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BIRTH CONTROL REVIEW

A NEGRO NUMBER



BLACK FOLKS AND BIRTH CONTROL

W. E. B. DUBOIS

A QUESTION OF NEGRO HEALTH

CHARLES S. JOHNSON

QUALITY *versus* QUANTITY

GEORGE S. SCHUYLER



Articles by ▶ M. O. Bousfield, M. D. ▶ Elmer A. Carter ▶ S. J. Holmes
Constance Fisher ▶ W. G. Alexander, M. D. ▶ Walter F. Willcox

The Federal Hearings

The hearings on the birth control bills, introduced for the National Committee on Federal Legislation for Birth Control, were held before the Senate Judiciary sub committee on Thursday, May 12, and before the House Ways and Means Committee on Thursday, May 19. Margaret Sanger, in her address to the Senate Judiciary sub committee, said in part

The subject which this Bill covers is usually referred to as Birth Control. This term originated in this country nearly twenty years ago. It means the conscious control of the birth rate by means that prevent the conception of life. In preventing conception, life is not destroyed, there is no interruption of life, because life has not begun and therefore cannot be destroyed.

By controlling the birth rate, it is not necessary to limit it. We control the furnace, we control traffic, we control our automobiles which does not necessarily mean a ceasing of their functions. The idea of control is not new. Plato advocated it. Aristotle advocated it. Nature itself has been the most ruthless advocate of the control of population. The only difference is that the old method, advocated in the past, was the method of increasing the number of deaths through wars, pestilence, famine, while the modern method is to control the population by decreasing the number of births.

Wherever the old ways are practiced, we find conditions which our modern civilization will not tolerate. Look out upon the Nation today. In every city in this country we witness the effects of such control. On the other hand, we see the small groups who have controlled the size of their families and we see a larger group who have not been able to avail themselves of any information whatever. It is stated that about 20%

of the population have availed themselves of knowledge, or have secured in spite of the laws some information by which they have controlled their fertility. Half of the other 80% are desperately trying to get some information while the other half are those generally classed as unfit, mentally and physically, and include morons and mental defectives who usually come upon our social vista as permanent unemployed and dependents.

In the first group, we have the educated, cultured, well to do citizens, professors, doctors, lawyers, ministers, scientists, artisans and skilled laborers. Here we find the spacing of children an adopted rule. The mother's health being first considered and the earning power of the father a close second. From this group come almost all our social movements. Civilization is directly benefited and advanced through this low birth rate group.

In the other large family group, we have over crowding, illiteracy, ignorance, slums, infant and maternal mortality and child labor. Almost all our social problems are entrenched in this group and these conditions and their problems are perpetuated from generation to generation.

This Bill does not COMPEL anyone to obtain knowledge, it does not compel the practice of contraception, it does not compel anyone with moral or religious scruples to avail themselves of such knowledge.

Though the bills were reported unfavorably, there can be no doubt but that the birth control movement has received great impetus from the public interest roused by the hearings, and from the full accounts carried in the press.

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Birth Control Review

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THE NEGRO problem is one of the most complicated and important confronting America. It is possible to approach this problem from the point of view of the Negro, or again from that of the whites. Its solution, if ever it is to be solved, must come to embrace both sides of the question and promote the general welfare of the nation as a whole. Whatever the ultimate answer may be, such an attitude brings to light the function of birth control as a necessary agency in its solution. The present submerged condition of the Negro is due in large part to the high fertility of the race under disastrously adverse circumstances. The result has been a hopeless condition of poverty and degradation in perhaps far greater measure than in the case of the lower strata whites. But it is interesting to observe that the upper strata of Negroes, like that of the whites, practice birth control. This raises an interesting question. For whereas white society was already highly stratified long before the introduction of modern contraception, the Negroes, at the time of their emancipation, were relatively undifferentiated into classes. Thus the question arises to what extent birth control has had a eugenic effect upon the Negro race. The social history of the Negro affords unique laboratory material in a study of this aspect of the birth control problem.

ALONG less theoretical lines, data on health and social conditions may even now be correlated from the point of view of the preventive role of birth control. Negro health, though marked by great improvement during the last quarter century, still lags behind that of the whites. Negro death rates are high, infant and maternal mortality is disproportionately high, as is the incidence of illegitimacy, syphilis and tuberculosis. Does birth control come into the picture in attacking these problems? What is the Negro attitude on the subject? What provision is there for contraceptive advice for those Negroes most in need of it? Is birth control a factor in Negro so-

cial and economic life? We have attempted to consider some of these questions in this issue, and have enlisted the aid of Negroes prominent in various fields. Dr W E B Du Bois, editor of the *Crisis* and leader of Negro thought, Professor Charles S Johnson of Fiske University, Dr W G Alexander, general secretary of the National Medical Association of Negro physicians and surgeons, Dr M O Bousfield, Chairman of the Public Health Committee of the National Negro Insurance Association, Elmer A Carter, editor of *Opportunity*, and others have generously contributed articles. The composite picture throws light on the need for birth control among the underprivileged Negroes, on the lack of present facilities and on the receptive attitude of the Negro towards birth control. It is worthy of note that there has been comparatively little birth control work for Negroes, and practically none by the Negroes themselves. The reasons for this are discussed in this issue. It is apparent that the Negro, representing one-tenth of the population of America, feels the press of economic difficulties more acutely than his white neighbor. It is also apparent that he is ready and eager for birth control knowledge. Here is a field, hitherto unploughed, for leaders among Negroes and among birth control workers. Any comprehensive birth control program must include plans for extending clinical service and a better understanding of the issue to this part of our population.

IN A RECENT statement to the press, Professor Henry Fairchild Osborn, president of the American Museum of Natural History, commented on the immediate need of "birth selection" as a solution of the problems of overpopulation, unemployment and poverty which confront every country of the world today. Birth control, as it is practiced at the present time, however, is a double-edged sword according to Professor Osborn. His observations on the dysgenic effects of in-

discriminate birth control are doubtless valid. But this aspect of the problem is akin to the pressing question of the proper functioning of the machine in modern civilization. The difficulties in both cases are not to be solved by abandoning the problems, but by far-reaching and intelligent control. This is to be attained only through intensive and disinterested study of the facts as a basis for equally disinterested and enlightened action. In a word, birth control demands the attention of those qualified to deal with it in a spirit of scientific impartiality. The time has come when the further development of the movement rests squarely upon the shoulders of the scientists and of the medical profession in particular. It is gratifying to find so eminent and authoritative a scientist as Professor Osborn alive to the grave importance of this issue.

ALL OF WHICH sounds reasonable, if not self-evident. But let us look at the contemporary scene. According to newspaper reports covering the convention of the American Medical Association in New Orleans, a resolution was introduced by Dr. J. D. Brook, county health officer in Granville, Michigan, suggesting amendments to federal and state laws enabling physicians to prescribe contraceptives when deemed medically advisable. A preamble to the resolution emphasized the following points relative to birth control: that it would relieve tax burdens required for the care of defectives born of the mentally afflicted and diseased, that it would reduce the tendency toward immorality by permitting early marriages among persons whose financial condition does not warrant pregnancy, and that it would reduce the high infant and maternal mortality rates and solve many of the economic and social problems of the day. The resolution furthermore provided that a thorough study of the whole problem be undertaken by a committee which was to report its findings at the next annual meeting of the Association. The resolution, according to newspaper reports, was "voted down with almost no discussion at the executive session of the Association."

Whatever the reasons which prevailed for considering the resolution in executive ses-

sion where it was tabled, it is clear that the subject of birth control will not receive scientific scrutiny for at least another year as far as the American Medical Association is concerned. The present instance is, in fact, the first time that the subject has even been brought up for discussion in this representative body. Under these circumstances it is difficult to escape the impression that the Association is evading the issue. If birth control falls within the province of medicine, it is the solemn obligation of the profession to pass upon its merits. This is all the more urgently true in view of the fact that birth control is not an academic issue, but a matter of vital concern to the nation at large. The medical profession is faced by a condition, not a theory. If a single case can be shown in which the use of contraception was either valid or not valid, the obligation to study its effects becomes scientifically imperative. There is no escape from this conclusion and to evade this clear duty is to be culpable of unprofessional conduct. It is equivalent to acknowledging that other than scientific considerations exert a determining influence, at least in this regard, upon the decisions of the American Medical Association. Whatever the character of these considerations, whether pecuniary, political or religious, they are servile from the point of view of science, and unworthy of a body of men who claim to follow the high ethical standards of their profession.

The attempt of Dr. Brook to bring the matter to the attention of his colleagues is altogether commendable. Yet it is clear from the action of the Association that the opposition to the study of birth control is anything but candid, and that progress against obviously sinister influences can only be made by adequate preparation on the part of that large contingent within the Medical Association itself and that body of the lay public whose faith in science, on matters pertaining to science, is unimpeachable. Organized obscurantism can only be overcome, as the history of science shows, by equally intense and well-organized effort. It is time the profession finally purged itself of the influence of religious "medicine men" and the political subservience of "cautious" sycophants.

Quantity or Quality

By GEORGE S SCHUYLER

THERE is no great opposition to birth control among the twelve million brown Americans. Certainly none has been expressed in writing. On the contrary one encounters everywhere a profound interest in and desire for information on contraceptive methods among them.

The reason for this interest is readily apparent. The Negro death rate is twice as high as that of the white people, the death rate from tuberculosis is three times as high. There are 100 per cent more stillbirths among Negroes than among Caucasians and the same is true of the ratio of deaths in childbirth. In Tennessee the death rate among Negro elementary school children is ten times as great as among white children of the same age period. In many cities and states in the North, the Negro birth rate is less than the death rate. This includes cities like Louisville and the states of Illinois, Wisconsin, Kansas, Minnesota, Iowa, Indiana and Michigan. In New Orleans the Negro death rate equals the deplorably high rates of Bombay and Calcutta. The Negro expectancy of life is only 45 years as compared with the Caucasian expectancy of 55 years. In other words, Negro health is just about where white health was 40 years ago.

This tremendous burden rests heaviest upon the shoulders of the Negro women, who in all urban centers exceed the men in number. Due to discrimination which relegates the black man to the position of perpetual menial—the first to be fired and the last to be hired—and practically bars him from advancement or promotion, the Negro woman has always had to bear a large part of the burden of maintaining the home and raising the family. This double load takes a heavy financial and physical toll, and contributes not a little to the tragic number of still births and deaths of mothers during childbirth. The only gainers by this state of affairs are the undertakers and the physicians.

Jim Crowism having doomed the brown woman to work along with her man and sometimes to become the sole support of the family, it has been necessary, because of the paucity of day nurseries and recreation centers, to allow the Negro children to grow up in the streets without proper parental supervision. The result has been an inordinate amount of juvenile delinquency, illegitimacy and

crime, aggravated by lax policing and the quaint American custom in most cities of permitting vice to flourish unrestrained in the various Black Belts alongside private residences, churches and schools. The more children there are, the greater is the burden on the Negro woman and on Negro society, which must bear the odium of a condition forced upon it by a white civilization.

Again, because of the disparity between the Negro urban female population and the number of urban males, coupled with the lamentable lack of proper recreational facilities, the percentage of illegitimacy among Negroes has grown in the past decade or so from 110 to 136 per 1000. It is hardly unfair to say that the great majority of these children were and are unwanted. Most of them probably died at birth or within the first year.

Only women can thoroughly appreciate the dreadful toll in sickness and death the Negro woman must pay for her lack of knowledge of contraceptive methods. Every child takes a great deal of vitality from even those mothers who are in the best of health and enjoy the benefit of security and leisure during the pre-natal and post-natal periods. For the mother who must work daily and is generally undernourished, poorly clothed and miserably housed, childbearing in far too many cases proves fatal or leaves in its train a score of ailments. Since most Negro mothers are emphatically in this category, their general physical condition can be easily appreciated. What little money they do earn is eaten up in insurance payments and the unending levy to physicians, abortionists and undertakers.

