately, another way out. The problem, briefly put, is how to achieve an optimum population, both in quantity and quality. We cannot, here, enter upon the complexities of the effects of rising and falling population on production, etc., and must leave to the experts the decision as to just what our optimum population should be. The present regime of semi-knowledge and boot-leg information about contraception is lowering our numbers without improving our stock. Our procedure, whereby only the most enterprising and intelligent can rout out the needed information, while the shiftless and unfit continue to reproduce themselves and continue to fill our asylums and prisons and child-caring institutions, is no solution. Contraceptive instruction for all who want it, and particularly for those who need it most, will help us achieve an optimum population.

# Philanthropy of the Highest Type

By JUDGE WALTER F FREAR

**BIRTH CONTROL** is an immediate problem of individuals, families and groups. Modern science has gathered a convincing array of facts and figures demonstrating its superlative need, especially among those in the lower social and economic strata. "The wise father and mother will plan to have as many children," and only as many, "as can be safely carried, safely born and adequately reared."

Each case should be treated on its own facts. In general, both maternal and infant death rates vary, not only with hygienic and economic conditions, but with the number of pregnancies, the spaces between them and the age of the mother. Properly planned, voluntary parenthood means lower mother and child death rates, fewer abortions (whether criminal, therapeutic or involuntary), ability of the mother to regain her strength between pregnancies and properly nurse her last child and care for the others, less poverty, drudgery, illness and waste of health and energy, more of the comforts of life and leisure for cultural advance, increased efficiency, and opportunity, and earlier, longer, happier and more stable marriages.

It has been well said that we cannot empty graves by filling cradles, that we must have fewer births in order to have fewer deaths, and that it is better to have longer lives for self-development and usefulness than a quick turnover—however sound in principle the latter may be in retail trade.

Let us consider the eugenic viewpoint—quality rather than quantity, getting farther away from the brute stage. Limitation of numbers is said to be the first requisite to improving the stock. Naturally, better health, better maternal conditions, more opportunity for cultural activities, longer and happier lives, through birth control, conduce to apparently higher grades. How far these may operate eugenically through heredity and how far eugenically through improved environment, it may be impossible to say with our present knowledge. But, whatever it is, the result seems to be much the same—a higher plane of life. It would seem that for improvement of people, as of cattle and vegetables, there should be not only improved heredity through selective breeding but also improved environment through better food, nurture, training

Statistics show that birth rates vary inversely with the social, intellectual and economic scale, the lowest rate being found in the highest stratum and the highest rate in the lowest stratum, and correspondingly for the intermediate strata. There is a very marked differential. The psychological reasons for this tendency are not far to seek, but it is made effective largely because the upper classes know and apply contraceptive methods while the lower classes do not to the same extent except in countries like Holland and France. For this reason it is contended by many that birth control is in large measure dysgenic at present in many countries, including ours, and, indeed, that by reason of this differential, if not remedied, the race may be heading downwards to decadence if not extinction. If so, the remedy is to extend contraception to the lower classes so as to secure a proper balance. It cannot be removed from the upper classes, for it is there to stay, nor does it seem possible to persuade those classes to have more children, as they ought to if they can—although in Holland the extension of contraception to the lower classes seems to have led to a higher birth rate among the upper classes.

In speaking of classes, care should be taken not to assume that the socially and economically elite are necessarily the psycho-physically elite. The apparent difference in degree may be merely or largely the result of difference in environment and opportunity rather than heredity.

Further, it is quite as important that the race shall not go backward as that it shall go forward. Elimination of the unfit promotes both objects. Indeed, the great danger lies in the propagation of the unfit. Positive or long-range eugenics through artificial selective breeding may be only a distant hope, but negative or short-range eugenics through elimination or avoidance of the unfit should be much more feasible. Voluntary parenthood through birth control seems to induce a consciousness, as well as to provide a means, for race improvement. It opens the mind to more extended sterilization and segregation of the unfit. It enables the selfish, frivolous, weak and diseased to avoid propagating their kind. Contraception also enables the fit to avoid the excess which results in the propagation of the weak.

or sickly and the neglect of the fit. In short, it furnishes the race **with** the means of **self-rehabilitation**. "And so," to quote from Julian Huxley, "man may take up **his birthright, which** is to become the first organism exercising conscious control over his own evolutionary **destiny**."

Lastly, philanthropy. As war is dysgenic in that it destroys the fit, so philanthropy is dysgenic in that it preserves the unfit. It not only permits the weak and incompetent of mind and body, the lazy and the diseased to propagate their kind, but it takes special care to nurture and preserve them so as to enable the process to be repeated and multiplied. It permits this among those kept in institutions at public expense as well as among those at large, and this in the face of the teachings of modern science that the **elimination** or avoidance of the unfit is the most fundamental requirement for the **improvement** of the stock. We not only do not, as did the cultured Greeks, wilfully kill or expose the unfit, but we do not even let nature operate to this end through the struggle for existence. This is perhaps the greatest danger to the race—"self-caused degeneration."

None would question that the altruistic **spirit** is one of the highest attainments of man, or that its growth in practical **application** in recent times is one of the finest fruits of our evolution, but there is not the slightest danger of its becoming atrophied, however much distress and misery may be diminished in the world. Its professed object is,

indeed, to diminish these evils, although in a broad sense it **practically** only relieves them temporarily.

We have become thoroughly imbued with the idea of the efficacy and wisdom of preventive measures, and we pride ourselves that we have passed largely to the case and **investigation** method from that of indiscriminate chanty, that we are **promoting** education, **religion** and **industry** as never before. We deceive ourselves into thinking that we have got to the root of the matter. We have advanced too far to pursue nature's harsh course, and none would advocate **putting** on the reverse. But why not really get to fundamentals in preventive methods? Granting that we should not destroy the unfit but even should care for them if and when born, and so negate the beneficial effects of the struggle for **existence**, even at the ultimate cost of the race, why should we not, so far as may be, prevent the production of the unfit and thus eliminate the destructive struggle for **existence** itself by rendering it unnecessary?

That would be philanthropy or altruism of the **highest** kind—preventive of the misery of the unfit by avoidance of the unfit and at the same time promotive of the improvement of the race. The only **feasible** way appears to be by birth control, which seems destined to remold and enhance our whole conception of true philanthropy and its methods.

—Excerpt from a paper delivered at the January meeting of the Social Science Association of Hawaii

## Morals for Tomorrow\*

By REVEREND ROBERT WESTON

**T**HE MORALS of our contemporaries seldom trouble us when they do not **inconvenience** us, it is the morality of the next generation which plows the furrows across our forehead. Conservatives and **liberals** alike are troubled by them, for the conservative's moral system no longer seems to work, and the liberal all too often has not developed a moral system to take the place of the old which he now **distrusts**. The conservative **tries** to bolster up his old system by **legislative** prohibitions and **stricter** punishments, the liberal puts on a brave face of toleration and amusement to cover

up the inner helplessness he feels in a **situation** which is out of his control as much as it is beyond the control of the **conservative**.

Thus the problem of **birth** control from the moral angle is not a problem of the morals of our **generation**, we are disturbed about what **this** liberating knowledge is going to do to the morals of tomorrow. We ourselves have a traditional **training** which **acts** as a rein upon our social behavior, youth even in sex relations acts **with** a seeming carefreeness which we envy them but which gives us **alarm**. Birth control of some sort for our own generation would probably win the approbation of all, but for the **disquieting** thought of what youth will do with such

\*Excerpt from a sermon delivered at the First Unitarian Church of Trenton, New Jersey

knowledge **Insufficient** Incomes, poor health, bad environment, and the tremendous strain **which** **childbearing** puts on a woman's health, all these are **widely recognized** as **sufficient** causes for **limitation** of the size of **families**, and there is a happy sound about the words "**voluntary** parenthood" **which** pleases all But when methods of limitation are **considered** the **disquieting** thought of Irresponsible youth **arises**, the **conservative** retreats from the advanced **position** and digs in **behind his** antiquated morahy, while the **liberal** seeks an **ineffective** compromise

Only the practice of contraception can provide a method of **limiting** the size of **families** **which** is also harmonious with the ideal of the complete **life** Fear and ignorance are not safeguards which will ever **permit** the **achievement** of the complete and finest **spiritual life**, only the development of wholesome respect for **life** and society, and the consequent **ideal** of the complete life rather than that of the **life** of self-denial can safeguard the morals of tomorrow

Not even the **fulminations** of the Pope and **Musolini** in Italy, nor the **impassioned** pleas and **fanatical** **legislation** of the government in Catholic France have resulted in any marked **increase** in the birth rate of those two **countries**, while in this country **vigorous** sermons by **Catholic** priests **attacking** the **principle** of voluntary parenthood have many times been the cause of **withdrawals** from the church Catholic lay-organizations may adopt **high-sounding** **resolutions** condemning the use of contraceptives and **urging** the glory of large **families**, but their own **families** show far fewer children per **family** than those of their parents, and neither pnestns nor their own people will **believe** that **this** decrease **is** due to **ascetic living** The **economic conditions** of modern life make it **vicious** to bring into the world more **children** than can be decently cared for Whether we **like** it or not, the present age **is** forcing upon us a more trustworthy and wholesome method of **limiting** the size of **families** than the **practice** of continence The old morality **is** breaking under a **strain it is** incapable of **withstanding** We cannot depend upon **it** to prevent **illicit** sexual **relations** between **unmarried** youth, for the knowledge of birth control is **spreading** so widely that they **will** get it whether we approve or not The **discrepancy between** theory and **practice** among the conservatives insures the ultimate **victory** of birth control Young people may

*Birth control as a social sennce w more than ever needed in these times of depression Not a day passes but that I see the bad results of the failure to put this service to use widely long ago*

New York City

ALLEN T BURNS

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take from **their** elders the idea that birth control **is** **sinful** and that knowledge of it **is** to be kept from others, but they **will** also take from them the custom of **violating** the **restrictions** **which** they could **impose** upon those others

"What will **this** do to the morals of the next **generation**?" We must take the **risk**, and try to meet it, not by **protecting** and perpetuating ignorance, and **encouraging** fear, but by **trying** to **build** up a public acceptance of the **ideal** of the completeness of the wholesome **life** It is the love of virtue **which** has protected young people from **mistakes**, not the fear of consequences I do not beheve that it matters whether those who seek knowledge of **birth** control are **married** or not, for somewhere they will get some sort of **information** If they **wish** it for protection from the effects of **illicit** relationships, it is far better to **give** them that protection than to subject them to the **risk** of **bringing** unwanted unhappy children into the world, for they **will** take the risks whether they have the **information** or not

I **believe** in marriage, in permanent **marriage**, for I **believe** that the deepest and most **satisfying** love **is** the result of years of mutual cooperation, years of conscious effort on the part of two people to adjust themselves to each others needs and purposes and **ideals** I think **light** and **easily** formed attachments outside of **marriage**, easily broken, have a tendency to reduce all of **life** to **its** lowest common **denominator**, to depnve life of its greatest and most **abiding** satisfactions, and to prevent the **possibilities** of ever **attaining** such heights But I do not believe that fear ever prevented young people from forming such attachments **without** also **dragging** their concept of hfe down into the **mire** of the unclean, and that is a much greater injury than can result from an overpowenng love which causes **indiscretions**

The withholding of knowledge has a tendency to encourage **irresponsibility** When children are taught that the sex act **is** a **normal** wholesome part of hfe, that **it carries with it** great **responsibilities**

and is also the necessary condition of the richest and most abiding spiritual union, we may trust them to accept and use that responsibility at least as well as we have done, and probably much better.

Birth control is here. It is here to stay. We cannot prevent youth from obtaining a knowledge of it, therefore it seems wiser to establish clinics where those who desire information concerning it can obtain the best information from wholesome and capable instructors, rather than to keep them in ignorance and attempt to restrain them through fear. There is no substitute for wholesome moral

training, and until such training is made possible for children we can only hope that wholesome influences which even now are operating will outweigh the unwholesome in determining their lives. Fear must be counted among the unwholesome influences which corrupt mankind.

