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BIRTH CONTROL REVIEW



Birth Selection vs. Birth Control

A Symposium of Comments

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Birth Control Review

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THE Birth Control Review and the birth control movement have suffered irretrievable loss in the death of Annie G Porritt on August 19 Mrs Porritt's work for birth control extended over a period of ten years, during which time she was, successively, co-editor of the REVIEW with Margaret Sanger, managing editor, assistant editor with Mary Sumner Boyd and chairman of the editorial board for the present editor She was, in addition, a valued member of the board of directors of the American Birth Control League and, for the last three years, secretary of the League A skilful journalist, she brought to her work for birth control a keen mind, a fearless outlook and untiring devotion In behalf of the many readers of the REVIEW who have learned to know Mrs Porritt through her writings and of her many friends, we extend heartfelt sympathy to her family Those of us who knew Mrs Porritt, who worked with her and had the privilege of experiencing her understanding and stimulating friendship, may well feel that there can be no better way of honoring her memory than to carry the birth control movement onward to its ultimate goal

THE ADDRESS of Dr Henry Fairfield Osborn at the Third International Congress of Eugenics on the subject of *Birth Selection versus Birth Control* was widely quoted and commented upon It turned out to be something of a bomb shell, and, whatever its intention, it will certainly help to increase the rift between the advocates of birth control and its more friendly opponents, while playing directly into the hands of its enemies Dr Osborn feels impelled to warn us against the dysgenic effects of birth control, as though they were somehow inherent in the nature of the practice This is to place a wholly false emphasis upon a well-known condition, the solution of which lies in more rather than less birth control knowledge The point is all the more flagrant in that Dr Osborn proceeds to call birth control "unnatural," while birth selection is set up, by contrast, as "natural," though how birth selection is to be fostered without man's intervention in the scheme of nature, the Doctor fails to make clear Indeed his advocacy of birth selection, suggested without the faintest intimation of a methodology by which it is to be realized, in a world where behavior is anything but "scientific," strengthens the impression that Dr Osborn is guilty of special, if not prejudiced, pleading There are, in essence, but two aspects to this subject to decrease the unfit and to increase the fit As to the first point, birth control and sterilization seem to be indicated The positive aspect of the subject, the increase of the fit, is clearly conditioned by sociological factors One would suspect, from Dr Osborn's analysis of the subject, that the so-called fit were anxious to commit race suicide, which hardly seems consonant with that overwhelming tendency toward more life, which characterizes the whole natural order If our superior families are limiting themselves to a birth rate below the survival line, the reason is not to be found in a knowledge of contraceptives, but in the quality of their lives, and of our civilization in general

The remedy must be sought in fundamental changes, rather than in the mechanism by which they restrict their progeny. Human life cannot be envisaged on a plane of fostered ignorance, whether it be sponsored by the Church or by science, and the technique of contraception had better be scientifically perfected and disseminated, rather than scientifically hushed up. Finally the entire question of fitness involves not only a critique of modern civilization, in order to establish a basis of values, but also a scientific method of ascertaining the inheritability of desirable values. The discussion of the *Dominance of Economics over Eugenics* by the eminent geneticist, Dr. H. J. Muller, printed in this issue, throws light on both these points.

IN STRIKING contrast to the action of the American Medical Association, the Michigan State Medical Society at its annual convention in September voted to appoint a committee to make an exhaustive study of birth control. The committee, which is to consist of five members, will submit its report at the 1933 meeting of the Society. Four county organizations had already endorsed the principle of birth control and the work of the Michigan Birth Control League at their individual meetings. This is most encouraging. Dr. Eric M. Matsner, medical director of the American Birth Control League, addressed the Michigan State Medical Society, and emphasized the need of decisive action in regard to birth control. He scored the hedging policy of the American Medical Association in tabling a similar proposal at its last annual meeting in May, and urged that the dissemination of birth control information should be placed in the hands of the medical profession. One would hardly suppose, in this day and age, that doctors need to be reminded of their clear responsibilities in this matter. Yet, from the action of the American Medical Association, one might reasonably conclude that physicians were not only chary of giving birth control information, but were actually loathe to receive it—a situation that would be ludicrous if it were not tragic. That it comes close to being a reality, however, cannot well be doubted, unless physicians, as represented by the action of their