Why should the Negroes who are conducting a desperate struggle against the social and economic forces aimed at their destruction continue to enrich the morticians and choke the jails with unwanted children? It were far better to have less children and improve the social and physical well-being of those they have.

Negroes are perhaps more receptive to this information than white folk. Despite their vaunted superiority, the white brethren have a full quota of illusions and, one might say, hypocrisies, especially about anything dealing with sex. Brown Americans are somewhat different because they

have been forced to face more frankly the hard facts of life. More of them take a realistic rather than a romantic attitude toward marriage and children. Life at best is for them a grim battle, when children come, it is frequently a losing one. No wonder one sometimes hears a colored woman say "it's a sin to bring a black child into the world."

After all, a woman is biologically a child factory, as a cow is a milk factory and a hen an egg factory. Certain ingredients of a certain quality are necessary to produce a healthy child under proper conditions of rest and security. If these are absent, the child will usually be an inferior product. Unfortunately, the offspring of the lower economic classes fill the morgues, jails and hospitals largely for this very reason.

There are some Negroes, mostly men (who do not, of course, bear children) who have a feeling that in some way the increase in the Negro population due to unrestricted reproduction will aid the group in its struggle to survive in an unfriendly society. This is fallacious reasoning, based on the assumption that an increase of births necessarily

means an increase in the Negro population, which it does not. If twenty-five per cent of the brown children born die at birth or in infancy because of the unhealthful and poverty-stricken condition of the mothers, and twenty-five per cent more die in youth or vegetate in jails and asylums, there is instead of a gain a distinct loss.

If anyone should doubt the desire on the part of Negro women and men to limit their families, it is only necessary to note the large sale of "preventive devices" sold in every drug store in the various Black Belts and the great number of abortions performed by medical men and quacks. Scientific birth control is what is needed.

The question for Negroes is this: Shall they go in for quantity or quality in children? Shall they bring children into the world to enrich the undertakers, the physicians and furnish work for social workers and jailers, or shall they produce children who are going to be an asset to the group and to American society? Most Negroes, especially the women, would go in for quality production if they only knew how.

Black Folk and Birth Control

By W E B DuBOIS

THE American Negro has been going through a great period of stress, not only in this present depression, but long before it. His income is reduced by ignorance and prejudice and his former tradition of early marriage and large families has put grave strain on a budget on which he was seeking, not merely to maintain, but to improve his standard of living.

As slaves, every incentive was furnished to raise the largest number of children possible. The chief surplus crop of Virginia and other border States consisted of this natural increase of slaves and it was realized in the consequent slave trade to feed the plantations of the lower South and Southwest. Frederick Bancroft has recently shown us that this trade, in the decade 1850-60, involved average annual sales of nearly 80,000 human beings, representing \$100,000,000 of capital.

Even then birth control was secretly exercised by the more intelligent slaves, as we know from many reminiscences.

After emancipation, there arose the inevitable

clash of ideals between those Negroes who were striving to improve their economic position and those whose religious faith made the limitation of children a sin. The result, among the more intelligent class, was a postponement of marriage which greatly decreased the number of children. Today, among this class of Negroes, few men marry before thirty, and numbers of them after forty. The marriage of women of this class has similarly been postponed.

In addition to this, the low income which Negroes receive, make bachelorhood and spinsterhood widespread, with the naturally resultant lowering, in some cases, of sex standards. On the other hand, the mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from that part of the population least intelligent and fit, and least able to rear their children properly.

There comes, therefore, the difficult and insistent problem of spreading among Negroes an intelligent

and clearly recognized concept of proper birth control, so that the young people can marry, have companionship and natural health, and yet not have children until they are able to take care of them. This, of course, requires in the first place a revision of the general laws, and in the second place, it calls for a more liberal attitude among Negro churches. The churches are open for the most part to intelligent propaganda of any sort, and the American Birth Control League and other agencies ought to get their speakers before church congregations and their arguments in the Negro newspapers. As it is, the mass of Negroes know almost

nothing about the birth control movement, and even intelligent colored people have a good many misapprehensions and a good deal of fear at openly learning about it. Like most people with middle-class standards of morality, they think that birth control is inherently immoral.

Moreover, they are quite led away by the fallacy of numbers. They want the black race to survive. They are cheered by a census return of increasing numbers and a high rate of increase. They must learn that among human races and groups, as among vegetables, quality and not mere quantity really counts.

A Question of Negro Health

By CHARLES S. JOHNSON

THE question of birth control for Negroes has been confounded by several essentially unrelated issues. There has been an assumption, invoked by certain politico-racial considerations, that overpopulation means merely too many undesirable groups, thus ruling out the essential factor of intelligent discrimination and population selection within these groups. Most discussions of the question in America have contrasted the fertility of the native born white population with that of the Negro and with certain elements of the foreign born, on some such basis as that upon which the present immigration legislation was promulgated. Not only do such views and policies obscure the important issues but invariably they set up resentment among Negroes against the implications of the contrast.

This assumption is little different from another which, equally indiscriminate, associates race, as such, with unfitness. Thus, any restriction of births whatever among Negroes is expected to be salutary since it would tend to lessen by so much existing racial pressures. Thirty years ago it was anticipated, not without a certain grim satisfaction, that the race problem in America would settle itself as a result of the excessive mortality among Negroes, notably from tuberculosis and venereal diseases. It was not until this idea was abandoned, together with the belief that the weakness was constitutional, that marked changes were noted in Negro health. Now that Negro mortality has been reduced to the point at which the whites stood a generation ago, and continues to decline, the same eugenic discrimination which applies to the whites is necessary

with reference to selective fertility within the Negro group.

Throughout the history of Negroes in America they have been marked by a high rate of fertility. It was encouraged in slavery and, according to the calculation of Dr. Louis I. Dublin, it appears to have reached the limits of human fertility during that period. After their emancipation this high fertility continued, but with a violent check on population increase caused by an extravagantly high mortality. Marriage among Negroes takes place earlier than among whites. Three-fifths of them marry at the age of 20 and under, while for whites two-thirds marry at 22 or younger.¹ Moreover, nine-tenths of the Negro women married ten years or more, as compared with three-fourths of the white women married for a similar period, have experienced six or more pregnancies.

In the registration area as late as 1920, out of every 100,000 Negro male children born alive, 9,600 more Negro boys than white boys died before reaching the age of one year, and 8,200 more Negro girls. Woodbury² found the infant mortality rate for Negroes one and a half times that for all whites and about twice as high as for native whites. In the experience of the Metropolitan Life Insurance Company the colored deaths are two-thirds above that of the whites,³ and for the period from

¹ Children's Bureau Publication No. 33

² Woodbury, Robert Morse. *INFANT MORTALITY AND ITS CAUSES*

³ Dublin, Louis I. *THE HEALTH OF THE NEGRO*,—*Annals of the American Academy*, November, 1928

five years to adolescence the margin is 57 per cent excess for males and 72 per cent for females. These excesses necessarily curtail longevity, because one of the greatest factors in these high rates for Negroes is the high infant death rate.

The average number of children born to Negro mothers is greater than that of the population as a whole, and for the native whites, but somewhat less than certain of the foreign born. In 1925 the average was 3.2 for the total and for the white, 3.9 for the foreign born, and 3.7 for the Negroes. However, the per cent of children surviving was lower for Negroes than for any other group of the population. For the registration area in 1928, the Negro mortality rate was 106.2 as compared with 64.0 for the white, and the number of still births per 100 live births just twice that of the country as a whole. In the southern states, particularly, the ratio of Negro to white maternal deaths stands fifth in a list of twenty-four, in point of excess mortality. Maternal mortality is actually increasing. In Mississippi 10.9 in every 1000 Negro mothers died in childbirth as compared with 6.6 for white, in North Carolina 10.7 as compared with 6.7, and in Kentucky 15.4 as compared with 5.4 white mothers.⁴ In all of these places there is a correspondingly high rate for Negro mothers who are working. In Kentucky it was 38.1 and in Mississippi it was 42.1 per cent of all Negro mothers.

ECONOMICS PLAYS A PART

Apart from the excessively high infant and maternity rates it is apparent that the problem of mortality is closely associated with economic status. The diseases from which Negroes suffer most are those related to their low income. Tuberculosis, for example, which takes such a fearsome toll, is notoriously a disease of poverty. The diseases which are largely due to difference in living conditions together with low income show the greatest disparity between Negro and white rates. These are tuberculosis, puerperal conditions, typhoid, malaria and pellagra. Here it is important to consider the actual ability of large families of low income to sustain themselves adequately in our present society. Woodbury's observations are all the more significant when he points out from a study of 20,000 infant deaths that the rates of mortality vary directly with the fathers' earnings,

and that for infants over one month of age the rate of mortality in the lowest income group is ten times the rate of the highest income group.

Dr. T. Wingate Todd, of Western Reserve University, in his studies for the Brush Foundation, found Negro children lagging about six months behind the white both in height and weight. These were children from the congested districts. The difference, he suggests, was due to special environmental stresses in the early life of the Negro children.

The correction of the environment involves the equalization of economic and social opportunities, but it is still within the power of the group itself to lessen the stress by more intelligent interpretation of the obligation to maintain the race. The status of Negroes as marginal workers, their confinement to the lowest paid branches of industry, the necessity for the labor of mothers as well as children to balance meager budgets, are factors which emphasize the need for lessening the burden not only for themselves but of society, which must provide the supplementary support in the form of relief.

By no means unimportant in this connection is the present extent of venereal infection within the Negro population, which adds to unconsidered childbearing both the danger of maternal mortality and of defective children. A great amount of unscientific speculation about the prevalence of syphilis among Negroes has invaded this field, with fantastic and impossible estimates. Conservative studies place the extent among Negroes as about one and one-half times that of the white, but with extremely high rates in certain southern sections where neither the social significance nor the personal danger of the disease is fully recognized. In one county in a southern state where Wasserman tests were made of an entire section of a Negro population, some 34 per cent gave positive reactions. The most serious aspect of the findings was the number of children who by the tests gave evidence of hereditary syphilis. Of equal importance with the public health task of eradicating this disease through education and medical treatment, is the task of preserving society, for its own sake, from defective offspring.

Essentially the same course is observed among Negroes as among other American groups as regards birth control practice. The more competent economic elements already use some measure of birth control. It can be noted in the decline in size

⁴ Census Monograph 1926, Births, Stillbirths and Infant Mortality.