Let us then stop hesitating and make our voices count for the establishment of a new and sounder morality, for the repeal of laws which prevent the giving of scientific information of methods of birth control, and for the establishment of clinics to give out such information in all our cities.

## Let Power Speak

By JAMES RORTY

IT IS ESTIMATED that between five and six thousand social workers will attend the National Conference of Social Work which meets in Philadelphia on May 15th. These people will represent specialized knowledge in their various fields, integrity, and devotion. But in all fairness it must be said that they represent neither power nor the responsibility which is inseparable from power.

The profession of social work in America is essentially a liaison service between the ruled and the rulers, a liaison officer, much less a liaison private does not, cannot speak as one having authority. In the present crisis the dilemma of the social worker is that his is the immediate responsibility. To him the jobless and more or less starving millions of America turn, both for immediate relief and, to a degree at least, for creative dealing with the basic contradictions of our social, economic, and political system. But, again, the social worker is merely a liaison officer. He does not wield power. He must educate power, persuade power to act intelligently, creatively in the general interest and also in its own interest. Pushed to the wall by the sheer desperation of the underlying population, the social worker must pass the burden and the threat of this desperation on up to the seats of power, and social workers are doing just that in the present emergency. At the coming convention, it may confidently be predicted that they will speak out even more frankly, more desperately than hitherto. They cannot meld power, they can and must confront power with the threat of general chaos and demoralization, infinitely wasteful, utterly unpredictable in its ultimate issue.

Where at this moment does power lodge in the American scene? In the hands of business, of finance, of a comparatively small group of powerful individuals. To them the social worker reports, whether he is speaking to the Board of Directors of a philanthropically subsidized relief agency, to the City Council of a stricken industrial city, to a state legislature or to the Congress at Washington. I am quite aware that this is an over-simplified statement of the situation, but in essentials I believe it to be accurate. Its application to the present problems of the birth control movement can be quickly made.

In general it seems neither just, pertinent nor useful to attack social workers for their failure to come out forthrightly and officially for the expansion of contraceptive service as one crucially important means of meeting the present emergency. Unofficially, social workers scarcely need to be educated or convinced, they are not merely convinced, they are acting, they are everywhere and increasingly referring relief cases to the available clinics, sometimes at the very risk of their professional careers and their jobs.

But the Boards of Directors to whom they are responsible are not acting. Not one philanthropically financed relief agency has come out officially for birth control. As a journalist, with no social work connection or inhibitions, the writer is in a position to say that this is stupid, cowardly, and dangerous. Which is more important? The residual debns of our Puritan and Catholic mores, or human life? The powers behind social work must answer, and the tune grows short.



# A New Tool in Social Work

By GLADYS GAYLORD

**T**O BEGIN WITH, one should not confuse **contraception**, the voluntary use of methods preventing conception, with abortion which is interrupted pregnancy, nor with **sterilization** which is permanent **sterility**. **Contraception** is family **regulation** and suggests a **definite** plan on the part of parents. When instructed in proper methods by a **physician** parents are able to **avoid** a too **rapid** succession of **pregnancies** which **undermine** the mother's health and lower the moral standard of the family. It is safe to assume for **instance**, that **eight pregnancies in eight years** is too much for any woman even under the most favorable **circumstances**. Fear of pregnancy and **ensuing tension** in family life is a **disrupting** factor in many homes **besides** those that have been actually broken for **this** or other causes. If unwanted **pregnancies** are **avoided** there **will** be greater **opportunities** for the health and development of each **child**. It is a new tool in family **rehabilitation**.

## SCIENTIFIC BIRTH CONTROL NEEDED

Fortunately for the **social** worker most parents under any of the above **situations** desire family regulation, but have been frustrated in their efforts to secure **reliable advice**. The use of patent **medicines**, **material** picked up at **drugstores**, the **practice** of all sorts of methods learned from **neighbors** and from house to house peddlers, plus the well-known and altogether too frequent abortion, are **evidence** of **this** desire. The **evidence** of the desire is **encouraging**, but the effect of these experiences is to be deplored, **since** it has left the **majority** with the feeling that all methods are **fallible**, except abortion, which they admit is **sometimes** fatal. The **result** is a general **feeling** that nothing is effective—the common phraseology is “if you get caught, do **something**.” There probably **will** never be an accurate check of the harmful effects and **fatalities** caused by the **practice** of abortion in **America**, but **social** workers know that it **exists** to an alarming extent. **Failure** of methods tried and the fact that patients earnestly **seeking** help from **physicians** have often been laughed at, has left them with a natural **skepticism** toward any method of **regulating** conception. It is **this** **skepticism** and lack of

**information** regarding the newer methods now accepted and used by those in more favorable **circumstances** which make the problem a **difficult** one for the **social** worker.

No one should be urged to attend a family **regulation clinic** unless so urged by a **physician** for a serious health reason (cardiac, **active tuberculosis** and **certain kidney diseases**). This is a health service to be used voluntarily and is preferable to the **practice** of self-induced abortion or other methods of family **regulating** which are frequently **either** **physically** or **psychologically** harmful. The **limitation** of a family for **economic** or **social** reasons may seem **desirable** to the case worker but **this** plan can only be **effective** when it is the desire of the parents themselves. Whenever **possible** it should be the **joint** plan of both parents, and not the desire of one imposed upon the other. The Roman Catholic Church and **certain** other **religious denominations** have made voluntary family **regulation** a moral issue, therefore, it would be a **grave mistake** to **raise** a **conflict** by even **suggesting** **this possibility** to clients whose church has taken a definite stand against such regulation.

Notes from the **experience** of the Maternal Health **Clinic** of Cleveland give an **indication** of what can be accomplished when **clinic** and **social agencies** work together. At this clinic 761 or 72.7 per cent of the 1,046 patients who used the service between March 1928 and March 1931, were referred by the **social** and health **agencies** of the city. On June 1st, 1931 there were 831 or 62.9 per cent who were still using successfully the methods taught by the clinic, **continuing** to return regularly for supplies. This **high** per cent of success is **probably** due to three factors: the **intelligent** referral of patients by the various agencies, the careful **individual instruction** given by the **clinic physicians**, with **recurring visits** as a check-up on the use of method, and follow-up work of nurses in the homes to insure proper **understanding** of the doctor's **instructions**.

What a change there has been in the chance for young babies since the establishment of pre-natal and baby **clinics**! The time is **coming** when parents **will** learn to secure for **their children** a better **herit-**

age by planning each pregnancy at a **time** when they are physically and **mentally** sound They will learn to avoid the **drain** on health and finances of too **rapid pregnancies**, to have **their children** spaced near enough together to be playmates, but far enough apart to ensure reasonable shelter, enough food and fresh **air** for each child and to allow more chance for the teaching, **training**, and **guiding** of **their** minds and habits Thus would the **heritage** of each **child** be secured **This is** the hope and **aim** of many mothers today who do not yet

understand that they can secure **this** opportunity for **their children**

**This** field **is** hardly touched by social workers, yet one **offering** untold **possibilities** **It is** a social worker's **responsibility** to **substitute** the best **medical advice** on contraception for the **unsatisfactory** methods now **in** common use and which are the **only** ones usually **available** to the women whose **physical**, social or **economic situation** make **immediate conception** **undesirable**

*Hospital Social Worker, January, 1932*

## Relief Agency Recognizes Birth Control

**T**HE Association for Improving the Condition of the Poor **is** interested in **protecting** the health of mothers and **babies** As one **manifestation** of **this** interest, the **Nursing Bureau** of the **Association** has worked out a **definite** standard **which** the nurses follow in **helping** the men and women of the **families** under health **supervision** to procure contraceptive **information** and **materials** The **organization policy** is carefully safeguarded, as the **decisions** relating to referral to contraceptive **clinics** rest **with** the **nursing supervisors**, under the **direction** of the **A I C P psychiatrist** The matter of contraception **is** **discussed** with both husband and **wife** If there seems to be any **psychological** problem involved, the **situation** **is** always referred to the **psychiatrist** for **direct action** The **organization** refers **clients** to the **authorized birth control clinics**

The following **is** an excerpt from the *Manual for Nurses*

"Since the New York State law **permits** the **dissemination** of **information** about **contraceptive** methods only as a health measure and only by a **physician**, it logically falls **within** the **province** of the nurse (rather than the social worker in the **A I C P**) to arrange for such **instruction** when **it is** **considered** **advisable** Reasons suggested by the **birth control clinic** include **cardiac** and **renal disease**, **tuberculosis**, **syphilis**, **diabetes**, **toxemias** of pregnancy, **general debility** and **severe anemias**, **exophthalmic goitre**, **pelvic deformities**, **misplacements**, **tumors**, **inflammations** and **lacerations**, **nursing baby**, **nervous and mental disorders** The **definition** of '**disease**' is very broad, and modern medicine emphasizes particularly its '**prevention**'

"In **deciding** to refer a woman for **instruction** in **contraceptive** methods, **it is** necessary for the nurse to be sure that the woman **is** able to make use of it, **is** **willing** to use it, and **is** not apt to be plunged **into** new **emotional** problems by such use

"The methods so far devised are not perfect and the woman must have adequate **intelligence** to understand what she **is** doing so as not to make errors and so discredit the whole procedure She must be **willing** to employ such methods consistently since one bit of carelessness may destroy the carefulness of months **It** must be remembered that **certain** churches forbid the **limiting** of **families** by artificial means and our **clients' religion** must be respected **It is** **sometimes** more harmful for a woman to suffer pangs of **conscience** than to undergo **childbearing** The husband's **willingness** must be considered, since folk **tradition** condemns the **practice** and since some men consider that knowledge of means of **preventing** pregnancy would lead **their wives** to become **unfaithful** The husband is as much in need of **instruction** as the **wife** if the procedure **is** to be successful

"On the other hand, removal of a fear of further **pregnancies** will **sometimes** give a **family** new hope and lead to a much better **emotional** and economic status **It is** a known fact that almost every couple uses some means of **limiting** the **size** of their **families**, and the common methods employed are often harmful to health, both **physically** and mentally The practice of **inducing** abortions, which often results from **ignorance** of means of **preventing conception**, **is** **widespread** and so dangerous that it needs to be **combated** by **legitimate instruction** in better health habits "

ALTA ELIZABETH DINES

# Birth Control and Domestic Discord

By ERNEST R. MOWRER

**THE** importance of birth control in the prevention and treatment of domestic discord grows directly out of the changed conception of marriage and the family in the United States. The historical family was chiefly a status-giving, property-conserving institution. To belong to a family gave one immediately the status of that family in the community. Family pride made the perpetuation of the family name of paramount importance. Sexual adjustment was relegated to a position of minor concern in the pattern of accommodation. Social taboos dictated repression of the sex impulse along with other individual wishes in the interests of preserving family unity.

The emancipation of woman, however, has changed our conception of marriage. It has become not simply a convenient arrangement for the control of sex relations and the support of the wife and children, but a cooperative relationship for the mutual satisfaction and stimulation of the personalities involved. Sex relations are no longer looked upon by many as unclean and exclusively for the propagation of the species. Individuals are coming more and more to feel that they have a right to say how many children they shall have and to determine the interval between births in such a way as to work toward the best interests of the parents as well as those of the children.

And while the newer outlook is not always as clearly formulated in the minds of both those who are marrying and those who are married, much of their conduct indicates that their expectations are not far different. The result is that domestic discord not infrequently develops out of the lack of a satisfactory plan for regulating sex relations in such a way as to successfully control conception.

The giving of birth control instruction is, therefore, not only a preventive of much domestic discord, but it is also a valuable element in the treatment process. If properly given, this sort of instruction makes it possible for individuals in marriage to enjoy the exhilarating effects of the most intimate of marriage contacts without the constant menace of the fear of pregnancy.