official national association, are wholly hypocritical and mendacious. The unpardonably evasive attitude of the American Medical Association on the subject of birth control, coupled with the glaring omission of its study in many medical schools, forces us to conclude that “officially” health may go by the boards, if it conflicts with a paltry and prudish fear of the “unmentionable” facts of life. The irony of the situation could not well be exaggerated, and one wishes for an Aristophanes to restore to us our sense of decency by large doses of antiseptic laughter.

MEANWHILE it is the clergy rather than the doctors who concern themselves with the problem. The fact that birth control is a matter of increasing interest to the churches indicates the moral perplexities that surround the subject. It may well be that, officially, the medical profession is merely awaiting the advice of its spiritual brethren before venturing into a field involving moral taboos. But the clergy, at any rate, seem inclined to face the issue. If their findings are not always as clear and bold as they might be, they have at least served to open the door upon this horrific subject, and it is hoped that physicians as a body will at last feel free to enter. In a paper presented before the Lake Erie Conference of the Missouri Lutheran synod in September, the Reverend Martin Walker of Buffalo, after giving guarded approval to the use of contraceptives in cases of extreme economic distress or where the life of the mother is endangered, continues: “In these exceptional cases Christians are counseled to seek pastoral as well as medical advice. Christian couples will seek to have their conscience enlightened by God’s word as given in the Bible.” Behind these encouraging words there may well be a hint of advice to the medical profession to prepare itself in anticipation of an ever wider call for help from Christian and other couples. And, finally, the clergy itself may come to feel that the physician, quite as much as the Bible, may be able to enlighten them as to the need for birth control, when intelligence as much as merely human pity demands its use. The medical profession can no longer maintain a more pious attitude than even that of the churches.

Eugenics and Birth Control

By FRANK LORIMER

TO ENDORSE or to repudiate birth control is much like taking a stand for or against the industrial system. Family limitation, like machine production, has brought good and ill. And there are about as many undetermined possibilities in the birth control situation as there are in industrial organization. The final credit or debit in terms of human welfare of such complex innovations will depend on the ways in which new techniques are controlled and exploited. We greatly need more painstaking analysis of present trends in family life and in population growth, and of the ways in which these trends are likely to be affected by particular social measures.

The present article is limited to a consideration of the relation of birth control to qualitative population trends. This eugenical approach is, of course, only one aspect of the total evaluation of birth control measures. Frankly, the writer is inclined to think that the eugenical features of birth control have been rather overemphasized in recent propaganda, at the expense of the economic and health aspects. The eugenical angle is not less important but it is more complex and apt to be distorted in popular presentation. Similarly, attitudes toward birth control are a proper concern of eugenics but not more vital than various economic, educational and other social considerations. Some items which need to be taken into account in the analysis of the relation of birth control to eugenics are outlined below. The presentation is necessarily sketchy and may appear dogmatic. The objective data on which these personal opinions are based will be included in a publication of the Eugenics Research Survey which will appear early in 1933.*

1 Maternity rates per thousand women at different ages and age-specific death rates in the United States in 1931 approximated those which would be characteristic of a stationary population. The zero point probably falls somewhere in the year 1932, its exact location depending on the allowance made for incomplete registration. The increase in the population of the United States which will be recorded for two or three more dec-

ades must be credited to the peculiar age composition of the present population, with its unusually high percentage of young middle-aged people. Unless present trends are reversed or counteracted by immigration, a trend toward population decrease may be expected to appear sometime in the latter half of the present century.

2 The relative economic advantages, in net effect, of increasing, stationary, and decreasing populations at the present level of industrial techniques are highly speculative. It is quite possible that a decreasing population might be economically advantageous.