⁵ U. S. Children's Bureau Publication No. 119, p. 80.

of families of the more advanced and economically competent Negro groups Dr E Franklin Frazier has compared the size of families from which 327 Negroes listed in *Who's Who In Colored America* (1928-1929) sprang, with the actual number of children of 174 of them, successful Negroes 45 years of age and over For the first group it was 5.5 and for the second 2.3 children per family There is likewise a tendency to smaller families among Negroes living in cities Indeed this observation at one time led to the premature conclusion that city life was too strenuous and the North too cold for their survival Actually the rate of

decline in the most important Negro diseases was greater between 1930 and 1931 in northern than in the southern and border cities*

An important present circumstance is the inaccessibility of reliable information centers for those elements of the Negro population, which, on the one hand, are unable to secure high priced professional advice, and on the other hand do greater violence than good to themselves through reliance upon dangerous folk measures

* TUBERCULOSIS MORTALITY IN 45 LARGE AMERICAN CITIES DURING 1930 AND 1931, compiled by G J Drolet (New York Tuberculosis and Health Association)

Eugenics for the Negro

By ELMER A CARTER

IT IS extremely unfortunate that the question of the Negro's fitness to survive in modern civilization should so often have been approached from the standpoint of comparative population growth For a number of years well-meaning statisticians have indulged in the more or less popular pastime of predicting the exact date when the disappearance of the complete Negro from the American scene would occur Basing their prognostications on the Negro's mortality rate as compared with that of the white population, they have seen the solution of the vexatious Negro problem achieved by the mere passing of time And not a few anthropologists and sociologists have valiantly maintained that the difference in Negro and white mortality rates is conclusive evidence of the innate inferiority of the Negro

It is doubtless because of this emphasis placed on comparative numbers, that the leaders of Negro life have been tardy in embracing a social procedure which would seem at first sight to have as its ultimate purpose a conscious collaboration with those forces which were dooming the Negro to extinction The idea of birth control, popularly conceived by Negro as by whites as the limitation of offspring, could not find a quick response in a group which has been led to believe that its racial status was dependent primarily on its ability to increase and multiply

Not that the practice of birth control is wholly absent from the Negro group, even though Negro leadership has for the most part been reluctant to

advocate this procedure as a solution for any of the problems which confront their fellows in America Birth control as practiced today among Negroes is distinctly dysgenic On the higher economic levels, Negroes have long since limited the number of their offspring, following in the footsteps of the higher classes of white America Although statistics are not readily available, it would appear that the Negro, aware of the tremendous handicaps which his children must face under the most favorable conditions, is even more impelled to limit their number than his white compatriots similarly placed Therein lies the danger, for Negroes who by virtue of their education and capacity are best able to rear children shrink from that responsibility and the Negro who, in addition to the handicaps of race and color, is shackled by mental and social incompetence serenely goes on his way bringing into the world children whose chances of mere existence are apparently becoming more and more hazardous

There is reason to believe, however, if one is willing to accept the almost universal testimony of Negro physicians, that since the economic collapse birth control of a sort is being attempted on a wide scale among the lower classes of Negroes, who find themselves facing a future of almost certain insecurity and want Negro women in formidable numbers, without the advantage of contraceptive information, seek relief through abortions performed under highly dangerous conditions by unskilled and sometimes grossly ignorant quacks. The

question is not whether there shall be conscious control of births, but whether it shall be achieved by contraceptive methods of proven value and safety or by the clumsy almost murderous methods of the medical racketeer

Even among the favored white group comparatively scanty provision has been made for the training of physicians in contraceptive methods. The great mass of Negro physicians are trained at Meharry Medical College in Nashville, Tennessee, and Howard University in Washington, D. C. But if there is any course in either of these institutions, dealing with modern contraception the writer is not aware of it. And although birth control clinics are rapidly increasing throughout the country, there are only two serving the great Negro communities of Harlem, and the South Side in Chicago.

The probabilities are that the race problem in America is infinitely aggravated by the presence of too many unhappily born, sub-normals, morons, and imbeciles of both races. It will be a tremendous misfortune if those who are fighting the battle for birth control should remain unmindful or indifferent to the plight of the Negro. For at present the practice is confined to those whose offspring would be best fitted to carry the lance of racial progress.

Negro Public Health Work Needs Birth Control

By M. O. BOUSFIELD, M.D.

A SOLUTION for any social problem should always have the primary interest of the Negro. Birth control is now to be thought of as having as much, if not more, social than medical value. It is the belief of the writer that in proportion to the importance of the movement and its particular adaptability to some of our most pressing health and social problems, it has received scant consideration. As a reasonably well-informed physician, my interest in matters of public health, especially as they affect the colored population, has increased during the past five or ten years. I was, therefore, amazed at my own lack of knowledge in this important phase of public health work when I ran across Margaret Sanger's recently published book, *My Fight for Birth Control*. I asked a few of my friends what they knew about birth control and found that they had given it little or no attention. This was true of physicians as well as laymen.

Infant welfare and maternal care are major considerations with public health workers among colored people. There is an appalling loss of life for both mother and child. The worst conditions exist in the rural sections of the South, but are not by any means confined to that section. The Negro Public Health nurse working in the rural South is making a fine contribution in this field by teaching better and cleaner midwifery and spreading information as to infant care. Among Negroes, unrestrainedly large families of undernourished children, with economically depressed, hopeless parents, are a major problem. This matter of birth control offers at least one method of attack.

I wanted to know more about it, and took advantage of a visit to New York City to visit the headquarters of Margaret Sanger's Birth Control Clinical Research Bureau. I went from one consultation room to another and felt that each time I talked with a physician or a nurse that she was a thoroughly schooled person, who was in no sense a fanatic or propagandist, but was the sort of specialist one would expect to meet in any group clinic of high-class practitioners.

I visited the Harlem Branch of the Clinical Research Bureau, situated in the heart of the colored neighborhood. It has an advisory council of about fifteen of the leading colored men and women of Harlem, newspaper people, physicians, social workers and ministers. Colored workers are to be added to the trained personnel of the clinic with the hope of widening its influence. I was interested in still another angle. What did the people of Harlem think about this work? Was there resentment against the idea? Was there opposition to be overcome? It didn't take long to discover that the answer is "No. Most physicians and ministers are not only sold to the idea and to the need of the work, but are anxious to advance it."

This is the usual reaction to birth control work. One approaches it gingerly and questioningly, but the more one investigates and studies, the more one becomes convinced that it is an element for good. Recently I made a public address, in which I touched the subject lightly, somewhat as an experiment, and suggested that it is time for some colored woman to become the Margaret Sanger of her race. After the meeting, two very intelligent young women, both mothers, came to me for information.

The work should have an especial appeal to colored physicians and colored social workers. In fact, it is reasonably safe to say that in a short time it

will not be possible for persons in either of these two important fields to consider themselves well informed or capable of performing their full duties unless they are thoroughly trained in the technique on the one hand, and in all the social implications on the other. Indeed, I make bold to predict that, especially for the fine women in the race who are practising medicine, this work will offer a remarkable field of endeavor, perfectly legitimate and ethical. It is undoubtedly a well-defined division of preventive medicine and may be viewed as one of the strongest elements for saving life.

The dangerous practice of abortion is one of the greatest blots on modern civilization and something must be done about it. No one knows accurately what the statistics are for the number of abortions done in this country, but it is variously estimated as being from one abortion for every four live births, to as high as one abortion for every live birth. This is only one of the very good reasons for birth control, it might be given as one of the negative reasons.

If birth control is to progress rapidly among colored people, it is important that colored physicians, especially women practitioners, and colored nurses and social workers be thoroughly initiated. This is one of the vital considerations to which the proponents of the movement have not given sufficient consideration.

God's Chillun

By WALTER A. TERPENNING

THE city of Kalamazoo, Michigan, has a Negro population of 1800, segregated mainly in two neighborhoods, although a few are scattered in other parts of the town. The districts which they occupy are, as usual, the least desirable in the city. The buildings are old and rickety, streets mostly unpaved and poorly lighted, and the general conditions unsanitary and not conducive to decent living.

The Negroes are discriminated against in industry, and most of them have to depend upon odd jobs and domestic service. Even in such work they are rapidly being replaced by foreigners and other white workers. As a result, a degrading poverty, with its usual concomitants of overcrowding, undernourishment, disease, and delinquency, is general among them.

Although the community gives the usual Northern lip-service to the ideal of social equality, the

Every city in Michigan can open a maternal health clinic for the purpose of teaching contraception in order to permit poor and handicapped parents to have fewer children and to space those which they do have. The city of Detroit is spending \$10,000 a month this winter paying for birth costs of families unable to bear this expense. A contraceptive clinic costs about \$2,000 a year. Many of these children will grow up without homes, and in such poverty as to cause crime, will form the nucleus of our future army of the unemployed, and be a burden to society.

REVEREND CARLETON BROOKS MILLER

*First Congregational Church,
Battle Creek, Michigan*

whites discriminate against the colored in ways which make life less pleasant for the latter than in Southern states, where the discrimination is taken for granted. A striking example is the fact that the colored people receive less than the share of charitable aid which would be justified by their comparative numbers in the general population, to say nothing of their much greater poverty. An interracial committee has been formed to try to ameliorate the conditions of colored citizens, but has accomplished nothing beyond getting the names of the members in the paper.

Many of the colored citizens are fine specimens of humanity. A good share of them, however, constitute a large percentage of Kalamazoo's human scrap-pile. Four of seven children of one family, for example, have been, or are, inmates of the state industrial school, and the others likely to become such later. One member of another family of six children is in the home for the feeble-minded, another a cripple, and the remaining four are little, underfed weaklings. Another family of seven children has two in the reform school, and all have been dependent on charity during the six years acquaintance of the Secretary of the Douglass Community Association. Families of seven or eight are not uncommon, and such families are often among the least desirable stocks and those among whom greatest poverty exists.

The secretary of the Douglass Community Association thinks his people are more in need of the knowledge of birth control than any other group of citizens, but admits that their ignorance of the subject is almost general. He thinks their prejudice

against its practice would be less than among other classes, and the need of it in direct proportion to their greater poverty, a poverty which is enhanced by the handicap of race prejudice. The birth of a colored child, even to parents who can give it adequate support, is pathetic in view of the unchristian and undemocratic treatment likely to be accorded it at the hands of a predominantly white community, and the denial of choice in propagation to this unfortunate class is nothing less than barbarous. The size of the colored population is kept down, not by a low birth rate, but mainly by the brutal and barbarous checks of malnutrition, disease and death. These crude checks must give place to the more humane provision of birth control, and the denial of the knowledge of such provision is one of the most hypocritical and savage illustrations of man's inhumanity to man. As among the whites, there are cases of degenerate Negroes whose propagation will be checked only by sterilization or institutionalization, but the practice of birth control among the majority of colored people would probably be more eugenic than among their white compatriots. The dissemination of the information of birth control should have begun with this class rather than with the upper social and economic classes of white citizens.

The Negro Birth Rate

By S J HOLMES

THAT birth control has played an important part and is destined to play a still more important part in the growth of our Negro population is evident to anyone who has followed the course of the Negro birth rates in the United States since the period of slavery. In the few decades following emancipation the Negro birth rate continued to be high, and the death rate actually rose. It is a curious fact that after the Civil War the period of highest mortality in the Negro population coincided roughly with the period of most rapid natural increase. We have no adequate statistics on the Negro birth rate until within the last few decades, but the decreasing proportion of children revealed by the decennial censuses from 1880 to 1920 makes it evident that, during this time, the Negro birth rate had been rapidly declining. In fact, the downward course of the birth rate among the Negroes is approximately parallel to that of the whites. For the most part, the difference is simply a case of lag.

The Negro birth rate, like that of the whites, is lower in the North than in the South, and is lower in urban than in rural communities. It is also lower among Negroes of superior economic and educational status. There is every reason to believe that the same causes which have led to a decreased birth rate among the whites have occasioned the declining birth rate among the Negroes. As most students of this subject agree, birth control is one of the most potent of these causes. When the Negroes become more enlightened and prosperous, birth control will doubtless be more extensively employed to limit the size of families. The extent to which it may in time come to limit the growth of our Negro population is at present a matter of conjecture. For some time our Negro population will have to contend against the odds of a relatively high death rate in its struggle for numerical supremacy with the whites. We may expect that the birth rate will continue to be high in the rural South, which has heretofore been the great breeding ground of our colored population. From this region numerous migrants have gone into the Northern states and the cities of the South, where they have become relatively sterile. Were it not for the high birth rate of the rural Negroes in the South, it is probable that our Negro population would diminish in numbers at a relatively rapid rate.

Migration to the North and into Southern cities has imposed a heavy drain upon our Negro population. The spectacular mass migrations of Negroes during the war period was followed by a reduced but still extensive migration into the North. With the curtailment of European immigration there will continue to be a demand for Negro laborers in Northern industrial centers, especially if we pull out of the present financial depression. Whether the Negroes will be able to thrive in the urban communities of a Northern climate is still uncertain. Negroes are becoming immunized to tuberculosis, one of their greatest enemies, and their infant mortality has been greatly reduced during the last decade. With the improvement of their living conditions in the North it is at least possible that they may be able to maintain themselves and become a self-perpetuating group. When we have complete data on Negro birth rates and death rates based upon the 1930 census (I am afraid to trust the official rates which are now published), we shall be in a better position to draw conclusions on this important problem.