Birth control instruction, however, is not to be isolated from other essential elements in both the preventive and treatment processes. It is necessary that instruction go beyond educating the individuals in the mechanics of contraception and include sex hygiene instruction as well. What individuals need to know is that sex impulses are normal and that in their satisfaction is to be found the most sympathetic fusion of two personalities possible in marriage relations. Contraceptive knowledge combined with sex hygiene becomes, thus, a tool in breaking down a host of puritanical inhibitions which are responsible for much conflict.

Birth control, therefore, will in the future contribute much to happier marriage by removing the fear of pregnancy and the economic burden which frequent childbearing is bound to have upon the family. Placed in its proper perspective in a program of sex hygiene, which will teach individuals what to expect in sex relations in such a way as to raise these contacts from the realm of the release of physiological tensions to that of a mutually satisfying experience, birth control will be considered an essential part of the equipment with which each individual enters marriage. In the meantime, however, it will be necessary frequently to fall back upon such instruction as a treatment procedure rather than as a preventive program.



# Questions from the Audience

By ALBERT P. VAN DUSEN

**F**OR TWO YEARS I have been lecturing on the various individual and social implications of birth control and have always encouraged questions from the audience. Responsiveness, however, has varied. Some groups have been unable to allow time for questions. In small towns, people are often afraid to ask questions because they dread the whispers of neighbors on the morrow. Again, questions have shown a fine spirit of inquiry, a real desire to know, and have afforded an opportunity to unfold the many ramifications of the birth control movement.

A sense of humor and an endowment of patience is necessary when the speaker is called upon to answer some inquiries—for some propound the unanswerable. For example, "How would you reconcile the maternal and paternal instincts with economic conditions?" Or "In so far as God created man—some of whom we regard as detrimental—can we eliminate such?" We leave the interpretation of meaning and the answers to higher powers. In a midwestern church, some one sent this query to the platform: "Paderewski was a seventh child. If birth control limited the family to three, would not the world lose many notable men?" However disappointing such a question may seem, it affords an opportunity to explain the mechanics of heredity, as well as some of the problems relating to superiority and mediocrity.

The urgency of the world's present industrial needs brings many inquiries anent the economic situation. "How will birth control help maintain a balance between production and consumption?" "Will birth control, drastically carried out, restore the balance?" Some want the speaker to show that underconsumption is not due to overpopulation, a fact that some birth control advocates need to recognize. In this connection one naturally answers that immediate economic relief may be afforded to the family and society by limitation of fecundity, and one may lead on to a careful statement of the age-long significance of the Darwinian formula, "the struggle for existence."

I have been asked about birth control in dealing with unemployment. The form of the question varies. One asks "Will birth control be necessary

to reduce unemployment?" Another implies that we would have no unemployment had birth control been universally understood. The answer must steer between Scylla and Charybdis, must make plain that unemployment is due, mainly, to the advance of mechanical invention and the unwillingness of capitalists to depart from *laissez-faire* principles sufficiently to stabilize production and distribution. On the other hand, birth control is needed to afford us relief while we are struggling with the insistent task of reorganizing the whole economic system. Birth control will not cure unemployment, it will relieve some of our pain while we search for causes and seek to remove them.

"What shall we fight for first," is frequently asked, "the settlement of our economic conditions or birth control?" A traveling salesman in the audience is convinced that socialist and communist viewpoints have won many adherents in the present period of depression. A radical places before the speaker this question: "Why not give one's attention first to bringing in a collectivistic economy to replace capitalism, since birth control will follow?" Another variation of this attitude is "Why not work exclusively for communism? Is not birth control, relative to communism, unimportant?" It is difficult to make these people see that economic reconstruction may be an immediate necessity, while birth control is a never-ending need of society.

A goodly number are interested in birth control legislation. Here are some verbatim inquiries: "What is the Ohio law on birth control?" "What is the status of Margaret Sanger's work in Washington?" "Is there a law in our state against doctors' giving birth control information?"

One practical question appears often and runs about this way: "How can we get the information to that class of people who need it most?" This affords the speaker several openings. He may explain the clinic. He may speak of the need of socializing the family doctor and getting him to prescribe for the poor and underprivileged. He may show the importance of undoing the foolishness of Comstockery by modifying the federal obscenity statutes, as Mrs. Sanger is now seeking to do.

Lest readers think I am too pessimistic in regard

to the value of **questions**, I quote a few that reveal an **enlightened** interest

"Why does the Catholic Church oppose **birth control**?"

"Should not birth control be settled as a world problem?"

"To what extent are the **various religious** denominations **coming** to have a favorable **attitude** on **birth control**?"

"Should a clergyman talk over sex relationship with young couples before **marrying** them?"

"Is there not a way to reach Parent-Teacher **organizations** with **birth control** **ideals**?"

"Can you teach the masses to act rationally in regard to **birth control** if they are entrusted with such knowledge?"

To answer these questions is to deal with more than is **ordinarily** subsumed under the **title** of **birth control**. Indeed, if one is to do **educational** work in this field, one must reveal the many connections between **birth control** and other social questions, and **impress** people with the size of the task.

In our comparatively backward **America**, **birth control** is still regarded as a **controversial question**. Very well, then, let us have your **questions**. Let us thresh the matter out.

## Birth Control Centers in Settlements

By CHARLOTTE DELAFIELD MARSH

IN THE SPRING of 1929 the American Birth Control League suggested that some of its younger members start a committee for work in New York City. The **following** account of the **activities** of the group, at first called the **Junior Committee**, now known as the **New York City Committee**, map point the way to **similar** undertakings in other cities.

**Wishing** to be well-informed on the general **situation** we decided that the **logical** first step was to make a survey. We **visited** **hospitals** and found out that contraceptive **information** was **given**, when at all, only to patients already in the **hospital**, and then only in cases of **senous** need. It seemed to us better to teach mothers before they reached this point, and we decided to turn to the **social** workers for help. We interviewed many "hey" social workers and found them **sympathetic**, but vague as to what they could do. At this **time**,

*The psychology of the unwanted child and the subsequent effects in the home are certainly interesting and important mental hygiene aspects of birth control*

CHRISTINE C. ROBB

*Institute for Child Guidance, New York*

1929, there were only two birth control **clinics** in the city, the **Clinical** Research Bureau and its **Harlem** branch.

We concluded that the most practical work on hand was to open as many birth control centers as **possible** near the homes of poor mothers and that settlement houses were the **logical** **places**. We found settlements **willing** to **give** us the necessary space rent free, and to lend us a **trained** nurse or **social** worker. We provided the **physician** (approved in each case by the **medical director** of the **American Birth Control League**) and bought the equipment and contraceptive supplies.

The great Day for our committee was when we opened the first Mothers Health Center at **Madison House** in October, 1930. It was, we think, a great day for the mothers as well. It is hard to **imagine** the **difficulties** and fears that haunt poor mothers of large **families** when they need such **intimate** help. The settlement to **which** they are already accustomed to go in **time** of need is the **ideal** place to **give** them **this** new **service**, quietly and **without publicity**. Into the ears of the woman doctor they pour tales of misfortune, **knowing** that such a woman **will** understand and sympathize.

The question of **charging** a small **clinical** fee arose **almost** at once. It was finally decided, after conferences with doctors and social workers, that greater cooperation could be secured from the patients if a small fee were charged for **supplies** and **services**. But no mother is turned away because she cannot pay.

We have opened six Mothers Health Centers, five of them **holding** one session weekly and one three **sessions** weekly. We have a **professional** field worker to **coordinate** and carry forward the work. We have also organized an advisory committee of prominent physicians.

A second and **important** part of our program is educational. **Coincident** with the opening of each new center we have given a luncheon to which we **invited** **representatives** of all the **social** **agencies** in the neighborhood. In addition we have been **holding** **similar** luncheons in sections of the city not yet

served by a mothers health center, and told the **social** workers who attended of our aims and plans. More than one offer of settlement space has come as a result of **asking** for **cooperation** in this way. Our method of **reaching** the actual patients **has** in all **cases** been through the local social workers, to whom we have **given** pamphlets for **distribution** **written** in **English** and **Italian**, Spanish, Yiddish or whatever is the **predominant** language of the neighborhood.

Our funds have been raised by a yearly theater benefit performance, an idea which may or may not be **applicable** in other **cities**. Our hope **is** that the settlements **will** eventually take over the **responsibility** of **financing** the centers. When the **necessity** for **contraceptive** service has been fully **demonstrated** this will surely come about. We will then be able to use our own funds to start new centers, **which** will in turn become self supporting — thus **enabling** us to enter new fields.

In **conclusion** the object of the New York City Committee **is** "to make reliable **birth** control information **accessible** to those mothers most in need of it." Our program is

1 To **organize** centers for birth control advice in settlement houses and **maintain** them until their value is proved and the settlements take them over.

2 To secure the cooperation of social workers in **making** this advice **available** to mothers in their care.

3 To promote the organization of **similar committees** in other **cities** in New York State.

4 To **inform** the **public** that the work of the centers is legal.

Our records show **that** the average annual cost for a center (one **session** per week) in a settlement house, where rent and **equipment** **is** furnished, **is** \$500.

Doctor's salary	\$275
Medical <b>supplies</b> (\$1.00 per patient)	275
Total	\$550
Receipts from <b>patients</b>	\$ 50
Average cost	\$500



To **function** and act from the **deliberate choice** of **intelligence** **is** the **highest form** of **spirituality**.

J KRISHNAMURTI

## Is Contraceptive Advice Necessary?

Ten case **records** from the Center **for** Birth Control **Advice** at the Maternal **Aid** Association, New York City.

**Mrs A** 39 years old 13 **pregnancies** 6 **living** children — 20 years to 18 months 2 abortions (last one two months ago), 1 still **birth** 4 deaths. The last pregnancy **terminated** with an abortion **complicated** by a hemorrhage.

**Mr A** 52 years old, **unskilled** worker, employed through the Emergency Work Bureau at \$15 per week. The oldest daughter was **married** at 17 to a widower **with** 3 children by **his** first wife.

**Mrs J** 23 years old 3 children — oldest 2 years, youngest 3 months. **Mrs J** suffers from chronic bronchitis, **malnutrition** and anemia. She **is** subject to frequent pneumonia. **During** her **last** pregnancy she was too **ill** to take care of her **children** and they were placed in an **institution**. The youngest is **still** at the Hebrew Infant's Home.

**Mr J** 26 years old, printer, earning \$15 per week. Recently lost **his** job. The **family** is being cared for by the **Jewish Social Service Association**.

**Mrs K** 33 years old 5 children — 13 years to 5 months. **Mrs K** **is** **post-encephalitic**, was **ill** in 1923. She appears very dull, slow in thinking and acting, incompetent, suffers constantly from headaches and dizziness.

**Mr K** 38 years old, a presser, works **irregularly**.

**Mrs M** 26 years old 3 children — 6 years to 5 months (1 infant death). **Mrs M** a very bad cardiac case.

**Mr M** 30 years old, **unskilled** worker, employed by the Emergency Work Bureau at \$15 per week.

**Mrs C** 25 years old 3 pregnancies — 2 **living** children, 3 and 2 years old, 1 abortion. **Mrs C** is under the care of a mental hygiene **clinic** **since** the **birth** of the last baby. Her condition **is** **attributed** to fear of pregnancy.