3 Certain groups, including the total urban populace of the United States as a unit, are not now having enough children per family to supply permanent population replacement, whereas other groups, including the total farm populace as a unit, are reproducing liberally. Very diverse population trends characterize the people in different sections of the country and in different social classes.

4 There are no large persistent differentials in reproduction between major racial groups in this country. Immigrant women bear many children but the daughters of immigrants are now having, on the average, fewer children than women of native stock in many sections of the country.

5 We are not warranted in assuming, at present, any great difference in physical or intellectual equipment between total rural and total urban populations. The study of differentials in reproductive trends between different rural groups has some fascinating angles. At present no general eugenic or dysgenic trend is apparent, but the situation is rapidly shifting and demands extensive investigation.

6 There is, however, apparently a fairly serious dysgenic trend at present within the urban population of the United States—indicated by the distribution of intellectual development in children derived from different occupational groups, the reproductive trends of these groups, and the relation of size of family to the intelligence of individual children. The results of an attempt to gauge this tendency quantitatively indicate a probable decrease of about ten per cent in the relative fre-

**Social Eugenics*, 2 volumes. Frederick Osborn, editor. (Publication not yet arranged.)

quency of very superior intelligence, and nearly as great an increase in the relative frequency of very inferior intelligence in one generation, if present differentials in reproduction remained constant and if the contribution of home nurture to the intellectual development of children also remained constant in different occupational classes. Of course, either of these conditions may change. Physicians may become prolific or stevedores may severely limit their families. But in 1928 the professional classes are estimated to have had 76% as many children as would suffice for permanent replacement, and the unskilled laborers to have had 117% of the number necessary to replace themselves, after making allowance for differences in mortality. Of course, the professional families in the future may provide a less stimulating home environment, or the unskilled group may produce children who will enter school with better intellectual equipment than the children now derived from these families. At any rate, the present trend runs counter to our conscious educational efforts. Moreover, there is evidence that a large part of these differences in apparent intellectual development must be attributed to hereditary variations. The social differential, therefore, presents the central eugenical problem in this country. Incidentally, however, we may note that it is rather absurd to cite this situation, as some eugenicists have, in defense of the economic and social system which has resulted in these differentials. From this point on, we shall deal chiefly with the relation of birth control to differences in effective reproduction between social groups, classified according to occupational status or education.

7 A special analysis of the questionnaire data originally used by Katharine B. Davis in her study of *Factors in the Sex Life of Twenty-two Hundred Women* indicates that the majority of childless women in this group, chiefly college graduates, are involuntarily so. The practice of family limitation, however, reduces the natality of the whole group below the reproduction level because of the high frequency of families which are voluntarily limited to one or two children. The two-child family is the mode, whereas three children, on the average, are needed to effect permanent replacement. We may assume that this group is representative of the families of modern American women with college background or similar social status. Voluntary childlessness is fairly uncommon, but

family limitation below the level of effective reproduction is the mode. The attempt to prohibit access to contraceptive information would, of course, continue to be futile in the future as it has been in the past. But shifts in ways of living to patterns more favorable to childbearing would seem to be desirable.

8 One change which might go far in this direction would be earlier marriage with parental and other contributions to the economic security of young married couples. The natality expectation of a woman marrying at 20 is much higher than that of a woman marrying at 30. In surviving English couples of marriages between 1861 and 1870, childlessness appears in 6% of the women married 20-24 years of age, but in 16% of the women married 30-34 years of age. Each year's delay in initial conception increases the probability of sterility. If proper spacing of births is to be combined with effective reproduction and childbearing completed in the thirties, early initial conception is indicated. Moreover, men and women who have built up patterns of adult life without children are less apt to be eager for normal families.

These considerations throw grave doubts on the advisability of an initial delay of conception until several years after marriage, recommended by some proponents of birth control. Incidentally, it is difficult to credit the alleged advantage to health of such a delay, in view of the finding, U. S. Children's Bureau report, 1926, that puerperal mortality is lowest for mothers in the age group 20-24.