One influence which we cannot gauge at present

is the operation of psychological factors growing out of the Negro's relation to his social environment. With a race of less buoyant and cheerful temperament these factors would doubtless operate more strongly. Among the Polynesian and Melanesian races of the Pacific, their influence, according to several well qualified anthropologists, has been an important contributory cause of depopulation. "Why," asked an intelligent Melanesian, "should we bring children into the world only to work for the white man?" Where people feel keenly the hardship and injustice of their lot, they may be less inclined to produce children to share their undesirable social heritage. There is no doubt that the psychological attitude to which we have alluded and which is expressed more or less frequently in Negro literature, has led in many cases to the limitation of Negro families. With the further dissemination of contraceptive information it will doubtless have

a greater effect upon the birth rate of our Negro population, although in the Black Belt this influence will be relatively slight.

The effect of birth control upon the Negro population has probably been dysgenic, as it has been on the whites. According to Professor Kelly Miller, the average number of children per family in the faculty of Howard University is 1.6, and he considers that this group "is typical of like elements throughout the race so far as fecundity is concerned. The upper class is headed towards extinction, unless reenforced from the fruitful mass below."

On the whole, birth rate problems are much the same among blacks and whites. With the exception of the psychological factors I have mentioned and which are by no means entirely absent in the white race, the forces which cause the decline of the birth rate operate alike in both races.

INFANT MORTALITY

Deaths of infants under 1 year of age per 1000 live births

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Birth Registration Area												
White	91	97	83	82	72	73	73	67	68	70	61	64
Colored	151	161	131	132	108	110	117	113	111	112	100	106
Rural Part Registration Area												
White	84	90	80	76	70	69	72	65	67	69	60	63
Colored	134	143	123	118	100	102	106	105	100	101	92	98
Urban Part Registration Area												
White	96	105	86	87	75	77	75	69	69	71	61	65
Colored	185	197	148	158	128	127	138	127	125	127	113	121

STILLBIRTHS

Per 100 Live Births

	1918			1923			1925			1926			1927			1928		
	TOTAL	CITIES	RURAL	TOTAL	CITIES	RURAL	TOTAL	CITIES	RURAL	TOTAL	CITIES	RURAL	TOTAL	CITIES	RURAL	TOTAL	CITIES	RURAL
Birth Registration Area																		
White	38	41	35	36	39	33	35	38	32	35	37	33	35	37	32	35	37	33
Colored	80	100	72	72	85	64	73	81	67	73	83	66	75	85	69	81	89	78

ILLEGITIMATE BIRTHS

Per 1000 Total Births

Birth Registration Area

White*	117	127	142	145	142	138	144	154	154	163	167
Colored	110.5	119.5	119.0	122.7	127.1	123.4	120.6	116.9	117.7	128.4	136.6

*Exclusive of California and Massachusetts. Birth certificates in these states do not require this information.

Courtesy of National Urban League

The Negro Social Worker Evaluates Birth Control

By CONSTANCE FISHER

WITH the general tendency today of more tolerance of birth control clinics and information, and with the increasing freedom in asking for direction in matters concerning birth control, attention is drawn to cross sections of people as well as to the general group. We are naturally interested to know what this new trend means in terms of social conditions or solutions of problems.

The Negro has been emerging from an agricultural to an industrial state of existence in the past fifteen years, more or less. Just before and after the World War the transition seemed to take place speedily. In earlier years, in the more predominantly agricultural state, each child born to a family became an economic asset, all life was a struggle with nature and the more children there were to fight, the easier and better it was. Moreover, the large family was supposed to be the happy family and the more children a man had the more he won the respect and regard of his community. Then, too, there was the sense of security in old age, which parents felt because of the children who would always take them in and care for them. But when the pendulum began to swing in the direction of an industrial existence, it seemed that a wage Utopia had come and it was no longer necessary to have such large families to insure the bare necessities of life, still every additional person was of value in bringing in extra money and security to the home.

With the present period of economic depression the story has begun to change. When a plant closes down for lack of work or when Negro labor or help is being replaced by others, the larger family does not help matters. When landlords refuse to accept a family because of too many children, and force it to go from house to house hunting a place to stay, the children become liabilities rather than assets. Despite the fact that many say "the Lord will provide," each new baby seems, inevitably, more of a burden than the last. Negroes are usually the first to feel any cuts in jobs or wages or any general lay-off. What their future in industry is no one knows. Suffice to say that in the present situation the smaller family is an asset.

Family case workers frequently hear what might be called the song of regret from their clients who

are finding their other problems intensified because of the narrow economic margin on which they are forced to exist, they want no more children now and they ask often where they may obtain *bona fide* and scientific information concerning this. Not only is the question coming from those concerned chiefly over their economic situation, but also from those homes in which the social worker finds domestic incompatibility, alcoholism, and many other social ailments. In many instances the case worker sees the need for birth control where and when the couple involved do not. Where there is low mentality, a serious health impairment, or other very obvious complications, it is very easy to see the need for information of this sort.

In making a study of desertion a few years ago, the writer was impressed with the fact that in even the small sample studied at the time, the factor at the bottom of the difficulties in well over half the situations was sex maladjustment. This frequently bred feelings of inadequacy, insecurities of every sort, alcoholism, infidelity, desertion, and generally broken homes. And in most of the families the objections to constant pregnancy came from the mother, though the father was often greatly discouraged over the situation too.

THE SOCIAL WORKER'S RESPONSIBILITY

Obviously the family case worker must play some role in this new trend in public opinion, whether it is active or passive. When her clients come to her with their questions and problems, she must make some effort to help them find solutions, and when she goes into their homes she needs to be alert for causative factors as well as symptoms of difficulties. Her job is not to proselytize, but to administer her treatment of the case on as sound and thoughtful a basis as possible. If the family recognizes the need for birth control as either one of or the chief factor in working out its problems, and asks the worker for advice on the matter, she must meet her responsibility adequately. In instances where she sees a definite need for advice of this sort, the writer feels that she owes it to the community, as well as to the family, to use the birth control clinic as a tool for preventive social therapy as well as remedial or palliative treatment.

The trend toward greater use of birth control clinics is one which must be recognized and reckoned with. Not every worker is qualified to suggest or advise procedures to families on this level of treatment, any more than every medical doctor is

capable of diagnosing a psychosis or neurosis, but in the hands of an alert and capable worker, there is little danger. The Negro client is feeling less and less guilty about asking for and receiving information on birth control and is expressing himself freely as having wanted such guidance for a long time without knowing where to get it. There are still a great many who have not lost their sense of sinning in seeking such help, or who have superstitions concerning it, or who fear that it will only breed greater difficulties in the home. Yet, there are increasing numbers who seek birth control information because they feel that if they go on resenting themselves and their mates for physical, economic, and emotional reasons, greater problems are certain to arise, and the existing tensions in their family life are bound to be stretched to their logical ends—the breaking point.

A Medical Viewpoint

By W. G. ALEXANDER, M.D.

THE exploitation of the Negro slave as a commercial asset was the precursor of American big business, and to make it profitable, it was necessary to reach into the future and apply what is called high pressure methods. High pressure methods in the slave business meant the encouragement of prolific reproduction, for the greater the number of slave children born, the greater the possible profits for the slave owner.

Through generations of the application of high pressure methods, the slaves themselves developed the belief that their own best interest depended on continual and increased reproduction, and from this belief it was eventually felt that eminence in the slave community was determined by the size of the family. Even to this day, Negroes who were born in the ante-bellum period, and those who were reared in the immediate post-bellum generation, proudly boast of having had from ten to twenty children. It takes more than one or two generations to eradicate beliefs, customs and traditions that have been built up by centuries of practice, and the majority of Negroes, especially those who have not had the advantage of modern contact, still believe that it is an interference with the will of God, and inimical to their own personal welfare not to have as many children as possible.

The same big business that was responsible for mass production of slave babies was also responsible for creating an economic status for the Negro

that has placed and continues to hold him at the bottom of the economic dump heap. For the slaves and their successors were the victims of a doctrine that decreed that they must eternally be "hewers of wood and drawers of water." The dual tragedy—of unlimited and untimed pregnancies and of an income in inverse ratio to the number of children—has inevitably produced a health situation that results in high morbidity, and appalling mortality rates for both infant and adult life.

When mass production of Negro babies was profitable, the Negro parents were under no responsibility for the maintenance of themselves and their offspring, for the plantation gave them what was necessary for a rudimentary existence. But with the end of slavery this condition necessarily changed, and they had to assume the responsibility of self-maintenance. While there has been a remarkable and laudable improvement in the material aspects of Negro life, the modern standard of living with its demands for proper clothing, proper feeding, proper housing and proper schooling, and all other concomitants of present-day civilization, have continued to increase this responsibility. But by and large the Negro has been unable to improve his economic status proportionately.

Mass production of Negro babies, therefore, has become an *anachronism*—an economic fallacy, creating a living problem that is both a racial and a community liability. The economic situation of the Negro is such that often both parents must become wage earners. The physical load of even periodic employment of a woman whose vitality is being constantly drained by frequent and closely placed pregnancies is too heavy, and results in a disproportionately high maternal death rate from puerperal causes, and in the production of children who are handicapped with inherited low resistance—the basic cause for the high infant death rate among Negroes.

The economic betterment of the Negro, the health betterment of the Negro, and the betterment of community standards (which is an inevitable corollary) demand a policy and a program that will at least modify his present unfavorable situation. Birth control offers the only reasonable solution. The imperative need for Negroes is an educational campaign that will teach them the necessity and the value of intelligent birth control, and make available for them the opportunities for acquiring and applying the approved methods of prevention.

Clinical Service for the Negro

IN RECENT years the statement has frequently been made in birth control literature that Catholic women attend the birth control clinics in this country in a proportion comparable to their proportion in the total population of the community served by the clinic. In connection with this special number of the REVIEW it is well to ask corresponding questions. Are Negroes being reached? In what proportion?

It is well known that the United States now has more birth control clinics than any other country in the world. Evidence is accumulating tending to

more there is no appreciable difference, Negro women attend in about their proportion in the total population of that city. But at Cleveland, Cincinnati and Detroit the Negro rate of clinic attendance is *approximately three times* the rate in which Negroes exist in the respective city populations. This fact seems to me socially significant.

The 816 Baltimore patients had an average of 5.81 pregnancies, while the average number of living children was 4.84. But since the average age was 31 years, and since these women had been married slightly over 11 years on the aver-

TABLE I

RACES OF CLINIC PATIENTS AT FOUR BIRTH CONTROL CLINICS

	Total		Cleveland		Baltimore		Cincinnati		Detroit	
	No.	%	No.	%	No.	%	No.	%	No.	%
White	3677	75.8	1220	79.4	659	80.8	678	67.8	1120	74.8
Negro	1164	24.0	316	20.6	157	19.2	313	31.3	378	25.2
Unknown	9	2	—	—	—	—	9	9	—	—
Total	4850	100.0	1536	100.0	816	100.0	1000	100.0	1498	100.0

Source of data: Baltimore and Cleveland, latest clinical reports; Cincinnati and Detroit, correspondence.

show that, while birth control may have operated somewhat dysgenically in the recent past, it is increasingly becoming eugenic, as knowledge which was formerly available almost exclusively to the upper classes percolates downward. This diffusion is caused mainly by the work of the clinics, and by the published literature.

By no means an insignificant group to receive this newer knowledge has been the under-privileged Negro population, especially that located in some of our larger northern cities. The New York clinic, in Harlem, which has done such splendid work, serves almost exclusively the Negro population of that district. Likewise the Baltimore Bureau for Contraceptive Advice and the Cleveland Maternal Health Center are serving a goodly proportion of Negroes.

Table I shows, according to the latest reports, the number and percentage distribution of white and Negro patients at four birth control clinics. These are the Cleveland, Baltimore, Cincinnati and Detroit centers. Out of a total of 4850 cases, 3677, or 75.8 per cent were whites, and 1164, or 24 per cent were Negroes.