**Mr C** 27 years old, operator, works irregularly, averages \$20 per week.

**Mrs H** 32 years old 4 children, 11 years to 5

years Mrs H suffers from a gynecological condition

Mr H is a mental case Both husband and wife show positive Wassermans The family lives on \$90 a month from the American Legion

Mrs P 40 years old 9 pregnancies—6 living children, 18 to 4 years, one abortion, 2 infant deaths Two children are mental defectives, the others are subnormal

Mr P 38 years old, tailor, working very irregularly

Mrs C 38 years old 4 children—13 years to 3 years The oldest child is a cardiac Mrs is undernourished and neurotic, fears pregnancy and has had no sex relations with her husband since the birth of the last child A good deal of friction in the family

Mrs S 20 years old 1 child—three months old Mrs S suffers from gall bladder disease, T B is suspected

Mr S 23 years old, lost four fingers of right hand in an industrial accident Was taught radio mechanics at the Institution for Crippled and Disabled Men, but cannot get steady work

Mrs W 38 years old 9 pregnancies—5 living children, 15 years to 10 months 4 infant deaths Mrs W is asthmatic

Mr W 41 years old, tubercular Family under the care of the Jewish Social Service Association

## How Shall We Start a Clinic?

By CAROLINE H. ROBINSON

ONE may venture to say that there are now many small cities ripe for the founding of a birth control clinic

Given a community that is ripe, to take a specific city of 60,000 as an example, a week or so of hearty labor by some energetic person will suffice to see the thing done However, one essential must always be at hand This is that a local leader in the medical profession must be, perhaps secretly, quite sympathetic and humanely concerned about the poverty-stricken mothers-of-many who need contraception in his town It is also probably necessary that at least one well-attended lecture upon birth control shall in the past have been given at such a place as the woman's club

One just man shall save the city, with ease. if

only he be prominent in medicine It is not at all necessary for him to become very conspicuous in the matter of a clinic But, it should be remembered, contraception is a specialty which has brought a number of American physicians a solid reputation among all the best people for public spirit, professional progressiveness and unselfish integrity

The organizer, either self-appointed or imported, should first canvas every wealthy woman and every active woman volunteer in charity In our city of 60,000, thirty were seen or written to, and all except a few consented to hear more of the matter, and then almost immediately endorsed the idea of a clinic Some consented to be listed as approving a clinic, without wanting to attend a luncheon meeting to hear about it The rest consented at the luncheon These women represented both millions in money and also nearly every philanthropy in town, and the list was imposing when taken to the Interested medical leader, call him Dr A

His advice was sought as to what physician to approach for active head of the clinic He suggested Dr Mary X because she is well-liked, even by usually jealous confreres Dr Mary X was shown the list of lady sponsors and asked to furnish a long list of local medical "bigwigs" whose support would give her the necessary confidence to proceed A letter signed by a medical birth control leader in a neighboring metropolis was then sent to this whole medical list, saying that Dr A had consented to have anyone Interested meet at his office on such and such a day to discuss the matter of a clinic Scarcely any doctors attended but there was sufficient assent by word of mouth. as the doctors met at their hospitals, etc, from day to day, to encourage Dr Mary X to proceed

Social workers had already been interviewed and had promised to send patients quietly (on their personal responsibility and not as from their organization) in the ordinary course of case-work So it was understood from first to last that there was to be no publicity for anyone It was also understood from the beginning that there was to be no demand on the sponsoring ladies for money And no patients taken except the indigent

In general, financing may be managed as follows first and foremost, try determinedly to get quarters and gynecological equipment loaned for one afternoon or evening a week, perhaps from a specialist who does not use his office at all hours

It is a great pity to get a hastily set-up clinic tied to a rent bill the first thing, and so we find that Dr Mary X is wisely loaning her own quarters. Second, collect a \$3 or \$5 donation from each of the interested ladies. Third, look for a single wealthy donor willing to make an annual supporting subsidy. If, as often happens, in a pinch, a doctor can be found to work for nothing, patients can be managed at a cost of \$1 per head for the bare supplies. In the city we have been describing, a retired registered nurse has volunteered her services during clinic sessions.

The political boss and other leaders had been approached several times about birth control legislation (and in the end it was the wife of the second in command who chiefly helped found a clinic), a meeting with authoritative speakers had been held for social workers, a \$100 lecturer on birth control had been secured for the Woman's Club, and this meeting was carefully publicized in all the county papers, was largely attended, and resulted later in a resolution endorsing the cause. Finally, several doctors were visited and induced to invite medical experts to lecture at a meeting of the County Medical Society, and later certain physicians were invited to a very special medical affair in the neighboring metropolis. Precisely this—which was not a great deal since it was spread over five years, but note there was not one lost motion nor futile gesture in the lot—had made the city "ripe." Every bit of the interest had been planted, no social worker, physician or club woman, so far as I know, had voluntarily pushed the matter. But, on the other hand, scarcely one failed "to come across." Such is the inherent strength of our cause.

To sum up, after the initial ripening work, three simple steps in procedure were required to secure a clinic. For these steps, two interested persons made two and a half dozen calls, gave a day to the luncheon and some hours to another meeting, and sent out four sets of letters.

Of course there will be discouragements—even in this movement which ought to lift such burdens of future chaff from the shoulders of the tax payers, and which certainly seems salvation today to those poor mothers whom it reaches. One sometimes thinks of the verse of Scripture in which it is told how He tried to gather them as a hen her chickens under her wings—"And they would not." People are often slow to grasp what is so much for their benefit. But in the end they do

## Social Agencies in Detroit

*Summary of a Questionnaire Sent Out by the Birth Control League of Michigan to Twenty-Eight Social Agencies*

- 1 Do you ever refer persons to a birth control clinic?
 

Yes	20
No	2
(one of these refers patients to physicians in its own institution)	
No answer	6
- 2 Are there any groups whose members you do not refer to a birth control clinic? Name such. On what basis do you make exceptions?
 

No exceptions	10
No policy	3
Basis of exception stated	8
No answer	7
- 3 How far do you encourage clients? Do you wait until they ask for advice or do you suggest visit to a birth control clinic?
 

Agency takes the initiative	7
Agency takes the initiative except with Catholics	4
Agency takes the initiative except with clients who have family physicians	1
Clients must ask for advice	2
Agency prefers to wait until client asks, but makes suggestion when necessary	3
Decision left to medical staff	1
No policy	2
No answer	8
- 4 For what reason do you make the suggestion? Economic, health, social
 

All three	10
Health only	1
Economic mostly	4
Health and social	1
Any or all at the request of the client	4
No answer	8
- 5 Do you automatically refer those families where the wage earner is unskilled and where there are more than a given number of children?
 

Yes	4
No	14
Yes, except where religious groups or private physicians object	1
Not automatically, but we make a special effort in cases of this kind with two or more children	1
No answer	8



## POPULATION SECTION

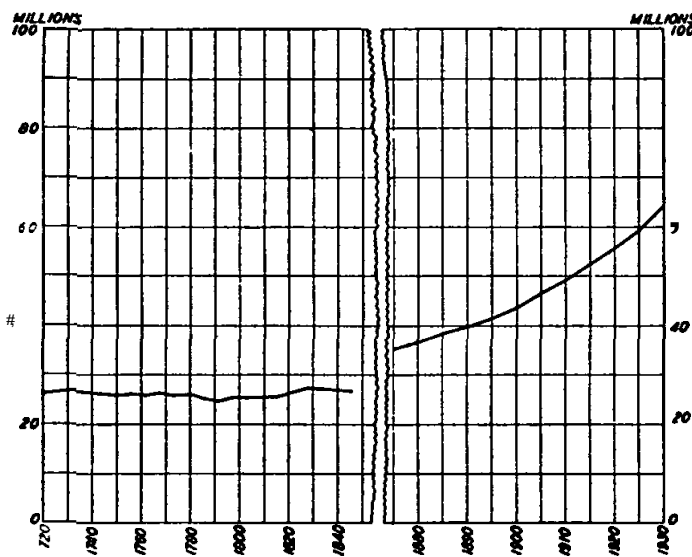
## Population Expansion in Japan\*

By HAROLD G. MOULTON

**W**HILE in the nature of the case reliable data are not available as to the population of the Japanese islands during the early centuries, a number of estimates have been made for different periods. In the seventh and eighth centuries, A D, following the period of expansion that came with the extensive migration of Chinese and Koreans to Japan, the population has been variously estimated to have been from 5,000,000 to 8,000,000 or 9,000,000. Since early in the eighteenth century the data are much more reliable. Beginning with the year 1721, population figures were compiled practically every sixth year until 1846. The number of people and houses in every village, town, and country was calculated with the co-operation of the temple priests who maintained registration for religious purposes. The recording was in many respects defective and there were numerous omissions. Accordingly, the total population, as calculated, is clearly understated, Japanese scholars estimating that this understatement probably amounts to something like 10 per cent.

The stationary population following 1720 must be primarily attributed to the inadequacy of natural resources—under the economic organization then existing—to support a larger population. The condition of the masses of the people was utterly deplorable, with starvation a constant men-

GROWTH OF POPULATION, JAPAN PROPER, 1721-1930\*



the rank and file of people, in the big cities and in the country alike, "thought no more seriously of infanticide than of rooting out vegetables or herbs."

In Kyushu there was a custom to kill two of five children born to their parents, in Tosa Province one boy and two girls were considered a maximum number of children to be brought up in one family. In some other districts practically all the babies whose births were reported to the local authorities were boys. Again, in Hyuga Province, only the first-born was allowed to live, all other babies being killed as soon as they were born. By penalties, rewards, and educational propaganda, the Shogunate endeavored to prevent the restriction of the growth of population but without success. The harsh law of economic necessity governed.

In the first decade of the Meiji era, that is, from 1870 to 1880, the increase was only about 5 per cent. In the eighties, it was somewhat more rapid, amounting to approximately 7.6 per cent. In the next decade it was approximately 10 per cent, between 1900 and 1910 it was about 12 per cent, between 1910 and 1920 it was nearly 13 per cent, while in the decade 1920 to 1930 it was about 18

per cent. Since peace prevailed throughout the Tokugawa era the casualties of war did not serve as a check upon population increase. While famine and accompanying pestilences played an important role in restricting the growth of population, the practices of abortion and infanticide were almost universal.

The Japanese word for infanticide, *mabiku*, means thinning, and we are told that

\*Excerpt from JAPAN, AN ECONOMIC AND FINANCIAL APPRAISAL by Harold G. Moulton, with the collaboration of Junichi Ko. The Brookings Institute, Washington, D C 1931 \$4.00

per cent Expressing this growth in terms of the Increase per thousand of **population**, we find that the Increase **prior** to 1895 typically ranged from 5 to 9 per thousand, from 1895 to 1920 it averaged about 10, and since 1920 it has averaged approximately 13 per thousand, reaching a high of 14.5 per thousand in 1928

It will be seen that this Increase of population roughly parallels the growth of the country economically It was relatively slow in the first two decades of the Meiji era, then more rapid as Industrialization got under way, following first the Chino-Japanese and then the Russo-Japanese War, and still more rapid during the expansion era that began in 1915 The slowing down of economic growth since 1926 has not, however, been accompanied by a decline in the rate of increase of population, on the contrary, the line of growth has again moved upward

Since pre-war years there has apparently been some decline in the fecundity of Japanese women, and the marriage age is also becoming later The following table shows the number of births per 1,000 married women between the ages of 15 and 44 years at intervals beginning with 1903 t

Year	Birth per 1000 Married Women	Index Number
1903	269.1	100.0
1908	284.7	105.8
1913	283.0	105.2
1918	272.1	101.1
1926	248.4	92.3

A movement for birth control is also gaining headway The question is frequently discussed in public, and there is a magazine devoted to the subject The problem has been given consideration by a government commission on food and population, and city officials of Tokyo have recently sponsored investigations regarding the feasibility of introducing the practice of birth control among the masses of the people The dissemination of birth control propaganda is, however, illegal, and it is opposed by the Emperor, hence the movement develops but slowly

It will be of interest now to compare the recent growth of population in Japan with that in other countries The birth rate is much higher in Japan than in any of the other countries selected, and nearly double that of France and Great Britain Notwithstanding the high death rate, the excess of births is substantially greater in Japan than

in Italy, and very much greater than in other countries of Western Europe Dr Robert R Kuczynski, in connection with his studies of the balance of births and deaths in the leading countries of the world, has computed fertility rates for Japan for the period 1921-25 He finds that according to fertility rates then prevailing an average of five children would be born to each woman passing through the child-bearing age The rate in Japan is now apparently exceeded only by Russia

*Population increase in Selected Countries, 1920-1929  
(per thousand of population)*

Country	Average Birth Rate	Average Death Rate	Excess of Births
Japan	34.5	21.4	13.1
Italy	28.2	16.8	13.1
United States	21.7	12.0	9.7
Germany	21.0	12.9	8.1
Great Britain	19.6	12.4	7.2
France	19.2	17.4	1.8