9 It is, however, possible that the present apparent dysgenic trend in differential reproduction might be eliminated, at least to a large extent, merely by the levelling down of the natality of the occupational classes characterized by less advanced intellectual development. There is one argument to support the contention that this is the most practical, perhaps at present, the only practical expedient: the urban populations in which the usual class differentials in reproduction have disappeared or have been reversed (*e.g.*, Stockholm, Berlin, and various other German cities) are all, so far as the writer is aware, characterized by very low general birth rates. Legalization of contraceptive instruction and adequate provision of public birth control clinics would undoubtedly tend towards equalization of family limitation, and might be expected to eliminate part of the social differential in reproduction. Therefore the claim that such

measures are desirable from the eugenic standpoint seems to be absolutely valid

10 We cannot assume, however, that these measures in themselves would wholly counteract this differential. It is true that all classes in Berlin and in Stockholm may be assumed to have fairly full access to birth control information, but the same is true of the population of other European capitals, *e g*, London, in which this differential gives no indication of disappearing. The real difference may be that London, like many American cities, has more unsanitary slums and less social legislation, and perhaps a less alert laboring class than Berlin or Stockholm. Depressed families living in unsanitary slums are caught in a vicious circle of poverty and fecundity which the mere availability of contraceptive information will not wholly break up. The active cooperation of various social agencies would seem to be essential.

11 In part, present dysgenic trends are based on inherent difficulties of present contraceptive techniques. The second follow-up study of the work of the Cambridge clinic, (a first-class birth control clinic in a poor neighborhood of London) although somewhat more encouraging than Mrs. Florence's first report, shows that 35% of the women who applied to this clinic either failed in the application of the recommended techniques or abandoned their use as too complicated, too unpleasant, or "too much trouble" (This excludes 4% who ceased contraception because, in changed circumstances, they really wanted to have children.) Moreover, the low birth rates of poor districts in Berlin cannot be wholly credited merely to use of contraceptives, since insurance reports show that admitted abortions in working class families in Berlin are as frequent as live births. The Soviet authorities have not as yet achieved much success in their earnest attempt to substitute contraceptives for abortions. The effective use of contraceptives requires a degree of forethought and control of circumstances which cannot be ex-

pected of many of the families where prevention of prolific birthing might seem to be most urgent. Nothing in the whole situation deserves more whole-hearted support from eugenicists than extensive research in contraceptive techniques.

12 In the meantime, it would seem that the possibility of a more extensive use of voluntary sterilization (without unsexing) deserves more serious attention than it has received either from most persons interested in birth control or the majority of eugenicists. Vasectomy (of males) is a very simple operation. Salpingotomy (of females) is a more serious affair. Mortality occurred in 3 cases in 2,588 such operations in California, giving a rate of 1.12 deaths per 1,000 operations. But this rate is below the usual maternal mortality rate. So the sterilization of females, although a serious matter, is less dangerous than conception and childbearing. It is quite possible that in many families characterized by unwillingness or inability to use contraceptives effectively either the husband or the wife might be sufficiently glad to end the likelihood of conception, once for all, to undergo a surgical operation. From a social standpoint even salpingotomies are inexpensive compared to the burden of unwanted and underprivileged children.

13 An attempt to deal with the more subtle cultural aspects of the birth control movement in influencing patterns of family life would unduly lengthen this article. In any case, such discussions are necessarily highly subjective, and usually inconclusive.

Conclusion The considerations offered above, at least indicate some of the complexities of the eugenic aspects of birth control. They suggest that many of the sweeping generalities confidently uttered both by enthusiasts and by alarmists are altogether specious. Little is to be gained in this situation by playing the role of Chanticleer or the role of King Canute. Social forces laden with terrific consequences are at play. They demand earnest, critical study and courageous social action.