Table II compares the percentage of Negroes in the clinic populations studied with the percentage of Negroes in the total population of the cities in which the respective clinics are located. At Balti-

more, the reproductive rates are high. But it should be observed in this connection that at Baltimore, where the aim of the clinic is primarily scientific research, a rather conservative attitude toward the advising of patients prevails, ordinarily they must have serious reason for requiring contraceptive advice. This selective influence makes the average age higher. None the less, calculations by Dr. Pearl tend to show that the fertility of the

TABLE II

PERCENTAGE OF NEGROES IN CLINIC POPULATIONS COMPARED WITH PERCENTAGE IN THE TOTAL POPULATION

City	Per Cent Negroes in Clinic Population	Per Cent Negroes in Total City Population (as of 1930)
Cleveland	20.6	7.9
Baltimore	19.2	17.8
Cincinnati	31.3	10.7
Detroit	25.2	7.7

clinic women is much higher than that of the general population of Baltimore, perhaps even three times as high. This in itself, regardless of any medical or economic indications, is pretty good evidence that the Baltimore clinic is reaching those individuals who most need contraceptive advice.

The Baltimore Bureau women who had from 0 to 9 pregnancies had an abortion or miscarriage rate of 13.2 per cent, while women who had from 10 to 22 pregnancies had a rate of 25.4 per cent.

Dr Pearl observes that, since the difference in percentages (12.2) is more than 14 times the probable error, "there are odds of many million to one that women with ten or more pregnancies have a larger percentage of abortion and/or miscarriage than women with fewer than ten pregnancies."¹

Figure 1 shows the trend of total pregnancies in children born among colored and white patients in Baltimore in recent years. We have the family income for 583 white women and 145 colored women. For white women the mean number of pregnancies

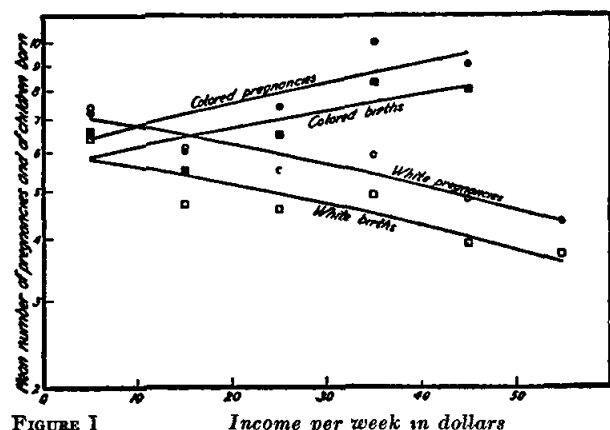


FIGURE 1 Income per week in dollars

and of children born appeared to *decrease* as the family income decreased. For 145 colored women the mean number of pregnancies and of children born appear to *increase* as the family income decreased. If this trend represents a real situation, this is most significant. However, as Dr Pearl points out, the numbers are small, and the trend may be merely accidental. Moreover, not all the marriages are as yet completed. Even if the above requirements were met, we would need to re-arrange the data in order to determine whether or not this trend is a genuine one.

NORMAN E. HIMES

¹ Fourth Report of the Bureau for Contraceptive Advice, Baltimore, 1932, p. 8

The Cincinnati Clinic

The Committee on Maternal Health, Cincinnati, Ohio, has recently completed a study of 700 cases, of which 213 were Negroes. Data as to pregnancies, number of living children and number of children, compared with the group as a whole, is as follows:

TABLE I—PREGNANCIES

Live Births	Miscarriages	Still Births
897	132	*25
Total—1054		*One set twins

TABLE II—LIVING CHILDREN

3 patients have	0 living children	0
22	" " 1	" " 22
44	" " 2	" " 88
48	" " 3	" " 144
28	" " 4	" " 112
19	" " 5	" " 95
10	" " 6	" " 60
16	" " 7	" " 112
10	" " 8	" " 80
8	" " 9	" " 72
0	" " 10	" " —
1	" " 11	" " 11
1	" " 12	" " 12
1	" " 13	" " 13
*211	Total	821

*Two cases unknown

TABLE III—NUMBER OF CHILDREN
(Comparative)

No Children	Negro		Whole Group	
	No	%	No	%
0-3	117	54.93	415	59.28
4 and over	97	44.13	274	39.14
Unknown	2	94	11	1.58
	213	100	700	100

This is an average of 3.89 children per family in these 211 recorded cases as compared with an average of 3.48 of the whole group studied (See Table II). It is interesting to note in Table III that the Negro group has a greater percentage of large families than the group as a whole—44.13% of the Negro patients have 4 or more living children as compared with 39.14% in the group as a whole.

As far as teachability goes we find that the Negro women seem to learn and accept the method of contraception used in the clinic as easily or more so than the white patients. We have no definite figures to prove this statement.

CAROLYN BRYANT

Data on the Harlem Clinic, New York, is not yet available for publication—EDITOR'S NOTE

POPULATION SECTION

Natural vs. Conscious Evolution

By STEPHEN P. DUGGAN

Address delivered at the Testimonial Dinner to Margaret Sanger, April 20th, New York City

WHEN I consider the condition of this world of ours at the present time, I admire immensely the perspicacity of an old colored preacher down South who recently announced to his congregation, "Bredren, the subject of my discourse this morning am de status quo"

One of his deacons arose and said, "Parson, what am de status quo?"

He answered, "The status quo am the terrible mess we are in"

I think that was an almost perfect description of the world at the present time. If we are ever to get out of that terrible mess in social, political and international affairs, it will not be by the kind of leadership that is shown us by those who are in control today, but by the kind of leadership that we are here tonight to honor.

If there is one lesson impressed upon the world by Charles Darwin it is that natural evolution is a very costly process. The survival of a species meant the extinction of many competing species. His teaching resulted in an insistence that in human affairs conscious evolution supplant natural evolution. Today we call it social planning. Nowhere has the need of it been so obvious and notorious as in the domain of international relations. At no time in the whole gamut of human history did the lack of it have such tragic results as in the World War which brought Western civilization to the verge of collapse. Certainly it behooves us to consider every element in world planning that will contribute to prevent the recurrence of such a catastrophe.

Let us look about us. For the past six months the most dramatic incident in world affairs has been the Sino-Japanese conflict. Fundamentally what is the conflict? Japan has a population of 64,450,000 concentrated upon a territory no larger than California with a population of less than 6,000,000. Practically every available acre of tillable land has been put to tillage. Moreover, Japan has industrialized her economic life, but she has neither coal nor iron, copper nor cotton, in fact

neither food nor raw materials with which to support her surplus population. Hence, for self-preservation she determines to control the destinies of Manchuria, a Chinese area as big as New England and the Middle States combined, which has the very resources needed. But here she comes in conflict with the Chinese who understand the need of controlling Manchuria for the benefit of their own teeming population. Japan is overpopulated, much overpopulated. Do its rulers look that fact squarely in the face and attempt the obvious solution of limitation in the growth of population? Not at all. He who suggests such a course is condemned as unpatriotic.

But let us turn our eyes from the Orient to the Occident, from the lands of fatalism to those of supposed progress. When the French Revolution broke out, France was relatively one of the most populous countries of Europe, with a population larger than Great Britain's and equal to Germany's. One of the beneficent acts of legislation of the Revolution was part of a planned program. In order to destroy the power and, if possible, the existence of the aristocracy, it was provided that all property should be equally divided among the children of a family upon the death of the parents. France was an agricultural country, and, for peasant as well as for landed proprietor, to prevent the land being subdivided into infinitesimal plots it was necessary to limit the size of the family. Better to have two children with a big enough farm to support both comfortably than six who could not possibly live on a farm of reduced size. The result has been that today the population of Great Britain has caught up to that of France and the population of Germany is 60 per cent larger. But during the nineteenth and twentieth centuries, though it is not saying a great deal, no old world country has had greater material prosperity than France and no country has contributed more fully in the domain of the spirit, in literature, art, music and pure science. Few in France today condemn the national attitude towards the population problem.

Across the Alps is another country which takes a different view. Like Japan, Italy has no coal, iron, cotton or other raw materials with which to industrialize her life and sustain a big population. Like Japan, her rulers insist upon stimulating a big

population, in the name of patriotism and national grandeur, certainly not in the name of individual welfare Italy is overpopulated She has 352 to the square mile as against 192 in France Some of her statesmen cast envious glances over the mountains to the relatively thinly populated acres of France This is only one of a number of causes for the prevalent friction and the dislike of the Italians for the French, but it is an important one And it brings to the fore an important question, viz ought a nation that has attempted to use foresight in providing for the well-being of its people by limiting population to suffer at the hands of another nation that has refused to do so?

When we compare China and India, we find that natural evolution controls the former, while only a partial, conscious evolution controls the latter The teeming population of China is still kept within bounds by floods, famines and similar visitations In the past five years millions of Chinese have been destroyed by them In India, through drainage, public health and sanitation, the building dykes

and railroads, those scourges have been controlled The population of India has thereby increased enormously, numbering today 351,000,000 But it has increased beyond the means of subsistence With all respect for the sanctity of life, the question arises whether these millions leading an undernourished, devitalized, disease-ridden existence are better off than the Chinese who have been swept out of existence? Katherine Mayo's book, *Mother India*, may give but a partial, even partisan view of Indian civilization, but it tells many truths about the population problem I beseech Mrs Sanger to send her missionaries to India and China and preach her gospel in the face of worse obstacles than persecution, conservative tradition and colossal inertia

But lest I be accused of being one of the many Americans who preach wisdom abroad which they do not practice at home, may I close with a word of respect for the courage displayed by Mrs Sanger in facing condemnation and social ostracism in our own country and of admiration for the remarkable achievement with which her name is associated

Changes in Negro and White Birth Rates

By WALTER F WILLCOX*

THE population of the United States is classified at each census by color or race Mainly because of the increasing racial complexity of the population, but partly also because of the growth of interest in racial characteristics and problems, the classification has become more detailed At the first census in 1790 only two elements were distinguished, whites and Negroes At the latest census nine elements were distinguished, as shown in the following table

Color or Race	Population in Thousands		Per Cent of Increase
	1920	1930	
White	94,821	108,864	14.8
Negro	10,463	11,891	13.6
Mexican	701	1,423	103.1
Indian	244	332	36.0
Japanese	111	139	25.1
Chinese	62	75	21.6
Filipino	5.6	45.2	706.9
Hindu	2.5	3.1	24.9
Korean	1.2	1.9	52.0
Total	105,711	122,775	16.1

The table shows that each minor element increased within the last census period more rapidly

than the general population and more rapidly than whites or Negroes As a result, and this is a new fact in our social history, the proportion of whites and Negroes in the United States is now decreasing Between 1790 and 1920 the proportion of whites in the population steadily increased from about eight-tenths in 1790 to almost nine-tenths in 1920 The change since 1920 was due mainly to the rapid influx of Mexicans

In the population as a whole the number of children under five years of age at each of the four enumerations since the twentieth century opened was

Date of Census	Population in Thousands	Children under 5 in Thousands	Children to 1,000 Population
1900	75,995	7,268	96
1910	91,972	10,631	116
1920	105,711	11,573	109
1930	122,775	11,444	93

The outstanding fact revealed by the preceding figures is that while the population increased between 1920 and 1930 by more than seventeen million, or 16.1 per cent, the number of children in the country decreased by 129,000, or 1.1 per cent For more than a century the proportion of chil-

*Acknowledgment is made to Mr C F Mulligan for help with the computations used in this article

dren in the population has been falling, but this is the first time that the number has decreased. The figures make possible the following classification of young children

CHILDREN UNDER 5 IN THOUSANDS

	1920	1930	Decennial	
			Increase	Decrease
Native white native parents	7,366	7,939	573	
Native white foreign-born parents	2,124	1,124		1,000
Native white mixed parents	838	836		2
Foreign-born white	45	28		17
Negro	1,144	1,230	87	
Other races	56	287	231	
Total	11,573	11,444		130

It appears that the fall in the American birth rate since 1920 is due mainly to the check upon immigration within that decade or since 1915, which has reduced the number of foreign-born wives of childbearing age by 10 per cent and at the same time decreased the number and proportion of young and fertile wives within that group by 11 per cent.