It is altogether improbable that Japan can maintain a rate of economic expansion within the next 20 years comparable to that of the last 20 years We have seen that the World War served as a tremendous stimulus to industrial growth, and that in consequence of easy credit and high dividend policies and earthquake reconstruction activities the rapid expansion continued with but a short interruption until 1926 The repetition of such a combination of stimulating factors is clearly not to be expected

Furthermore the effects of an increasing population do not fully manifest themselves immediately While from the standpoint of mouths to feed and bodies to clothe, the results of an increase in population in a given year manifest themselves to an appreciable extent immediately, from the standpoint of the employment problem, the effects are delayed from 15 to 20 years

Those who contend that the population problem is not particularly serious in Japan have been too greatly impressed with the mere figures of production and population growth They have failed to appreciate the adventitious character of much of the economic expansion of the period from 1915 to 1926, and have apparently been unaware of the deferred effects of population increase The truth is that the effects of the rapid increase in earlier years were obscured by the abnormal business expansion of the war and early post-war period, and that in the years which lie just ahead increasing numbers of people will annually come into a labor market which at the very best cannot be expected to expand at a comparable rate

† Compiled for the writer by Dr Shiroshi Nasu of Tokyo Imperial University

## Book Reviews

JUDGMENT ON BIRTH CONTROL, by Raoul de Guchteneere *Macmillan, New York 1931*  
\$2 00

ONE IS LEFT with the **impression** after reading this book that the author, like a certain prosecuting attorney, set out to give the prisoner a **fair** trial and then hang him. Moreover, one notices a total lack of sympathy for those who **differ** with him. Having set out to **indict** birth control, he concludes in **doing** just what he proposed. Altogether the book **gives** the **impression** that it was **written in** a **vacuum**, and does not take **into consideration** that **ever-changing** stream of tendency which "makes ancient good uncouth."

Why, for example, **invoke** Malthus and his neatly formulated **doctrine** of overproduction? Is there any **credited** protagonist of **birth** control who still glories **in this** antique? And as for the chapter on eugenics, here again the author **is wide** of the mark when he spends most of his **time discussing** the folly of trying to **eliminate** poverty by **eugenics**. No one contends that poverty and feeble-mindedness are synonymous. **But why** does he refuse to **discuss** the Jukes family and its ghastly **contribution** of **pollution**? He disposes of the elaborate results which the study of **eugenics** has **given us in entirely** too **simple** a manner. "At any rate, whatever may be the value of these **demonstrations** of **morbid heredity**, they can **in** no way serve as **diagnostic indications** for the future, for the laws of heredity are too complex to allow of **generalizations** from isolated cases, however **convincing**."

It is however in his last chapters, "Birth Control and Morals" and "The Catholic View of Birth Control" that the author begs the **question**. He **begins** with the **major** thesis that the **life-germ** **is** the most sacred **thing** on earth, and that the one **basic** purpose of the **individual** is to reproduce himself. Thus **frustration** of the process of reproduction **is immoral**, and therefore a sin. Yet in a previous chapter he states that sexual **relations** between husband and **wife** are **permissible** when conception (supposedly) **is** not likely to occur. Is this not a deliberate frustration of the purpose for which the act was intended, and **is** not the couple who thus **indulge guilty** of **foiling** the **will** and purpose of God? Again the author offers another "natural" **preventative**, namely the period

during which the mother nurses her **child**, which he states **is** at least ten months. If the act should never be performed save for the purpose of **reproduction**, why allow **it in** this **instance** when, conception, presumably, is less **likely** to occur?

Thus **in** either case he **violates his** fundamental **premise**, and makes void **his** entire argument. Moreover, if **according to his position** the **child** is of primary **importance**, then other factors must be **considered**, as for example its **opportunity** to develop to the fullest **its** latent **possibilities**. And here we enter that very complex matter of what constitutes a standard of living **which** shall assure the **individual** the greatest **possible realization** of **potential selfhood**. It does not seem at all reasonable to suppose that in man's present stage of development **his** one and only duty **is** to reproduce himself as often as **possible**. Surely a great crime **is** committed when **children** are **denied their** fullest development because of the **insufficient** opportunities the parents can **provide**. If the purpose of **evolution** is to produce "first that which is natural, then that **which is spiritual**," it would seem to **imply** that our concern as human beings **is** twofold: first, the physical child, second, the **spiritual** child. And since the **spiritual** must grow out of the material, **it implies** that unless the **material** means are available **it** will be **impossible** to achieve the **spiritual** end.

This book has not much to offer to those who wish to act as **intelligent** human beings, to whom it was commanded—"prove all things and hold fast to that **which is good**."

W WALDEMAR W ARGOW

NEW VIEWS OF EVOLUTION, by George Perigo Conger *Macmillan and Co., New York* \$3

THIS moderately sized volume, one of the "Philosophy for the Layman" series, suffices to give the reader who will make a little effort a well-balanced **notion** of the various aspects of **evolution**, or, as the author prefers to term it, of **evolutionism**. By **evolutionism** he means a **discussion** and **explanation** of **theories concerning evolution**, which **is** a process "said to occur in the world." **Evolutionism** has always been the **view** of **minorities**, but even here **it** has often been held

only **within** the field of some **special science**, chiefly biology, rather than in the general field of metaphysics. It is the **reviewers' opinion** that the subject in its broad **ramifications** can be best presented by the **philosopher**, as in this case, in **distinction** to the scientific specialist.

Life is but one of the main **divisions** of an evolving world, matter and mind **being** the other two. The evolution of culture would doubtless be classed under the last-named. The breadth of the author's **discussion** should **enlighten** the many who see in evolution only a **biological theory aimed at creationism**. Evolution concerns **itself** neither with **beginnings** nor with **endings** but with processes of change. To tell of these and whether they do occur or do not occur is the object of the book.

Neither **naturalism** nor **supernaturalism** can be proved, the most one can do is not to prove but to approve, or not to **disprove** but to **disapprove**. Evolution, as far as it is concerned with the problem of the **origin of biological species**, may represent a kind of **compromise** between **supernaturalism** and **naturalism**, it breaks with **creationism** by emphasizing **inherent causes**, but, if any one **insists**, it still has a place for **supernaturalism** by its **admission** of the open **possibility** of a **supernatural initiating cause**.

One can point to **integrations** and **differentiations** in the field of psychology as well as in the **physical** and **biological** realms. But here again, no one can exclude all **possibility** of the **operation** of **intervening causes**. No one can be sure that God or some other **supernatural agent** has not intervened to make the **neuropsychological** structures and processes of the man **different** from those of the same **individual** when he was a child. But it appears here as elsewhere, that while **intervening causes** cannot be ruled out as impossible, the more **economical operation** of **inherent causes** may be plausibly **inferred**. In other words, evolution offers the **simplest** known statement of the facts of **mind development**.

In a study of culture, **evolutionism** is not so **easily discernible**. Even **serial** arrangement of dates is **difficult**. There is **little** of any actual **evidence** for the **view** that **transitions** occur from one stage to another, and even if one such series could be found and **authenticated**, this would not mean that developments elsewhere were **uniform with it** or **similar** to it. But **biological** or social structures, such as families, tribes, etc., seem to afford **indications** of **integrations** or **differentiations** or both,

and to be **fairly** enough **interpretable** in terms of evolution.

Perhaps **evolution's** greatest value is that of a **"correlating principle"**, whereby the data of **physics, chemistry, astronomy, geology, biology, psychology, and sociology** begin to exhibit more or less orderly **relations** of structures and processes in time."

The chapter on "Some **Philosophies of Evolution**" gives brief and useful **summaries** of the **contributions** of Huxley, Haeckel, **Bergson**, Lloyd Morgan, **Boodin** and others to **evolutionary thought**.

On the whole the book is clearly **written** and as temperate as one could **wish**. There is but a **single illustration, Haeckel's series** of vertebrate embryos intended to demonstrate the **recapitulation theory**. It is time that this famous figure be discarded for something nearer the truth.

C. G. and EVA HARTMAN

COMMON SENSE AND THE CHILD, by Ethel MANNIN J. B. Lippincott, Philadelphia 1923 \$2.00

**THIS** is a book of half truths put forth with **religious zeal**. Personally I am not one to **believe** that much good is accomplished by merely **replacing** old faiths with new or **substituting** a **pseudo-science** for an outworn theology. This is among the many popular books which must be **peculiarly irritating** to competent workers in **psychoanalysis** since the **theories** of Freud upon which it pretends to base an **educational philosophy** are absurdly oversimplified, **misunderstood** and **misapplied**. Miss Mannin belongs to the Rousseauian school of thought which **believes** that human nature is essentially noble, **intelligent** and sane if only **interfering** and perverted adults would leave it alone.

She starts with a **decidedly** appealing quotation from **Browning**:

"Go **practice** if you please

With men and women, leave a **child** alone

For **Christ's particular** love's sake!

Oh, make us happy and you make us good!"

Her method of **making children** happy is strictly **laissez faire** (not such a bad tip for many **over-solicitous** parents). This means complete **non-interference** in a child's spontaneous **activities**.

That over-repression of normal sex activities

and Interests in childhood often gives rise to maladjustments and neuroses in adult life is a modern scientific discovery of the utmost importance. That parents and teachers are always responsible for neuroses is quite another matter. Thus, however, Miss Mannin in speaking of sexual maladjustments in later life

The pity of it is that it could all be so easily averted. A sane sex education calls only for honesty and frankness in dealing with the child's natural curiosity, and after that—non-interference. It is interference—the interference of attempted moral training—which corrupts natural curiosity into pruriency. It has been shown by analysis that perversion in adults is merely infantile sexuality which has suffered "arrested development."

Much as we want a sounder understanding, or, better still, unconsciously sound attitudes concerning sexuality on the part of those who are entrusted with the guidance of children, we are forced to doubt that unhappiness is ever "easily averted" and honest psychoanalysts rarely find perversion, "merely" anything.

It is unfortunate that Miss Mannin's theorizing is so uniformly bad, she offers many good practical suggestions. Her procedure with the child who discovered that a woman may become pregnant without wishing to, was admirable.

I replied that the doctor had examined Mrs. X and told her she was going to have another baby, and she did not want to have another baby. The child immediately asked, looking up in surprise, "Then what did she get mated for? They know it will make babies!" I said, not necessarily, and explained birth control to her. The child digested this information for a few moments in silence, and then she said, "Isn't that a good idea? I think that's an awfully good idea!" I agreed and we dropped the subject.

What seems to me the fundamental flaw in Miss Mannin's case is her failure to perceive the child's spontaneous need for a security which is emotional as well as physical. Such security is based not only on a sense of fair play from adults, but more profoundly on the sense of an authoritative element in his life which, when it is kindly, is often more liberating than "freedom."