The science of Eugenics is the study of all the agencies under social control which may improve or impair the inborn qualities of future generations of man, either physically or mentally

SIR FRANCIS GAITON

"Birth Selection vs. Birth Control"

Eminent sociologists, scientists and publicists discuss Dr Henry Fairchild Osborn's address at the Third International Eugenics Congress, at the request of the Editor

DR OSBORN gave a very unfortunate impression by implying fundamental antagonism between the birth control movement and the eugenic program. He let it be understood that there is little connection between the two, that birth control is likely to ruin the race through promoting the breeding of the unfit and that birth selection, or "eugenics," is the only hope of humanity.

Now, it is quite possible for birth control to be practiced without any eugenic results. It may be used by the upper and supposedly better classes, while the lower and inferior groups go on producing large families. But such is in no sense the program of the leaders of birth control. If they wished this result all they would need to do is to fold their hands and sit quietly.

This is just what is happening today in those countries which refuse to legalize birth control. The upper classes, with their superior knowledge and wealth, bootleg birth control knowledge and devices and restrict their birth rate. The lower classes, unable to obtain such knowledge and materials, proceed to breed as profusely as ever.

This does produce an anti-eugenic result. But it is not due to legal birth control. It is due to lack of it. In countries where birth control has long been legalized eugenic results are being secured quite voluntarily.

HARRY ELMER BARNES,
N Y World-Telegram

WITH the development of each new instance of man's control over the circumstances of his life, there arises anew the question—is it safe? Can man be trusted with this power? Is not the old, natural way better? Dr Osborn, in his address before the Third International Congress of Eugenics, raised, as have others, this question about birth control.

It must be admitted that birth control is not natural, in a certain customary sense of that word. But this is equally true about the steam engine, the electric light, the automobile, surgery, vaccination, public health measures, and many other outstanding features of modern life. All of these are phases

of man's growing ascendancy over nature, all of them imply a power which may be used conceivably for good or evil. Therefore, to carry out Dr Osborn's contentions to their natural conclusions would be to challenge most of what is called progress. All civilization is an interference with nature, in that it substitutes man-made arrangements for nature's way.

The proper attitude to take, it seems to me, is not to denounce these new aspects of man's control, but to direct them, not to urge their abolition, but to utilize their advantages, not to mistrust their power, but to manage their potentialities. Progress in birth control, as in transportation and public health, exacts its price—that of wise utilization. This is its responsibility for us, and its challenge. This, fundamentally, is what Dr Osborn seems to mean—and to mistrust.

JAMES H S BOSSARD,
University of Pennsylvania

THERE are at least two glaring fundamental weaknesses in Professor Osborn's position. First, birth control is a condition to be dealt with, not a theory. As everyone knows, restriction of offspring has been practiced in various ways by different peoples in all times. Of such methods, contraception is certainly to be preferred to abortion or to infanticide, and whatever anyone's theory or belief may be, it must be acknowledged that contraception is widely practiced by the more advanced elements of modern civilized society. As so practiced predominantly it may well be assumed to have a dysgenic sociological effect. No one I am sure will argue against the desirability of educating the better genetic elements in the population to have more children, but such argument will have little effect unless along with it goes information as to how children may be properly spaced best to meet economic and health considerations.

Second, as to the pains of childbearing and the burden of an excess of children being "natural," the argument might as well be applied to yellow fever or malaria or the other bodily ills to which

man falls heir To inject a dose of antitoxin or to remove an appendix or tonsils is surely "unnatural," and an argument can also be made against such practices on the grounds that they upset the workings of natural selection. Nevertheless, I suspect man can scarcely be dissuaded from utilizing their benefits. What he must learn is to use them intelligently and to find means of correcting any dysgenic results that may tend to accompany them. The same is true of birth control.