With this result in hand let us turn to examine the birth rate of the Negroes

There were 393 Negro children in the country in 1930 to each 1,000 Negro women of childbearing age, the number of white children at the same date per thousand white women being 385. The base adopted in this case is all women of childbearing age whether married or unmarried because the dif-

ferent illegitimacy rates of the two races make it unwise to limit the comparison to one with married women. This rough measure indicates that the birth rate of Negroes in the years immediately preceding 1930 was a little higher than that of the whites. As the Negro infant mortality was much greater than that of whites, the birth rate figures understate the difference between the two races.

Birth rate figures have been recorded only since 1915 and included at the start only northern states, with three-tenths of the country's population and only one-tenth of its Negro population.

There are two areas, however, in which births have been registered long enough to show conditions and trends. The first, Group A, includes 11 States which were in the birth registration area from the start and for which the record extends over 15 years. The second, Group B, includes 13 States scattered from North Carolina to Washington, with about one-fourth of the country's population of each race. It is thus far more representative than the first group of the country as a whole. It embraces the States added to the birth registration area between 1915 and 1919, inclusive, except South Carolina, which dropped out for three years. For Group B the record covers 11 years. The annual birth rates of whites and Negroes in these two groups and the differences between them are shown in the following table.

ANNUAL BIRTH RATES OF NEGROES AND WHITES

GROUP A ¹				GROUP B ²		
<i>Excess (+) or Shortage (—)</i>				<i>Excess (+) or Shortage (—)</i>		
Date	Negro	White	among Negroes	Negro	White	among Negroes
1915	18.8	25.2	—6.4			
1916	15.6	25.2	—9.6			
1917	19.7	25.3	—5.6			
1918	20.3	24.9	—4.6			
1919	21.2	22.8	—1.6	25.1	21.2	+3.9
1920	22.6	23.8	—1.2	26.9	22.9	+4.0
1921	23.1	24.0	—0.9	28.6	23.7	+4.9
1922	21.4	22.5	—1.1	26.3	22.0	+4.3
1923	22.7	22.3	+0.4	26.6	22.2	+4.4
1924	25.1	22.4	+2.7	27.6	22.4	+5.2
1925	24.2	21.5	+2.7	26.4	21.2	+5.2
1926	23.5	20.5	+3.0	25.3	20.2	+5.1
1927	24.1	20.4	+3.7	24.8	20.0	+4.8
1928	22.8	19.5	+3.3	23.7	19.2	+4.5
1929	21.6	18.5	+3.1	22.5	18.2	+4.3
Change	+2.8	—6.7		—2.6	—3.0	

¹ Includes Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, District of Columbia, Michigan and Minnesota.

² Includes Ohio, Indiana, Wisconsin, Kansas, Utah, Washington, Oregon, California, Maryland, Virginia, North Carolina and Kentucky.

Book Reviews

THE AFRICAN CHILD, by Evelyn Sharp
Longmans, Green and Co, London 1931,
2s6d

THIS little book is an account of the International Conference on African Children held last year in Geneva. This Conference was undoubtedly influenced considerably by the organized exploiters of Africa who were on the whole sympathetic with the stealing of African land, the exploitation of African resources, and the using of African labor for profit. Nevertheless, there was some plain speaking, although the number of Africans present who could speak for themselves was lamentably small, and designedly so.

The book is a distinct apology for the white man. In every case the complaints of the colored people are minimized and regretted, while the platitudes and explanations of the whites are given at length. There is great stress upon "constructive" suggestions. There seems to have been in the Conference little opposition to child labor and the conclusions concerning education were in line with education for the benefit of the investors. The author was not pleased to hear an African say frankly "You have not yet educated one of our children."

It is doubtful if Evelyn Sharp realizes for a moment the condition of things in Africa. She writes and reports like a Sunday School teacher, and at the end of all chapters has a neat little formula to sum it all up.

W E B DuBois

DIVORCE—A SOCIAL INTERPRETATION,
by J P Lichtenberger *Whittlesey House, New*
York 1931 \$4 00

HERE is a fresh, intelligent, unbiased inquiry into divorce, scientific in method, comprehensive in social outlook, and interesting in presentation.

The author makes a careful analysis of the increasing rate of divorce and its relations to other factors. He brings conclusive evidence to show that it is not due to the laxity of marriage and divorce laws, which on the whole have grown more strict in the last forty years. The causes of divorce are much more fundamental.

A distinction must be drawn between divorce as the legal recognition of an already severed marriage and the processes which have actually severed the marriage before—probably long before—a divorce is applied for. The divorce is only a later effect of the real dissolution, and the causes of marriage dissolution (which may not invariably be followed by divorce) lie back in the social trends of the time and in the changes taking place within marriage itself.

There are conditions today that make divorce more likely to follow when a marriage has broken down, and conditions also that tend toward the inner breakdown of many marriages. The author makes an illuminating and fascinating study of these various conditions. This review can give no adequate idea of the fine analyses, the rich details, the cautious yet fearless judgment of this excellent study.

Some of the conditions which the author examines with special insight in their effects on marriage can be merely listed here. They include economic and industrial changes, altered standards of living, changed economic functions inside the home, greater ease of living without family connections, the emancipation of women, the passing of patriarchal traditions, the stress of free choice in entering marriage and of affection and other spiritual qualities in maintaining it, the progress of liberalism, the popularization of law in the interest of larger numbers, the increase of learning, scientific method in the study of social problems, the passing of dogmatic authority in religion, the revision of ethical concepts in the direction of humane experienced goods and in relation to the conditions of the age, an equal standard of morals, higher ideals of what is to be expected in marriage, better understanding of the causes of sexual maladjustments as well as of personal tensions and conflicts, the uniqueness of each marriage in the culture pattern—these and many other factors are treated with skill and wisdom, both in themselves and in specific relation to marriage and divorce.

Lichtenberger insists that while the changes that are taking place may produce failure in many particular marriages, or reveal failure already there, and so lead to divorce, yet the changes are on the whole probably favorable to marriage as an insti-

tution, and will in the long run make it more secure and more successful. Our practical problem is to utilize our resources to make marriage function better under the conditions of today, rather than to make an attack on divorce by direct coercion and repression. He corrects many of the popular misconceptions and prejudices concerning divorce. He examines various aspects of birth control, and concludes that on the whole it is a factor strongly favorable to the removal of frustrations and the stabilizing of marriage.

The book deserves to be widely read. It should go far to make our ideas in this field clearer, sounder, and more discriminating.

J F CRAWFORD

THE STORY OF MEDICINE, by Victor Robinson, M.D. *Albert and Charles Boni, New York 1931 \$5.00*

THIS volume by the professor of the History of Medicine at Temple University, Philadelphia, traces in an interesting, readable and popular (but not shoddy) manner the development of the healing art from the Stone Age to modern times. If birth control finds no place in it, this is probably because the author has given that subject historical treatment in his well-written *Pioneers of Birth Control* (1919), now unfortunately out of print. Professor Robinson has performed a public service in making available to the intelligent lay reader a fascinating chronicle written with verve and the critical insight of a freethinker.

NORMAN E HIMES

THE MENTAL DEFECTIVE: A PROBLEM IN SOCIAL INEFFICIENCY By Richard J. A. Berry and R. G. Gordon. *McGraw-Hill Book Company, New York 1931 \$2.50*

WHEN one takes into account the fact that this book was written by two British physicians who lay no claim to special competence in the social sciences, its general balance and lack of hobby-riding appear quite remarkable. The claims of eugenics are firmly and unequivocally stated, but without any of the perfervid claptrap that has given rise to the phrase, "eugenic evangelism." Unfortunately, the majority of physicians and others closely affiliated with the biological sciences have not always preserved the commendable reserve and poise which distinguish the authors of the book under review, with little or no knowledge of the larger social implications of their findings,

they have rushed in where angels fear to tread and they usually are anything but angels.

In spite of hearty approval of the tone of this volume, however, it seems necessary to dissent with regard to the program of prevention proposed. Virtually nothing is said about the part which the local community must inevitably play in the social control of the mentally deficient. Now this is a grievous oversight, for it bespeaks inadequate analysis of the quantitative phases of the problem. The reviewer's investigations for the report of the White House Conference on Mental Deficiency showed that about 15% of the total population fall in the category of the psychometrically subnormal (below 75 Binet, or 85 Stanford-Binet, 14-year upper limit), but that less than 2% of the total population can be regarded as psychometrically subnormal *social failures*. This means that psychometric subnormality, particularly if no lower than 60 or 65 Stanford-Binet, is not in and of itself a guarantee of gross social failure, but that for every psychometrically subnormal person now registered as a social failure through commitment to segregative institutions (hospitals, jails, almshouses, etc.), at least thirteen others are not so registered. They are at large in the community, and inasmuch as we do not even confine all the psychometrically subnormal who are demonstrable social failures, they are likely to be at large for some time to come. For one thing, we have available institutional space for less than one-twentieth of one per cent of the total population, which means that *segregation cannot be relied upon to prevent the reproduction of the psychometrically subnormal*.

The only real preventives are birth control and sterilization. Let us consider the latter first. Is it at all likely that such a drastic measure can be applied to thirteen out of every hundred citizens of any country in the world? Is it even likely that it can be applied to all psychometrically subnormal females of childbearing age? These questions answer themselves, we are obviously left with birth control as the only quantitatively applicable method of preventing the reproduction of the psychometrically subnormal. The index of the book under review does not have one single reference to birth control, and the chapter entitled "A Policy for the Problem" is similarly barren—as is all the rest of the book. Surely this is enough to make the judicious grieve. The low-grade cases to which segregation and sterilization can readily be applied

do not reproduce themselves anyway, it is the high-grade cases, for which our authors have no concrete policy, that constitute the really serious aspect of the problem

Segregation? Yes, up to the limits of present and foreseeable future capacity of our institutions. Sterilization? Yes, when and if it can be applied to the extent necessary. Birth control? *Most certainly yes*, for it is the only method that can cope quantitatively with the problem of prevention of reproduction now and in the period of our development which lies immediately before us. And it is this period which is likely to be crucial for the future trends of our civilization!

HOWARD BECKER

SORRY BUT YOU'RE WRONG ABOUT IT, by
Albert Edward Wiggam *Bobbs Merrill Co*,
New York 1931 \$3 00

ALBERT Edward Wiggam's latest book, *Sorry But You're Wrong About It* is perhaps the most interesting of his long list. Much of his recent work has dealt in a specialized, though non-technical, way with problems of heredity and eugenics, but the new book considers these only among many more generalized topics. It consists of a long conversation with one Mr. Manstreet, whose hat each of us may wear, and in 36 chapters Mr. Wiggam tells Mr. Manstreet about 36 false ideas he entertains. The book is a fascinating volume, with infinite possibilities for an intellectual variety of parlor game as well.

Perhaps the most interesting chapter for readers of this journal is the very surprising refutation of the common belief "that immigration will increase a country's population and emigration will decrease it." At the end of his refutation of this superstition, Mr. Wiggam expresses his views on birth control, which are so apt and so cogent that they are worth quoting in full.

What is probably the greatest triumph of human will and intelligence that the race has yet won in its efforts to control its own destiny is the simple remedy of voluntary, scientific birth control. Prof. Warren Thompson, of the University of Michigan, in his new book, "Danger Spots in World Population," compares birth control in its probable influence on social evolution with the discovery of fire and the invention of printing. I can not but think its influence on man's biological future may be even greater than these. For, if the human race is ever to become better in its inborn bodily health, its inborn in-

telligence and its inborn moral character, I think undoubtedly the greatest single agency will be man's newly acquired capacity to control the reproduction of his own species.

Voluntary birth control leads the able, unselfish, long-lived, intelligent, moral, and socially minded members of the community to produce the larger families, while those less energetic and less endowed with gifts of nature reduce the number of their offspring. If this be true, then birth control is the most powerful moral agent of which the human race has ever become possessed.