ANNA W. M. WOLF

## NATIONAL ORGANIZATIONS for BIRTH CONTROL

### AMERICAN BQTH CONTROL LEAGUE

152 Madison Avenue New York City

Mrs. F. Robertson Jones, *Preadent*

Alice C. Boughton, Ph.D., *Executive Director*

### NATIONAL COMMITTEE ON FEDERAL LEGISLATION FOR BIRTH CONTROL

17 West 16th Street New York City

Mrs. Margaret Sanger, *National Chairman*

Mrs. Alexander C. Dick, *Secretary*

### *State Organizations Affiliated with the American Birth Control League*

#### CONNECTICUT BQTH CONTROL LEAGUE

79 Trumbull Street New Haven

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Mrs. Albert E. Taussig, *Secretary*

#### PENNSYLVANIA BQTH CONTROL FEDERATION

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Mrs. George Dunnmg, *Secretary*

#### RHODE ISLAND BIRTH CONTROL LEAGUE

163 N. Main Street Providence

Mrs. Henry Salomon, *Preadent*

Mrs. Robert J. Beede, *Secretary*

### *Independent Leagues*

#### NEW JERSEY BIRTH CONTROL LEAGUE

868 Broad Street Newark

Mrs. Zachariah Belcher, *Preadent*

Miss Henriette Hart, *Executive Secretary*

## News Notes

THE National Council of Jewish Women adopted the following **resolution** in favor of birth control at their **Triennial Convention** held in Detroit, March **27th—April 1st**

Whereas, there has been a gradual awakening as to the need and necessity for more information on the subject of birth control throughout the country, and

Whereas, birth control is **nearing** the status of **recognized** procedure in preventive and curative medicine, and it is believed by many **authorities** that there exists in this country a very urgent need for providing, under proper auspices, effective contraceptive advice and treatment to women of all classes, especially those who are suffering from organic diseases of the heart, lungs or kidneys, or from other physical weaknesses, to whom pregnancy is likely to be fatal or, at least, permanently **injurious**, and

Whereas, the present law classes information relating to the prevention of conception with obscenity, pornography, **indecenty**, and abortion, and

Whereas, Sections 211, 245 and 312 of the criminal code of United States, and Section 305 of the **Tariff** Act of 1922 must be amended before physicians may no longer be **restricted** from **giving written** information or sending such advice through the mails, or medical schools, **medical societies**, journals, reprints or books of a **scientific** character may be permitted to publish and circulate such information

Therefore Be **It Resolved** That the National Council of Jewish Women endorse the **principle** of amending the Criminal Code of the United States so that it would permit the dissemination of information through the mails relative to the prevention of **birth** control by the properly authorized agencies "

The **National** Conference of **Social Work** will be held in Philadelphia, May 15-21 The American Birth Control League, as an Associate Group, will conduct three **meetings**

TUESDAY, MAY 17TH

8 15 P M **Round Table** for **Social Workers**

Stanley **Bright**, vice-president, Public Charities Association of Pa., **Chairman**

6 00 P M **Dinner Symposium** of **Four-Minute Speakers**

Mrs F Robertson Jones, president, American Birth Control League, **Chairman**

World Interdependence and **Birth Control**

Elizabeth C Watson, **exhibit** director, World Interdependence **Exhibit**, Chicago World's **Fair**, 1933

**Religion and Birth Control**

Reverend **Frederick R Griffin**, First Unitarian Church, Philadelphia

**Juvenile Delinquency and Birth Control**

Mary Edna **McChristy**, Referee, **Juvenile and Marital Relations** Court, Cincinnati, Ohio

The **Building Trade** and the **Shrinking American Family**

Carol **Aronovici**, Consultant on **Regional Planning and Housing**

Child Welfare and Birth Control

Mary Moran, **executive** secretary, **Association of Day Nurseries**, New York City

The Taxpayer and **Birth Control**

James H S Bossard, professor of Sociology, **University of Pennsylvania**

Birth Control as an Aid in Establishing Proper Marital Relations

Mrs Stuart Mudd, director, Marriage Counsel **Service**, Philadelphia

**Prerequisites of a Happy Married Life**

Frederick H Allen, M D, director, Philadelphia Child Guidance Clinic

Intercommunication and **Population Control**

Robert A **Leshner**, consultant on Port and **Terminal Facilities**

**Birth Control and Social Sanctions**

Alice C Boughton, **executive** director, **American Birth Control League**

Federal **Legislation**

Mrs George **Dunning**, secretary, **Pennsylvania Birth Control Federation**

THURSDAY, MAY 19TH

8 30 P M **Public Moss Meeting**

Dr Joseph Stokes, Jr., **Physician-in-Charge**, Children's Hospital, Philadelphia, **Chairman**

Frank H Hankins, professor of **Sociology**, Smith College

Rabbi Edward L Israel, **chairman**, **Social Justice Commission**, Central Conference of **American Rabbis**

The Federal Committee reports that it has interviewed 222 members of the Senate and House with the following results

183 Representatives	Favorable	100
	Non-committal	61
	Opposed	22
39 Senators	Favorable	25
	Non-committal	8
	Opposed	6

**R**EPRESENTATIVE Frank W. Hancock of North Carolina **has** introduced a birth control bill (H. R. 11082) into the House for the National Committee of Federal **Legislation** for **Birth Control**. Senator Henry D. **Hatfield**, M.D., has introduced a **similar bill** (S. 4436) into the Senate. Hearings will be held on or about May 10th.

*Margaret Sanger urges legislative action for the following reasons*

1 Because there are the actual laws on the statute books that should be repealed or amended. No matter how **ridiculous** these laws **are**—especially such a law as Section 312 of the Criminal Code which makes it a **crime** for anyone in the **United States**, or any of its **territories**, to have in his possession any article which will prevent **conception**—**nevertheless** an adult grown-up population of **intelligent** men and women should make every effort to change these laws in the way provided by our form of representative government.

2 These federal laws **do keep** many doctors from **informing** themselves and **disseminating information** not only in their private **practice** but in any **institutions** with which they may be connected. They also affect the doctor in his connection with the **public** institutions of any community. No reputable **physician** likes to be compelled to resort to bootlegging or to **surreptitiously receiving supplies**, thereby **placing himself in** possible jeopardy of the law, or to give some of the **opposition** (or his **political** or professional foes) a weapon which they can use for any purpose. I have had this explained to me on several occasions by prominent, **outstanding** members of the medical **profession**. As long as the federal laws remain unchanged, **public** institutions, **hospitals**, **dispensaries**, etc., will be the last to **give contraceptive information**, although it is to these **institutions** that the poor people go.

3 As long as there is a strong **religious opposition**, which is constantly **increasing in its** power and dominance in **institutions**, there will be a reluctance on the part of **medical colleges** and **universities** to teach contraception, even as a **minority**, they are powerful and do not **hesitate** to use the weapon of the law where it **suits** them, and **public institutions**, colleges, etc., cannot risk revocation of their charters. If the federal laws were changed, the ban would be **raised** almost immediately in such a large number of places that the establishment of thousands of **clinics** would soon be a **reality**.

4 There is no better way of **educating** the public than by and through the changing of laws. Such agitation arouses interest, awakens forces that have been **sleeping** or apathetic and creates a new **attitude** not only toward **government** but toward our part in **bringing about** **constructive changes in** obsolete and **vicious** laws.

**CALIFORNIA** If straws show the direction of the **wind**, the results of a recent student **questionnaire** at the **University of California** is worth **recording**. All members of the **senior class**, both men and women were asked "Do you **believe** in birth control?" About **one-third** replied, 302 **answering** "yes" and 24 **answering** "no." **Twenty-eight** members of the faculty replied in the **affirmative**.

**ILLINOIS** The **Illinois** Birth Control League held its annual meeting on **April 4th** at the Chicago Woman's Club. Professor T. V. **Smith** of the University of Chicago spoke on **Birth Control in Adversity**.

**NEW JERSEY** Miss **Henriette** Hart, executive Director of the New Jersey Birth Control League, spoke at the **dinner** meeting of the East Orange Business and **Professional Women's Club** on **April 5th**. On May 5th a benefit **bridge**, backgammon and five hundred party will be held in Morristown to **aid** the clinic of the New Jersey league. Mrs. Murray H. Coggeshall is in charge of the affair.

**NEW YORK** A **testimonial** dinner to Margaret Sanger was held at the American Woman's **Association**, New York City, on April 20th. Dr. John Dewey **presided**, and the speakers were Stephen P. Duggan, Rev. Karl **Reiland**, **Hendrik Willem** Van Loon, Lena **Madsen Phillips** and Margaret Sanger. In **addition** to the speakers, Mrs. F. Robertson Jones, Dr. Walter Timme, Dean Annie W. **Goodrich**, J. Noah H. **Slee** and John A. Kingsbury sat at the speakers table. **Miss Phillips**, in presenting the **American Woman's Association** medal to **Mrs. Sanger** said:

You have devoted your life to that highest of all pursuits—the betterment of **social** welfare. You have, by your **belief** and work, changed the entire **social** structure of our world. In a sense you have fought your battle singlehanded, for whatever **assistance** your cause may have had, you **still remain** the point of the spear head.

And so this medal is presented to you, **Mrs Sanger**, not to any organization nor even to your cause But to Margaret Sanger for her own personal achievements For that **vision** which in utter darkness saw, for that **integrity** which stood in stress, for that gallant valor which, forsaking and forgetting all else, pressed ever onward Your compensations doubtless are rooted deep within yourself and your own experience May, however, this award, which is made without fear or favor, be unto you the **benediction** "Well Done "

**MICHIGAN** The **Birth Control League of Michigan** is **distributing** a **questionnaire** to 4005 doctors in the state through the county medical societies, as follows

1 Are you **giving** birth control information?

2 If you are not, do you wish any **information** on the modern methods, as approved by the **National Committee on Maternal Health** and the **American Birth Control League**?

3 Are you willing to cooperate **with** the **Birth Control League of Michigan** in your **district**?

Returns already received show great interest on the part of the **medical** profession The **Birth Control League of Michigan** sponsors or **assists** financially three clinics in Detroit, two in Grand Rapids and one in Royal Oak

**MISSOURI** The **organization** of the **Maternal Health Association of Missouri** was completed on March 24th, when the following officers were elected Dr R J Crossen, president, Mrs George J Mersereau, Mrs D K Rose, Mrs Isaac H Orr, **vice-presidents**, Mrs Albert E Taussig, secretary, Mrs Anthony B Day, treasurer The Board of Directors consists of Miss Edith Baker, Dr David P Barr, Mrs Helen Buss, Dr Fredenck J Taussig, Dr Paul Zentay, and the officers The **Missouri representative** on the Board of Directors of the **American Birth Control League** is **Mrs George J Mersereau**

The **Association** has the support of a strong and representative **Advisory Council**, **consisting** of Dr Harry L Alexander, **Mrs Kerb Ashen**, Dr Philip S Astrowe, Dr David P Barr, Dr Willard Bartlett, Dr Walter Baumgarten, Mrs Irvin Bettman, Dr John R Caulk, Dr Jerome E Cook, Dr Jean V Cooke, Dr Harry S Crossen, Mrs F P Crunden, Dr Anthony B Day, Rev George R Dodson,

Dr Hugo Ehrenfest, Mrs Joseph Erlanger, Rabbi Juhus Gordon, Dr Don Carlos Duffey, Dr Evarts A Graham, Mrs B Haywood Hagerman, Mrs Frank Hagerman, Mrs George C Hitchcock, Dr Alexis F Hartman, Rabbi Ferdinand M Isserman, Mrs Alexander S Langsdorf, Mrs Harry Hill Langenberg, Dr Gustave Lippmann, Rev John W MacIvor, Mrs George Mackay, Dr McKim Marriott, Mrs Edwin B Meissner, Dr Harvey G Mudd, Dr Samuel E Newman, Mrs Herbert O Peet, Mrs Julius Pitzman, Rev Rufus D S Putney, Mrs Charles B Rice, Dr Dalton K Rose, Dr Grandison D Royston, Dr Ernest Sachs, Dr Llewellyn Sale, Rt Rev William Scarlett, Mrs Charles N Seidhtz, Rt Rev Robert Nelson Spencer, Dean George W Stephens, Dr J Edgar Stewart, Dr Arthur E Strauss, Dean Sidney E Sweet, Dr Albert E Taussig, Dr Fredenck J Taussig, Mrs Harold H Tittman, Rabbi Samuel Thurman, Mrs R Van der Woude, Mrs Horton Watkins, Mrs J D Welch, Dr Park J White, Dr Paul J Zentay

It is **planned** to open a clinic under the direction of the doctors on the Advisory Council in the immediate future The **Maternal Health Association of Missouri** is **affiliated with the American Birth Control League**

**OHIO** The **Maternal Health Association** of Cleveland held its fourth annual meeting on April 13th Dr Henry Pratt Fairchild spoke on **People or Population** He said in part

The argument is raised that, if we **begin** to decrease our rate of **population** growth now, maybe bye-and-bye we **will** enter **into** a decline of **population**, but evidence shows that many western countries are headed for a stationary population in a very short **time**

I have no fear of an undesirable or calamitous decrease in the population of my country or any other country The thing to remember **is** the **wide-spread adoption** of human methods of **controlling** population **will** be the means of **controlling** the quality of the population An unanswerable argument in favor of **this** is the unwanted child I can **think** of **nothing** more inhuman or brutal than any method **which** allows a child to be brought into the world merely as a result of sexual **gratification** The wanted **child** is destined to a finer career and greater advantages than the unwanted child



## CHINA

A letter from *Dryden L. Phelps*, *principal* of the *Baptist College, West China Union University*

**R**ECENTLY two dramatic things happened here. We were holding a very large and important meeting of church workers from all over the province. Most of the delegates were Chinese, from rural districts. In the middle of the meetings the Business Committee approached me and said that the discussion section on the Christianization of the Chinese Home demanded that time be set aside for the discussion of birth control. Bishop Song, the Chinese Bishop here, said "To talk about the Christianization of the Chinese home, and to leave out information about birth control is utter nonsense." Later, some conservative folks objected to this subject being introduced (for the first time) in such a public conference. But Bishop Song gave them a very stern "talking to," the business committee and the discussion group insisted, and a four hour discussion of birth control was given right in the heart of the program. Among the speakers were Bishop Song, Miss Kuan, the delegate from the National Christian Council of Shanghai, members of our Union University staff, etc. Afterwards Dr. Marion Manly explained actual methods to the married women, and Dr. Tu Hsuen-te did the same for the married men.