L. J. COLE,
University of Wisconsin

DR OSBORN'S address really amounts to an argument that birth control is an excellent thing for the unskilled whose intelligence is presumably low, but a bad thing for the professional classes whose intelligence is presumably high. We must face the fact, however, that the professional classes are now practising birth control and will continue to do so irrespective of what Dr. Osborn or anyone else may say. The problem is to have this practise adopted by the unskilled and low economic groups who suffer most from large families. Dr. Osborn and his group of eugenists should, therefore, join the birth control movement in trying to have all legal restrictions on the dissemination of this information removed so that the unskilled may have the same chances as the more well-to-do to profit from it.

The decision as to the size of the family should be put in the hands of the parents and should not be an "Act of God" as it now too often is.

PAUL H. DOUGLAS,
Editor, the World Tomorrow

I CANNOT follow Dr. Osborn in his distinction between what is natural and unnatural in his discussion of the birth control problem. His distinction is rather arbitrary. In the last analysis, it is for us to determine what to do with nature. The history of civilization has been one continuous advance in our control of nature for human uses. In that regard, I have no fault to find with the birth control movement.

On the other hand, I have consistently criticized the propaganda of the movement in so far as it has taken little or no cognizance of the current facts of population. It has always seemed to me very unfortunate that Mrs. Sanger and her associates did not urge upon intelligent people and on those well able to take care of a good-size family to play their

part in bringing up the next generation. The movement has been, possibly because of the opposition centered against it, a one-sided movement, and I have no doubt that a great many people have been influenced in the direction of exercising much more birth control than was either good for them or for the community at large. At the present time, our fertility barely covers mortality. The trend is very much downward and I should not be surprised if there is an actual deficit during the next five or ten years. All of this is in spite of the fact that a considerable portion of the population may for their own good and that of the community be encouraged or even restricted to much reduced fertility. Certainly, there is room for a great deal of birth release where there can be no question as to the mental, physical or economic status of the parents.

It will be along these lines that I should hope the birth control movement would concentrate during the next period as a corrective to its rather over-emphasis on birth control as a social force.

LOUIS I. DUBLIN,
*Third Vice-President and Statistician,
Metropolitan Life Insurance Co*

THERE are so many inaccuracies, inconsistencies, and illogicalities, in Dr. Osborn's address at the Eugenic Congress that it is difficult to make a selection among them for attention in a brief paragraph. However, I should like to call attention to two closely related features, which are of primary importance.

In his article in *The Forum*, which was nearly identical with the address in question, Dr. Osborn stated that what we need is not more but better Americans. In order to get better Americans he advocates increasing the birth rate of what he regards as the better stock of our population. But if the better stock increases their birth rate, there is no way to avoid having "more Americans" except to lower the birth rate in the poorer stock. The only feasible way by which this can be done is by the spread of birth control among these classes, unless Dr. Osborn wants to go in for wholesale sterilization, which he does not recommend.

Closely related to this inconsistency is Dr. Osborn's attack upon the birth control movement on the ground that it may be a two-edged sword, cutting down the reproduction of the better classes as well as the poorer. Now anyone familiar with the facts is aware that birth control is already

well-established in what are ordinarily considered the "better classes" of society. The birth control movement, as it actually exists in contemporary American life, is distinctly and essentially a movement to spread the voluntary control of procreation among those very classes whose reproduction Dr. Osborn would like to see restrained. To attack the birth control movement, consequently, is to injure one of the most distinctly eugenic forces in operation in the world today.

Eugenics and birth control are by no means identical. But it is hard to conceive how a practical Eugenics program can be carried out without the use of birth control as an indispensable instrumentality. The fact that birth control has its dangers does not justify sweeping attacks on the movement as a whole. Every extension of human control over natural forces has its dangers. But attacks should be directed to the dangers themselves, not to a constructive idea as a whole.

HENRY PRATT FAIRCHILD,
President, Population Association of America

DR. OSBORN'S address received publicity out of all proportion to its inherent value. His basic point seems to be that birth control is unnatural while birth selection is natural. This is virtually the Catholic position. It means in last analysis that while striving to control natural forces and processes in all other respects we must leave the reproductive forces of society as unregulated as they were in the time of our savage forebears. The fact is that the basic law of civilization is that the artificial is superior to the natural in the sense that knowledge enables man to improve his lot by regulation and control of the natural. It does not seem reasonable that reproduction should be the one exception.