No money today could be devoted to a greater research than one to establish the truth or falsity of this preliminary evidence. The aim of science, Manstreet, is the control of life. And if man can control the reproduction of his own species, and fit their numbers in each nation to the demands of a high standard of existence, a wide use of liberty and a lofty culture, it will be the surest possible guarantee of a world of peace, of happiness, and of material and spiritual progress.

There is much else in *Sorry But You're Wrong About It* of particular interest to proponents of birth control, as well as to all curious human beings who enjoy testing their own fund of information. And if any reader is altruistically inclined, this book would make a nice present for Cardinal Hayes!

MAYNARD SHIPLEY

Books Received

THE BIOLOGICAL TRAGEDY OF WOMAN, by Anton Nemilov *Covici-Friede, New York* \$2 50

RIDDLES OF SCIENCE, by Sir J. Arthur Thomson *Liveright, Inc., New York* \$3 50

HUMAN STERILIZATION, by J. H. Landman *Macmillan, New York* \$4 00

ESSAYS ON MARRIAGE, by Frederick M. Harris *Association Press, New York* \$2 00

THE ART OF BEING A WOMAN, by Olga Knopf *Little Brown and Co., Boston* \$3 00

OBSTETRIC EDUCATION. A Publication of the White House Conference *The Century Co., New York* \$3 00

THE DEGRADATION OF SCIENCE, by T. Swann Harding *Farrar and Rinehart, New York* \$3

WILL IT BE A BOY? by Fridtjof Okland *The Century Co., New York* \$1 50

THE JOY OF IGNORANCE, by T. Swann Harding *Wm. Godwin, Inc., New York* \$3 00

News Notes

UNITED STATES

ATTEENDANCE was large and interest keen at the three meetings of the American Birth Control League at the National Conference of Social Work in Philadelphia on May 17th and 19th. The Round Table for Social Workers was crowded to overflowing by more than 600 people and had to be held in two sections. It was addressed by Mrs. Carol K. Nash, Miss Elsie Wulkop, Dr. Alice C. Boughton, Mrs. George A. Dunning, Dr. A. Lovett Dewees, Mrs. F. Robertson Jones and Mrs. Stuart Mudd. At the dinner meeting ten speakers (listed in the May REVIEW) presented the question of birth control from different angles, and the sociologic and moral factors were discussed by Dr. Frank H. Hankins and Rabbi Edward S. Israels at the mass meeting. Dr. Bossard's address is given in this issue, and excerpts from other addresses will appear in the July number.

Birth control was also discussed by the Church Conference of Social Work in an address by Reverend Worth M. Tippy, executive chairman of the Church Conference.

The Board of Directors of the League of Nations Association has voted to present the following resolution, drafted by Mrs. F. Robertson Jones, to the International Federation of the League of Nations Societies meeting in Paris, July 4th to 9th:

Resolved that the International Federation of League of Nations Societies urge the League of Nations to appoint a Commission to study by what means nations may be induced to adjust their respective populations to their social and economic resources, and thus to avoid such pressure of population upon resources as is liable to lead to war.

The Board of Directors of the League of Nations Association includes George W. Wickersham, Stephen P. Duggan, Raymond B. Fosdick, Everett Colby, James Shotwell, Charles H. Strong, Theodore Marburg, and Mrs. Edgerton Parsons.

The eighth annual diocese conference of the Council of Catholic Women closed with what is

perhaps a record for intolerance in passing resolutions opposing the Jones-Bankhead maternity bill, the Hatfield birth control bill and the equal rights amendment.

CALIFORNIA The Southern California Parent Teachers Convention, meeting in Pasadena on April 23, passed a resolution favoring birth control legislation, and also urged "that instruction in eugenics be made a definite part of the social hygiene program of the state."

Progress toward a social hygiene program in California was reported at the California Conference for Social Work, held in Riverdale, May 1-5. Dr. Paul Popenoe, chairman of the project, reported on the work in its four aspects: education, recreation, solution of individual problems, law enforcement. The need for training and education for marriage and family life in junior and senior high school was stressed.

CONNECTICUT The Greenwich Committee for Maternal Health held a public meeting on May 25th at the Greenwich High School. Dr. William Darrach presided. Dr. Frederick Holden, director of the Department of Gynecology at Bellevue Hospital, New York, spoke on *Why I Believe in Birth Control*, Dr. Margaret Tyler, associate clinical professor at Yale, spoke on *My Clinical Experience*, Mrs. G. P. Baker, former Acting Dean, Radcliffe College, spoke on *The Older Woman's Point of View on Birth Control*, and Mrs. G. K. De Forrest spoke on *How the Law Can Be Changed*. Dr. Louise Stevens Bryant, executive secretary of the National Committee on Maternal Health and Dr. Alice C. Boughton, executive director, American Birth Control League, answered questions.

The Greenwich Committee for Maternal Health is functioning under the direction of Mrs. Stillman Rockefeller, Mrs. Luke B. Lockwood, and Mrs. Avery Rockefeller. It is sponsored by a distinguished local group of clergymen, doctors, lawyers, and educators.

The Connecticut Birth Control League held its annual meeting on June 1st. Reports were made of activities during the past months, and plans laid for the coming year.

ILLINOIS An interesting symposium on the *Problems of the Modern Family* was presented at the fifteenth annual meeting of the Illinois Social Hygiene League. It was designed mainly as a background for an important announcement—the establishment in Chicago of the first family consultation service in the middle west. The service was proposed by Dr. Rachelle S. Yarros, secretary of the League and director of the Chicago Social Hygiene Council, and had been fully approved by the president, Dr. Louis E. Schmidt, and the board of directors of the League when they took over the educational work of the Council.

The symposium speakers were prominent sociologists and scientific students of family problems, who stressed the need for a Family Consultation Service. They included Dr. Robert Foster, of the Yale Institute of Human Relations, Dr. William Ogburn, of the University of Chicago, Mr. Newell Edson, of the American Social Hygiene Association, and Dr. Charles W. Gilkey, of the University of Chicago Chapel.

MINNESOTA The annual meeting of the Minnesota Birth Control League was held on Wednesday, May 18th, in Minneapolis. Following the address by Reverend Phillips E. Osgood, reports of League activities during the past year were presented.

NEW JERSEY On the fifth anniversary of the New Jersey Birth Control League the offices were moved from 868 Broad Street to 42 Park Place, Newark. The move was necessitated by the continuous growth of the clinic. The new quarters are spacious and light—the location is excellent and a three year's lease has been signed. Coincident with the move, the clinic has been incorporated under the New Jersey State Laws. The clinic has cared for 1729 patients during the past year. 131 social agencies and hospitals, and 252 physicians have referred patients.

The annual meeting took place at the home of Mrs. Wells P. Eagleton. The officers were re-elected for a term of two years as follows: Mrs. Zachariah Belcher, President, Mrs. Felix Fuld, 2nd Vice-president, Mrs. Franklin Conklin, Jr., Treasurer, Mrs. Louis K. Hyde, Secretary.

NORTH CAROLINA Resolutions in favor of birth control were passed by the North Carolina Conference of Social Service, meeting in Durham in May.

PENNSYLVANIA A clinic was opened in Lancaster on April 7th under the auspices of the Maternal Health Committee of Lancaster. Mrs. Edward M. Hartman, chairman, Mrs. John L. Atlee, vice-chairman, Mrs. Lewis B. Sprecker, secretary, Mrs. T. Roberts Appel, treasurer. Dr. Wilhelmina Scott is the physician in charge.

Margaret Sanger spoke to a capacity audience, at Easton, on April 25th, under the auspices of the Maternal Health Society. An open forum followed the lecture, there was keen and lively discussion, and a substantial sum was raised by collection for the support of a local clinic. Mrs. Bolton Love, chairman of the Maternal Health Society, writes: "Margaret Sanger's lecture put us ahead about six months worth or more. People are still coming up to me to say how glad they were to have heard her and how fine a speaker she is." In the past ten months the Society has financed practical work, which was carried on by two local doctors in our offices. Patients for the most part have been referred by the welfare agencies, whose cooperation has been most gratifying. It must be said, however, that it is still unofficial—a personal matter with the secretaries and case workers."

RHODE ISLAND Rhode Island is distributing a leaflet to all members and prospective members, carrying a report of the work of the League from its inception in March 1931, to the present time. The clinic, which has been in operation at 163 North Main Street, Providence, since July, 1931, holds sessions every morning except Saturday. 132 patients were cared for during the first eight months of operation—of these 55 families had an income of less than \$15 a week with from 1 to 17 children, twenty had from \$15 to \$20 with from 1 to 13 children, 28 had from \$20 to \$30 with from 1 to 11 children, and the remaining 29 had \$30 or over with from 1 to 9 children. It will be seen from this, that the League is undoubtedly reaching the class of women who are most in need of the service.

The work of the League is under the direction of various committees, finance, clinic, professional, contacts and endorsement, membership, meetings, motor corps, contraceptive advice (five medical members of the board of directors), education, publicity and speakers bureau.

VIRGINIA The first Virginia Conference on birth control was held under the auspices of the American Birth Control League at Hotel Roanoke, Roanoke, on May 25th. Speakers were Professor Henry Pratt Fairchild, of New York University,—*Dependency and Birth Control*, Reverend C W Sheerin, Rector of Grace and Holy Trinity Church, Richmond,—*The Ethical Aspects of Birth Control*, and Mrs Donald McGraw, director of field work, American Birth Control League,—*Plans for Organization*

The Conference is sponsored by a distinguished group of patrons including Mrs M M Caldwell, Mrs W W S Butler, Jr, Mrs David W Persinger, Mrs Joseph W Coxe, Jr, Mrs John R Buchanan, Prof Orland E White, Prof Floyd N House, Rev C W Sheerin, Rabbi Edward N Calisch, Dr R Finley Gayle, Jr, Dr Warren T Vaughan, Dr Douglas Vanderhoff, Dr Stuart Michaux, Dr Basil B Jones, and others

ENGLAND

From our English correspondent, Mr George Bedborough

The Fall in the Birth Rate The figures issued by the Registrar General show that the birth rate for England and Wales for 1931 is the lowest on record. Many commentators deplore this as a calamity. But with taxation at its present high level, with a big proportion of the population out of work, with the general lack of security, we can face a falling birth rate without regret. There is too big a population at present, with an inevitable absence of opportunity of employment for all. The ideal is a falling birth rate and a higher standard of health, happiness and efficiency.

Ireland Still Boycotts Birth Control A London newspaper, *The Daily Sketch*, has been forbidden sale and circulation in the Irish Free State, the Irish Minister of Justice thinking no other explanation needed beyond the allegation that "it advocated the unnatural prevention of conception." For this crime, the newspaper will be outlawed for three months.

Westminster Abbey hears about Birth Control Dr Percy Dearmer, a noted authority on church law, was very frank in his sermon at the ancient Abbey of Westminster, when he protested against the Primate's latest utterances on birth control. Dr Dearmer declared that the problem of population could not now be ignored. It must be faced. Eng-

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BIRTH CONTROL REVIEW

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land "will soon reach saturation point. It is little realized that no Christian Church forbids birth control. The Roman Catholic Church is commonly supposed to do so, but evidence shows that there are important exceptions. Apart from these exceptions control is always allowed if it takes the form of abstinence, permanent or even periodical. The manner of restriction is a scientific and medical question and cannot be decided on the basis of medieval physiology or ethics." The Episcopal church in London will not go far wrong on this question if we may judge by such excellent sense as Dean Inge preaches at St Paul's, and Dr Dearmer at the Abbey.

Birth Control and the Taxpayer*

By JAMES H S BOSSARD

THERE lives today in West Philadelphia an intelligent negro girl who, at the age of twenty-one years, is the mother of four children. Her husband had been employed by a wealthy contributor to Philadelphia's social agencies at a wage of \$14 per week. A year ago, the husband had lost this position through a retrenchment policy of his employer, and since that time none of the members of this family group have been able to find more than an occasional day's employment. One day, the wife, having secured work as a substitute, saw, in the home where she was employed, a pamphlet on birth control. "Do you suppose," she asked her mistress, "there is any way in which I could go to such a birth control clinic? Really, Mrs. Blank, four children is enough on \$14 a week, especially when you aren't getting it." Assured that such a contact could be arranged, she asked only that it be postponed until the necessary carfare could be secured in some way.