At the annual Convention of the Chinese Baptist Church in Szechuan the Chinese delegates themselves insisted that I present and explain the subject and the methods. One old man whom I thought might be conservative on the subject, having been an ex-Evangelist, and a deacon in our Sui Baptist Church for some thirty years, was most urgent of all that he be informed.

## ENGLAND

From our *English correspondent, Mr. George Bedborough*

**A** RECENT murder trial has drawn attention to all sorts of morals except the real ones. Mrs. Edith M. Dampier, aged 36, murdered the father of her illegitimate child, when she discovered that he suffered from syphilis and that the child had inherited the taint and was blind. It was shown that the strain of her ordeal told upon her mentality and that she murdered her lover in a moment of insanity. Neither counsel, witnesses, judge nor jury recognized that the outstanding mistake was the conceiving of a child, and that the tragedy lay in ignorance, ignorance of the symptoms and nature of syphilis, ignorance of birth

THE AMERICAN BIRTH CONTROL LEAGUE,  
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## BIRTH CONTROL REVIEW

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control and ignorance of the duty of human beings not to bring into the world offspring condemned beforehand to undeserved suffering.

**Sterilization Proposed in England** The Minister of Health, Sir Edward Hilton Young, recently received a deputation from the County Councils Association, the Association of Municipal Corporations, and the Mental Hospitals Association on the subject of the sterilization of mental deficient. The deputation represented that, while the Associations for whom they spoke had reached no final conclusion upon the desirability of sterilizing mental deficient, they considered the time had come for a full inquiry into the question in view of its national importance. Sir Edward Hilton Young proposed, as a first step, to arrange for an inquiry to be made by competent persons into the scientific aspects of the question.

## Organizations Endorsing the Principles of Birth Control

(Partial list)

### *Medical Organizations*

#### NATIONAL

**American Medical Association** (Section on Obstetrics, Gynecology and Abdominal Surgery)  
**American Neurological Association**  
**American Orthopsychiatric Association**  
 Association for Study of Internal Secretions  
**National Association of Medical Women**  
 National **Association** for Study of Epilepsy

#### LOCAL

##### *California*

Los Angeles County Medical Society  
 Colorado  
 Mesa County Medical Society  
 Delaware  
 State Board of Health

##### *Georgia*

Butts County Medical Society  
 State Board Medical **Examiners**

##### *Honolulu, T H*

**Hawai Territorial Medical Association**  
 Honolulu County Medical Society

##### *Iowa*

Adams County Medical Society  
 Kansas  
 Bourbon County Medical Society  
 Kentucky  
 Garrard County Medical Society

##### *Maine*

Aroostook County Medical Association  
 Maryland  
 Calvert County Medical Society

##### *Michigan*

Menominee **Medical Society**  
 Schoolcraft County Medical Society

##### *Missouri*

Jasper County **Medical Society**

##### *few Mexico*

Chaves County Medical Society

##### *New York*

County Medical Society of Chatnuqua  
 Medical Society of the County of Nassau, L I

##### *Ohio*

**Auglaize County Medical Society**  
 Delaware County Medical Society  
 Jefferson **County Medical Society**

##### *Philippine Islands*

Cebu Medical Society, Cebu

##### *South Carolina*

Greenville County Medical Society

##### *Tennessee*

Marion County Medical Assn

##### *Wisconsin*

Iowa County **Medical Society**  
**Marinette-Florence Medical Society**  
 Richland County Medical Society

##### *Wyoming*

Matrona County Medical Society

### *Religious Organizations*

#### NATIONAL

**American Unitarian Association**  
 Central Conference of **American Rabbis**  
**Congregational and Christian Churches** (General Council)  
 Federal Council of Churches of **Christ in America** (Committee on Marriage and the Home)  
 Lambeth Conference of Anglican Bishops (London) in which U S **Episcopal Church** was represented  
 Laymen's Leagues of **Unitarian Church**  
 Presbyterian Church in the **United States** (Commission on **Marriage, Divorce and Remarriage**)  
**Universalist General Convention**

#### LOCAL

##### *California*

**Methodist Episcopal Church, Southern California Conference**  
 Pasadena Presbyterian Church

##### *Colorado*

State Conference of **Congregationalists**  
**Liberal Church of Denver**

##### *Connecticut*

Hartford **Federation of Churches**  
 Conference of **Congregational Churches of Connecticut**  
**Ministers Association of Norwalk**

##### *Iowa*

State Conference of **Congregationalists**

##### *Massachusetts*

Federation of Churches (Moral Welfare Committee)

##### *Michigan*

**Universalist State Convention**

##### *Middle Atlantic States*

Conference of **Congregational and Christian Churches**

**M A Y , 1 9 3 2**

**Minnesota**

Woman's **Alliance**, First **Unitarian** Society of  
**Minneapolis**

**New York**

All Soul's Church (Woman's **Alliance**)  
Board of Managers of Five **Point Mission**  
**Community** Church, New York **City**  
East Conference of the **Methodist Episcopal**  
Church  
**First Humanist** Society  
Society for Ethical Culture  
Women's Union, Brooklyn  
**Legislative** Committee, New York **City**

**Ohio**

**First Unitarian** Church of Dayton

**South Pacific District**

Woman's **American Baptist** Home and **Foreign**  
**Mission Societies**

**Wisconsin**

Conference of **Methodist Episcopal** Church  
(Social **Service** Commission)

**Social, Educational and Political Organizations**

**N A T I O N A L**

**American Civil Liberties** Union  
**American** Eugenics Society  
Bureau of **Jewish Social Research**  
Foster Mothers **Association** of **America**  
**International Sunshine** Society  
League for Industrial Democracy  
National Child Welfare **Association**  
**National Council** of **Jewish Women**  
**National Women's Trade Union** League  
New **History** Society

**L O C A L**

**California**

**Council** of Social Agencies  
**Humanist** Society of Hollywood  
Webster Parent Teachers Assn. of Pasadena  
Women's **Civic** League of Pasadena (**Legisla-**  
**tive** Committee)

**Massachusetts**

Brewster Women's Club of East **Dennis**

**New Jersey**

**Junior** League of **Plainfield**  
Women's **Republican** Club  
Woman's Club of Orange

**New York**

**Children's** Haven of Far **Rockaway**, L I  
**Child Welfare** Committee of Corona, L I  
First Hebrew Day Nursery of Brooklyn

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**New York City**

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**Civic** Club

**Citizens** Union

**Eisman** Day Nursery

**Federation** Settlement

Finch School Day Nursery

Gamut Club

Grand Street Settlement

Home for Hebrew Infants

**Junior** League

**Kips** Bay Nursery

Labor Temple Social Service

Lenox **Hill** Hospital Social **Service**

**Association** for the Aid of Crippled Children

**Federation** of Progressive Women

Godmothers League

League of Women Voters

Society for **Political** Study

**University** Settlement Society

**Ohio**

**Scrapps** Foundation for Population Research

**Territory of Hawaii**

Eleventh **Territorial** Conference of Social  
Workers of Honolulu

# In the Magazines

Let *Malthus* Be Dead By *Henry Pratt Fairchild*  
The North *American Review*, March.

No other branch of social science is so infused with emotion, tradition and prejudice as the study of population control. The author shows that fear of depopulation as soon as knowledge of birth control becomes widespread is unfounded.

"The population of the world much more than doubled in the 19th century. A continuance of the past and present rates of increase would inevitably bring calamity unimaginable. The simple truth is that society has an enormous power to get what it wants from its individual members. If the time ever comes when actual depopulation threatens, there will develop a host of sanctions in the way of favorable public opinion, social acclaim, and perhaps even awards of a tangible sort in favor of moderately large families, sufficient to produce the necessary increments to the population. Today large families are a cause of critical, pitying or derisive comment. In other days they have been a source of pride and esteem. They may easily become so again. And if this time comes, the very establishment of birth control, instead of being an impediment, will prove an advantage by having placed the whole question of reproduction on the basis of intelligence, forethought, desire, and self control.

"There can be no doubt that practically every great international war in history has had as a contributing, if not dominating, motive the pressure of population upon the land resources of one people or another, or the craving for the increased maternal well-being that seems to be attainable by aggression upon the territory of less densely crowded nations.

"A century of stationary population would do more to end war than all the peace pacts and disarmament treaties ever penned. The time has come for the advocates of international concord to stop talking about the necessity of large numbers as a provision for, or preventive of, war, and to concentrate their attention on stationary populations as a guarantee of peace."

Will Birth Control Lead to Extinction? By *S J Holmes* *Scientific Monthly*, March

It is futile to check knowledge of contraception by adverse legislation. Birth control has created

serious problems which cannot be solved by either restriction or *laissez faire*.

"That the race is at present tending to breed out its brains is possibly only a temporary evil which may be remedied by encouraging birth control in the lower classes.

"There can be no doubt that the quality of the race would be improved if fewer children were produced by the masses of stupid people who are now most given to unrestrained fecundity. And there is probably something in the contention that the reduction of the birth rate in this class would automatically bring about a more rapid multiplication of better endowed individuals.

"Some of the overcrowded countries of Europe might well spare a few millions of their inhabitants and be all the better for the loss. Were it possible to do so it would be desirable to keep the population of every country at that level which is most conducive to the welfare of the people as a whole."

*Birth Control in Historical and Clinical Perspective* By *Norman E Hymes* *The Annals of the American Family*, March

A concise interesting survey of the birth control movement from the 9th century to the present time.

*Guidance for Marriage and Family Life* By *Ralph P Bridgman* *The Annals of the American Family*, March

Family and economic instability compel young people embarking upon marriage to seek "guidance in preparing for and working through adjustments required." Marital advice bureaus are functioning both here and abroad.

Why Children Misbehave *The Literary Digest*, April 9th

Excerpt from a recent address by Dr William Moodie before the English Medical Officers of Schools, in which he contended that the home is responsible for juvenile delinquency.

"Stealing, nervousness, stammering, lying, truancy and lack of concentration often arises from environmental factors—fatigue from loss of sleep due to noisy or overcrowded bedrooms, and anxiety from broken homes, illegitimacy, and marital unhappiness, the kind of home where the child never knew what is going to happen next."

# Letters

## A CATHOLIC PLEA

TO THE EDITOR

Born in the Catholic Church twenty-six years ago, I remained her loyal supporter until the firm stand recently taken by the Pope on the subject of birth control turned me from her doors. With sorrow, but with no sense of guilt, I left the institution which has played a large part in the enrichment of my life.