Moreover, what does Dr. Osborn propose by way of a positive policy? Precisely nothing. He reiterates what birth control advocates have been saying for many years, namely, that the use of contraceptives has at present a probably dysgenic effect. The implication is that he would prohibit contraceptives. This would be even less effective than the 'noble experiment'. The only alternative would seem to be the spread of birth control ideas among the less fit.

I agree with Dr. Osborn that family limitation presents a threat to the race. As an advocate of birth selection (are we not all such?) he should indicate some way in which this can be accomplish-

ed without some form of birth control. It would seem to me that we have had enough of this inane reiteration of emotional attitudes and have reached the time when those who really believe in the eugenic ideals of racial quality should grapple more realistically with the situation. When that is done one of the first premises will be that birth control is a deeply established feature of popular mores and hence any and every proposal for the maintenance or improvement of racial quality must accept it as an inevitable element.

FRANK H. HANKINS,
Smith College

THE knowledge of birth control and its practice are not new. As a movement, however, birth control is new both as an object of scientific study and an instrument of humanitarian endeavor. Even students are hardly yet fully aware how potent an instrument has here come into man's armoury, and clear thinking on the matter is of first importance.

I have heard Sir William Arbuthnot Lane say that there was one profound difference between the sexes—men would never stand having babies! Is he wrong? Will women shirk pregnancies and funk confinements when it is easy to do so? Questions like these should not be answered by opinion or reason, but by observed facts. Contraception has been with us long enough for those who have been watching results to reply with certainty as regards women of Latin and Anglo-Saxon races. Some will refuse motherhood, some will choose it, even after several confinements when they know perfectly well what to anticipate. Those who *choose* to go through confinement and the cares of child-rearing over and over again have qualities of value—courage and love, at least. The feather-brained and careless I have not found in their ranks. One deduces the following important fact: Voluntary motherhood would give mankind inevitably a fine instrument of selection, only it should be noted that the freedom to have or not to have children must be complete. If women, all women, have free access to every wholesome means of avoiding motherhood, including of course sterilization, only those with strong maternal instinct or a real sense of racial responsibility would produce offspring.

Students of our current trends who have a strong biological outlook have called attention to the action of modern civilization in preventing "natural selection" as inimical to man's progress. And those eugenicists who are also convinced biologists are

seeking for some social force, not antagonistic to our present ideals, to replace that age-long instrument of evolution. I have recently been wondering whether the way for the future is not marked out in the possibility of voluntary motherhood? The conviction that temperament and psychological make-up are hereditary, would make this selection at one and the same time a sieve both for the physical and more elusive psychological social qualities.

CORA B S HODSON,
Honorary Administration Secretary, International Federation of Eugenics Organizations

IT IS first of all to be noted that birth selection, as extolled by Dr Osborn, is itself a form of birth control. Dr Osborn concedes this when, speaking of sterilization, he says that "this would be the negative or birth control method of birth selection."

Birth selection is only a positive, constructive guidance of birth control to ends of true racial betterment. It is a plea that birth control be really *controlled*! Dr Osborn is terribly concerned over the menace of race degeneracy—the indefinite multiplication of the unfit at the expense of the fit. So are the champions of birth control. It is to meet this very menace that they seek to extend to the masses, the biologically or culturally unfit, those contraceptive methods which are now universally practised by intelligent and self-disciplined members of the community. I feel that Dr Osborn has allowed himself to be confused by words, or phrases, arbitrarily and artificially defined. The birth-controller is a birth-selectionist. The immediate control, or limitation of the great flood of births now pouring into the world is the first *selective* step toward the production of a better race and juster society.