Is this an isolated case? Is it an exceptional case? It would seem not. That the big families are generally found in the little houses has long been known and is a thoroughly established fact. Depressions do not change the situation. A tentative summary of a research study of marriage rates in selected social areas in Philadelphia, now being conducted by the speaker, indicates that even in a depression year, the highest marriage rates are found in the lowest income areas, areas with extensive unemployment and generally unattractive social conditions. Speaking specifically, the highest marriage rate found thus far for 1932 is in the area well known to sociological students of the city of Philadelphia for its deplorable social conditions.

Meanwhile, we go blithely on, appropriating and collecting large sums of money to maintain the poor and their multiplying numbers. Just a few facts will serve by way of illustration. Three eastern states spent \$120,000,000 in 1931 for public poor relief alone. Eleven states in 1931 appropriated a total of \$98,000,000 for unemployment relief. The federal Children's Bureau reports show that for the same 100 cities expenditures for relief were 89 per cent higher in 1930 than in 1929, and, for

The history of human progress is a record of man's control over nature. Surely nothing is more vital than the extension of this control to the most important social function of man's physical life—the bringing into life of other human beings with capacities for pain and pleasure and for good and evil.

REVEREND DAVID D. VAUGHAN

Boston University, Boston

the first nine months of 1931, 127 per cent higher than in the corresponding period of 1930. A study of 81 selected cities, made by the Russell Sage Foundation, shows that the expenditures for relief in these cities in 1931 were almost four times the expenditures in 1929.

Nothing that has been said, or that will be said, by the speaker is to be interpreted as a protest against such relief work. In view of the situation which now prevails, even larger amounts of money are needed and must be forthcoming. Nor is it contended that birth control is a blanket solution for the problems of poverty and unemployment.

What I am trying to emphasize are these two facts: (1) that the cost of our dependent groups is assuming very large proportions, so large as to touch, both through taxation and through the demands for contributions, the pocket book of the man on the street, and, (2) that at this time, under the existing circumstances of unemployment and economic depression, all available constructive and preventive possibilities should be seriously considered. To enable poor people, families crushed by unemployment, to decide whether they will have more children, seems to be a proposal of this kind.

I would not advocate birth control solely for the reasons which I have just advanced. What gives potency to these arguments is, in my judgment, the spiritual foundation for birth control. I never look at a little child but that I think that human life is too fine and too sacred a thing to be brought into the world except by the voluntary act of responsible persons. To do else is to do violence to that belief in the eternal worth of the human personality which is the basis of the highest values of modern life.

*Address at Symposium Meeting, National Conference of Social Work, Philadelphia, May 17.

Birth Control in America*

By HANNAH M STONE M D

A GREATER change in the temper of America toward birth control has taken place during the last two years than in the preceding decades. The cumulative effect of the various social, economic, educational and scientific forces on birth control thought is now becoming manifest, and a significant change is taking place in the attitude of the public, the church and the medical profession on the subject. Several major events and official pronouncements during the last two years have brought concrete evidence of this to the surface.

Legal Status

Continued attempts have been made to amend or repeal the Federal or National and the State laws concerning birth control. The most noteworthy effort in this direction has been that of Margaret Sanger who succeeded in having a bill for the modification of the Federal law introduced into Congress in 1931 (See recent issues of the REVIEW for reports of legislative work in 1932.)

It seems rather evident that the difficulties in the way of amending or repealing existing laws on the subject are great. There are many, in fact, who believe that the entire question will eventually be solved by a nullification of the laws rather than by their change or repeal. Every effort, nevertheless, must be bent toward obtaining a modification now. It is clear that as long as the present statutes remain in our legal fabric, the social and medical progress of birth control will be seriously hampered, and there will ever be the danger of prosecution for the carrying on of contraceptive work.

Social Aspects

Other events have further revealed the changed attitude towards birth control in this country. Chief among these have been the several statements and reports on the subject issued by the various Church bodies in America.

The resolutions adopted by the Lambeth Conference of Anglican Bishops in 1930, which included a large number of bishops from America,

served as strong impetus to this country. They were widely discussed and commented upon here at the time, and have had significant repercussions since.

Even before then, however, the Central Conference of American Rabbis in 1925, the Universalist General Convention in 1929, and later, the American Unitarian Association adopted reports in favor of the use of contraceptives. One large division of the Methodist Episcopal Church endorsed the Lambeth stand and recommended the adoption of legislation which "will permit a physician to render medical information on this subject."

The most notable statement on birth control, however, a statement which received very wide public attention and recognition, was embodied in a report issued in April, 1931, by the Committee on Marriage and the Home of the Federal Council of Churches of Christ of America.

The few examples cited clearly indicate the changing attitude in this country. There have been many others of a similar character. A large number of social, political and scientific organizations have devoted parts of their meetings or conventions to a discussion of the many aspects of contraception, and the response, with some few exceptions, has very generally revealed a newer outlook.

Clinics

The momentum of birth control progress in America is perhaps best exemplified in the increasing number of contraceptive clinics and contraceptive services.

Less than a decade ago there was not a single birth control centre in America. The first clinic was opened by Margaret Sanger in 1923. In the 1929 report of the International Group, I mentioned that there were 27 clinics at that time. Today there are over seventy-five contraceptive services in the States, and the number is constantly increasing.

Two types of contraceptive centres are growing up in America. The one is the hospital or public health clinic, functioning either independently or as a part of the gynecological and obstetrical services in a hospital, the other, the non-hospital.

*Excerpt from an article in the Fourth Annual Report (1931) of the International Medical Group for the Investigation of Contraception. The full report, containing discussions of trends and technical developments in various countries, may be obtained by physicians from the Dr. C. P. Blacker, Honorable Secretary, Birth Control Investigation Committee, 26, Eccleston Street, London, S. W. 1 (2s).

§Since this report was written, 1931, the number has increased to 108 — EDITOR'S NOTE

clinic, established by local birth control organizations or other groups. The terms intramural and extramural are frequently used for these two types. It must be emphasized, however, that in America the extramural clinics, too, are always under medical supervision, and the examinations and treatments at these centres are performed by qualified physicians only.

For the present, at least, the extramural clinics are much the more active and progressive. The hospital clinics are frequently limited in the service they render because of too severe an interpretation of "medical indications" and the restrictions of advice only to patients who present urgent health reasons. This attitude, however, is being modified with time, and the increasing number of these centres is a clear indication of the trend of the future development of clinical contraception in America.

Attitude of the Medical Profession

The outstanding recent expression of medical opinion on contraception came from the New York Academy of Medicine, one of the most representative medical bodies in America. Soon after the raid in 1929, Mrs. Sanger had asked the Academy to investigate the Clinical Research Bureau and to recommend any changes in its organization or conduct, so that the Bureau may receive the official approval and backing of the Academy and the medical profession.

A committee was appointed which made a thorough survey of the work of the Clinic, and incidentally of birth control in general, and submitted a report and recommendations which were published in part in the April, 1931, issue of the *Bulletin of the New York Academy of Medicine*.

This report may fairly be taken to represent the present-day official attitude of the profession on the problem of contraception, and as such is of particular significance. It is entitled "Relation of the Medical Profession to 'Birth Control'", and reads in part:

In the judgment of this Committee, the public is entitled to expert counsel and information by the medical profession on the important and intimate matter of contraceptive advice. Owing largely to the negative attitude of the profession and to the lack, until recently, of any scientific research in this field, extramural clinics have been stimulated by organizations interested primarily in birth control. Recently,

however, clinics for giving contraceptive advice have been established in several cities in connection with hospitals or under the direct control of recognized medical bodies. In New York City there are nine hospital clinics of this type. Their combined attendance, however, is very much smaller than that of the Birth Control Clinical Research Bureau.

The conservatism of the medical profession with reference to contraceptive technique, however, now demands recognition on the part of the profession of medicine. The guidance of the public in sexual matters should be assumed by the medical profession wherever it naturally comes within the scope of its work. It is likewise worth emphasizing that because of their present detachment from recognized agencies, the existing extramural clinics should have the benefit of the expert advice of recognized medical groups. The absence of education of the public in sexual matters by the medical profession is mediaeval, it is to be deplored, and efforts should be made to change the present attitude of physicians.

Clearly there has been a complete awakening of the profession to a realization of the duties and opportunities in the field of contraception.

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.

2

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Letters

A GOOD PUBLICITY IDEA

TO THE EDITOR

In the interest of the movement I want to suggest that delegates be on hand at all national political conventions to work for the repeal of birth control laws. This year it should be made a major issue. If we agitate through all political openings I believe we can get a plank in the program of all the political parties. I hardly see how they can refuse. At least we could get the subject before the public in a big way, which would be a much needed boost for the movement.

In the face of existing conditions something radical must be done. We cannot support millions of unemployed indefinitely. Even our most rabid opponents can see this. There will be considerable let down this election and it looks as if we could put it over.

MARY A BENNETT

Canton, Ohio

TWO KINDS OF RELIEF

TO THE EDITOR

The *Block Aiders* have just been here, and I have been so impressed with the futility of the present "relief" program that I wish to support your work as well. I enclose a check for subscription and membership.

ARTHUR P COLEMAN

Department of Slavonic Languages
Columbia University

TRAGIC IGNORANCE

TO THE EDITOR

To relate a story that likely you have heard over and over again, I beg to advise that wife and I have lived a married life of eleven years not as happily as it could have or should have been. We have lived under what I think would probably be considered unbelievable restraint and control, which has not been justified but seemed to be the only way out for us. I do not attempt to excuse our lack of knowledge of adequate contraceptive methods but eagerly seek some light if there is any available on the subject.

I know our living is not right, and though this element may be only a part, I feel that if we had more freedom and less fear and misery in our personal relations, our home atmosphere might be more wholesome and more vital. Help in attaining

better conditions would be appreciated by both of us, but it is more especially for our four children, who are entitled to a better surrounding, less fettered with nerve storms and miseries, than we seem able to provide under the circumstances.

Physicians approached on this subject have been both hopelessly silent and grossly misleading. If you can help me in attaining knowledge of decent and dependable methods of control in sex relations permitting reasonable and wholesome expression and exercise, I assure you it will be gratefully received and not abused.

N C J

Mississippi

MALTHUS IN QUEBEC

TO THE EDITOR

That farseeing economist, Malthus, put an obvious and generally recognized fact into a rigid mathematical form. Unfortunately the rigid formula cannot now be upheld, but the principle behind it cannot be successfully impugned. The use of the term "subsistence"—commonly limited, in popular usage, to bare foodstuffs—has led to widespread misunderstanding. Nowadays, both atheist and theologian alike subscribe to the ancient Jewish saying, "Man doth not live by bread alone." Education, leisure, opportunity for travel and culture are amongst the most precious ingredients of life, and are essentials to intellectual subsistence on a worthy level.

Phrased, then, in 20th century terms, the proposition that unrestrained population tends to increase faster than the physical means of life, is one that few would care to contest. Its converse, the statement that population could be increased to an unlimited extent without lowering the standard of living, is one that no serious man would venture to maintain for a moment. From the practical point of view, it is a matter of common observation that, as contrasted with huge families, smaller families spell better chances for the children and a much more desirable life for the parents.

In the broader aspect who will deny the connection between the teeming, congested populations of Japan, China, and India, and the fearfully low standard of living in those countries? In fact, we need scarcely go beyond our own borders. Why does Quebec Province so often lag behind other provinces in the matter of social legislation? Why

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is the wage-labor of children forbidden in various European countries until 16 or 18 years, and permitted here at 14 years? Why is the 44 or 48 hour week common in Europe, while Quebec factories run a 55 or even a 60 hour week? If we do not wake up, overseas reformers will soon be pointing to Quebec Province as a final proof of the truth of the Theory of Malthus

Montreal, Canada

J C WILSON

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