I was married two years ago before these open pronouncements of the Church on birth control were made. Neither my Catholic parents, nor the nuns who taught me, nor the priest who married us brought up the problem of the marriage relationship with me, nor had I ever heard a sermon on the subject. The young Catholic married people whom I questioned said that they practised birth control but thought it unnecessary to mention it to the priest in confessional. They regarded the problem as one that was tacitly overlooked by the Church. I followed their example. The publication of the Pope's Encyclical on marriage, however, gave me two alternatives, either to leave the Church or to become a hypocrite. Since I was convinced of the wisdom of birth control, (not to mention the economic necessity), there was no third choice.

The Church cannot hold her young people with such a doctrine. They are losing confidence in the wisdom of their spiritual Mother, and in her ability to meet their needs.

I make my plea to the Catholic Church to rise to the newly-felt needs of her people, as she has so many times in centuries past. If she does not, hypocrisy and loss of confidence will undermine and destroy her hold on the younger generation. It is time for the voice of youth to be heard on this problem as on that of disarmament. Just as we would be the ones to pay for the next war, so we are to be the recipients of disastrous doctrines handed down to us by a hierarchy of bachelors.

"ANON"

## PORTO RICO'S REAL PROBLEM

TO THE EDITOR

I have received a marked copy of your March Issue, containing Rlr Theodore Schroeder's article *Porto Rico's Population Problem*,—and as a Porto Rican who feels himself a freeman, I cannot help

taking exception to some of Mr Schroeder's statements.

There is no denying that overpopulation (let us call it so) is at present a problem to us. Mr Schroeder, however, leaves untouched the main cause of the trouble. He does not tell your readers that it is directly at the door of American capitalism that the blame must be laid for everything that is wrong in Porto Rico today. He does not tell your readers that when American intervention was started, while sanitary conditions were certainly not very good, still our people owned their land and the produce they exported. He does not tell that in thirty-four years of American intervention, by a drastic process of legalized assault, and with the cooperation of American-made native and continental legislative bodies, the people have been dispossessed of their land and brought to the condition of paupers (as shown by the statistics he quotes).

This does not mean that I am systematically opposed to birth control. But our real problem lies in the actual control by American capital of practically all our wealth. The real reason why our legislature does not enact a bill authorizing the practice of birth control, is the unconstitutionality of such a bill, inasmuch as the United States statutes apply on the island. We will be able to enact birth control legislation in Porto Rico as soon as American intervention ceases.

Both I and Senor Albizu Campos, president of the Nationalist Party, told Mr Schroeder when he first came to Porto Rico that the only solution was through terminating American intervention, leaving Porto Rico's problems to be solved by Porto Ricans. We may, and we may not enact birth control laws (I think we would) as soon as the American flag is lowered from our public buildings. The main thing is that it be lowered, the sooner the better.

J ENAMORADO CUESTA,

Secretary, Porto Rico Nationalist Party

Ponce, Porto Rico

Senor Cuesta overestimates the obstructive nature of the Federal statutes governing territories and dependencies. There is a contraceptive clinic in Hawaii. Furthermore contraceptive service may be initiated without "enacting birth control legislation"—EDITOR'S NOTE

## Tent Life in California

By PAULINE G SHINDLER

**I** WAS a very new social worker in a small town. One of my first cases was a family reported to our agency for neglect of children, living in a tent colony set in a low and swampy lot. It was a sort of improvised commune, which the poor and migratory had found for themselves. Here they could unload the dilapidated Fords and turn the children loose. The luxuries of the place included one water faucet, serving the colony of thirteen tents—apparently the only sanitary convenience.

I found the family I sought established in two tents, the pots and pans hanging in a row along a tent beam, the washing steaming over a stove made from an old oil can. Five scrawny children hung about. Two of them, I learned, were registered in school, but were temporarily on vacation for lack of shoes. Three were babies, one obviously defective. The mother was loyal to her brood, tired and dispirited as she was.

"But why do you have so many children," I asked bluntly.

She shrugged her shoulders.

### *The Medical Woman's Journal*

November, 1931

### BOOK REVIEWS

#### PHYSICIANS' MANUAL OF BIRTH CONTROL

By Antoinette F Konikow, MD *Buchholz Publishing Company*, New York, 1931 \$4.00

a detailed discussion of the various possible methods that are available both with and without the physician's supervision, with conclusions as to the success and failure of each one, a careful presentation of the harmfulness of each procedure both immediate and remote, practical advice from a wealth of experience acquired by personally conducted fittings, and tables illustrating successes and failures and the cause of the failures, make this book a valuable contribution.



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"My husband not very bright, not make much money. But he do the best he can. So we live here with no rent. Too bad," apologetically, "some of the children not very bright too."

My training as a social worker had prepared me in only the vaguest way to meet this difficulty. Tentatively I murmured something about voluntary sexual restraint. Her smile was almost scornful, or so I imagined. I spoke of birth control advice or a possible operation, thinking that the matter could surely be arranged through the county hospital. But I was doomed to shock and disappointment. The hospital was sorry, it was out of their line. There was no birth control clinic in the town, three doctors whom I approached chanced to be timid and unwilling. New and urgent cases forced the tent family off my active visiting list.

Before the winter rains descended, the mother of five was again big with child.

#### STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912

Of the Birth Control Review, published monthly at New York, N. Y., for April 1, 1932. State of New York, County of New York.

Before me, a notary public, in and for the State and county aforesaid personally appeared **Sonia Peretz**, who having been duly sworn according to law deposes and says that she is the Business Manager of the Birth Control Review and that the following is to the best of her knowledge and belief a true statement of the ownership, management (and if a daily paper, the circulation) etc. of the aforesaid publication for the date shown in the above caption required by the Act of August 24, 1912 embodied in section 411, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor and business managers are:  
Publisher—**American Birth Control League, Inc.**, 152 Madison Ave., N. Y. City.

Editor—**Stella Hanau**, 152 Madison Ave., N. Y. City.

Managing Editor—None.

Business Manager—**Sonia Peretz**, 152 Madison Ave., N. Y. City.

2. That the owner is (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company or other unincorporated concern, its name and address as well as those of each individual member must be given.)

**American Birth Control League, Inc.**, 152 Madison Ave., N. Y. City.

Non-stock corporation.

Mrs. F. Robertson Jones, President, 152 Madison Ave., N. Y. City.

Mrs. Warren Thorpe, Treasurer, 152 Madison Ave., N. Y. City.

3. That the known bondholders, mortgagees and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting is given, also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner, and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

**SONIA PERETZ,**

Business Manager

Sworn to and subscribed before me this 18th day of April 1932

**RINA SALMON**

[SEAL]

(My commission expires June 8, 1932)

# A Modern Approach To An Ancient Problem

## TABLE OF CONTENTS OF SEX, LOVE AND MORALITY

Introduction and Warning  
The Basic Principles of General and Sexual  
Morality  
Illicit Relations  
Promiscuous Relations  
Extra Marital Relations, with Ten Illustrations  
When Love Complicates the Problem  
Frankness Between Husband and Wife  
The Domestic Trio—The Menage a Trois  
Is Chastity a Virtue?  
Love and Sexual Intercourse  
A Wrong View of the Sanctions and Duties of Love  
Sexual Favors  
The Double Standard  
Unnatural Positions and Methods  
Prostitution  
1 Definition of Prostitution  
2 The Prostitutes Moral Level  
3 The Prostitutes Mental Level  
4 The Ethics of Prostitution  
5 Does Prostitution Supply a Genuine Need?  
6 Will Prostitution ever Disappear Entirely?  
7 What to Do with the Prostitute?  
8 Statements About Venereal Disease among Prostitutes  
9 A Service that is not Appreciated  
10 The Three Kinds of Prostitutes  
Homosexuality Transvestitism and Sadism  
Rape  
Incest  
Pornography  
Masturbation  
Abortion  
Prevention or Birth Control  
Divorce  
Alimony  
Breach of Promise  
Illegitimacy  
Miscegenation  
Sex—What to Do With It?  
A Word of Advice  
To Our Prospective Critics

Sex Love and Morality is printed on fine antique book paper and beautifully bound in Royal Vellum Cloth with Title in gold. The book is divided into thirty chapters. Above is the complete list. From them you may gain an impression of this books importance. Sex Love and Morality may be obtained by subscription only direct from the publisher. Write for Your copy

NOW comes a distinctly new book, prepared especially by an acknowledged authority for the discriminating few who will understand and appreciate a radically modern approach to the problem of sexual life and its moral attributes

The distinguished author—Dr William J Robinson—takes as his thesis that sex and morals should never be considered counterparts. He believes that love and sin cannot longer be thought of as the opposite sides of a single coin. Rather does Dr Robinson believe that the truer sociological views would entirely divorce the two, considering the moral aspect of love and sex in its wider, humanitarian relations to society

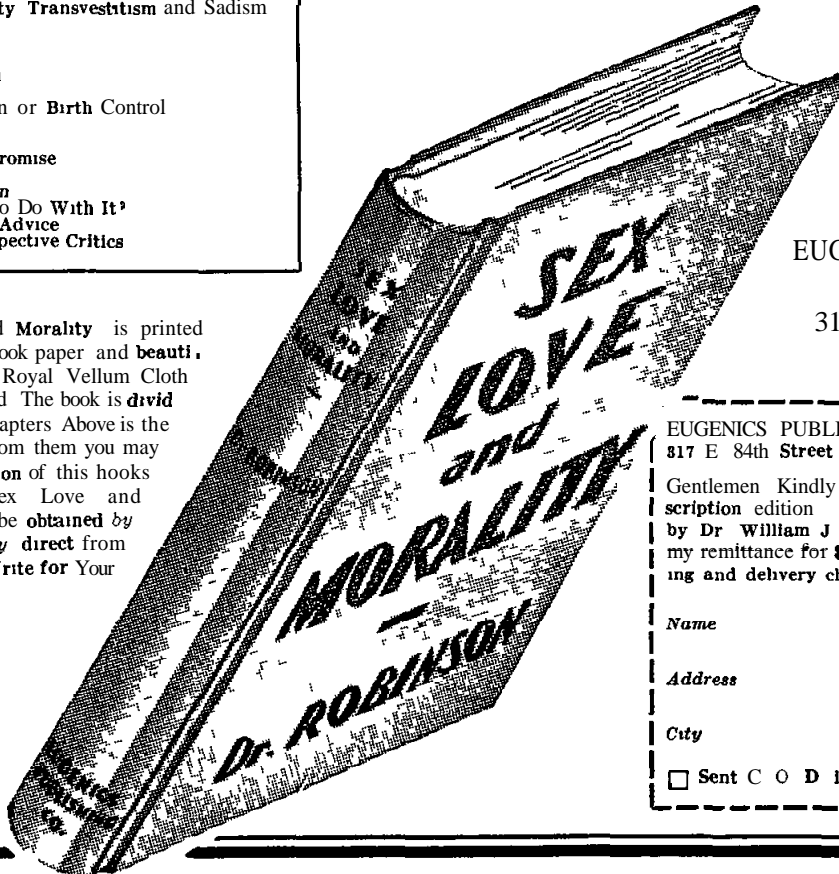
This brief resumé cannot give you more than an inkling of the remarkably new ideals which arise from such a modern approach. In a sense, "Sex, Love, and Morality" is a pioneer book, outlining a rational code of sexual ethics which liberal, intelligent persons can accept—and based upon the daily labors, over a quarter century, of one of America's foremost sexologists

If you are earnestly interested in this sincere work to inspire a newer, more reasonable, more humanitarian sexual morality you should read this book. There are few other books available, to our knowledge, which discuss this vital subject with such frankness and such freedom

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**ing The Streets of Italy** Out of Work  
There Are 4,000,000 Men and Women Walk-  
ing The Streets of United States Out of Work

**This in 1022**

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ing The Streets of Great **Britain** Out of Work  
There Are 10,000,000 Men and Women Walk-  
ing The Streets of Germany Out of Work  
There Are 2,000,000 Men and Women Walk-  
**ing The Streets of Italy** Out of Work  
There Are 12,000,000 Men and Women Walk-  
ing The Streets of United States Out of Work

**This in 1932**

**3**

**1 9 4 2**

## BIRTH CONTROL A GROWING NECESSITY