JOHN HAYNES HOLMES,
The Community Church, New York City

NO SANE student of social problems can doubt that birth control carries with it certain grave dangers. As Mr Leon F Whitney and I said in *The Builders of America* years ago, and as Dr Osborn now reiterates, it is a two-edged sword. Today it is undoubtedly cutting into the more intelligent and thrifty classes far too vigorously, and thereby doing serious harm. The remedy, however, is not less birth control, but more and in dif-

ferent places. The element of danger lies in the fact that today we have a differential birthrate such that as a general rule the groups that are more valuable socially have lower birthrates than the less valuable groups.

Detailed study seems to indicate, however, that the two extremes of society, the highest and the lowest social groups, display tendencies which are opposed not only to one another, but to the general tendency with which alone Dr Osborn is concerned. Moreover, these less widely recognized tendencies are highly desirable. They are apparently the sort which we may expect to be universal if birth control becomes widely enough disseminated. The experience of Stockholm and of some of the German cities sheds further light on this last point. Information as to birth control has been widely spread there among the working classes. As a result the birthrate appears to be actually becoming lower among the poorly paid and inefficient groups than among those who are better paid and more efficient.

All this seems to indicate that we ought to spread the knowledge of birth control among all classes, and especially the undesirables. At the same time we must strain every nerve to discover means of making contraception so easy that any woman can regulate her own condition by some means no more difficult than taking a pill. Theoretically, perhaps we ought to discover the perfect method of birth control before teaching the present imperfect methods. But practically that does not work. If people were to stop using airplanes until they became as safe as old fashioned buggies, the stimulus to aerial invention, and hence, the art of aviation would remain moribund for generations. Necessity is the mother of invention, and the need of better methods of contraception will stimulate their discovery.

In addition to this we must preach day and night the doctrine of genuine birth *control*, which is the same thing that Dr Osborn calls birth selection. Control does not mean limitation. Traffic is *controlled* on roads where everyone is obliged to go thirty-five or forty miles an hour just as much as when a red light stops us at a crossing. Birth control, when truly understood, means determining the number and spacing of births in accordance with what is best for society as a whole. A well

The conclusion of Dr Huntington's comment, as well as further comments by R M MacIver, Max L Mayer, Adolf Meyer, Arthur E Morgan, Lorine Pruette, Maynard Shipley, Charles R Stockard, George Soule appear on pages 252-254

The Dominance of Economics

A paper delivered at the Third International Eugenics Congress

By H J MULLER

IT IS now about fifty years since Francis Galton promulgated the doctrine of Eugenics. It has become a highly popular subject for parlor talk and best sellers. Yet, aside from some sterilization of imbeciles, we are today further than ever from putting eugenic principles into actual operation.

That imbeciles should be sterilized is of course unquestionable, but we should not delude ourselves concerning the importance of the benefits thereof. The attack on imbecility was to have been only a first step, yet eugenists have in the main stuck at that point. The major task of eugenics is not to get rid of this or that specified and highly conspicuous abnormality, such as total hereditary deafness or blindness, existing in relatively rare individuals. An individual's total genetic worth is a resultant of manifold characteristics, weighted according to their relative importance, positively or negatively, for society. It is a continuous function of all these combined, so that there is no hard and fast line between the fit and the unfit, based upon one or a few particular genes. The vital thing, for the population at large, is a relatively low rate of multiplication of those who are, in general, physically and mentally less well endowed, without a decrease in the total size of the population, or, to put the same thing conversely, a relatively high multiplication rate of the genetically sounder germ plasm, *all along the line*. Ideally, the rate should be a function of total genetic worth, there being, from this point of view, no ultimate distinction between negative and positive eugenics. However, the better the genes, especially if they be rare, the more important is what happens to them. Since Galton's time, absolutely no headway has been made in realizing this major aim, in fact, it is widely claimed by eugenists themselves that just the opposite process is increasingly operative, despite their own preachments.

We might as well admit that the forces at work are quite beyond the control of us as eugenists, in the society in which we live. For they are fundamental economic forces. Galton lived too early to appreciate the principle brought out by Marx that the practices of mankind, in any age, are an ex-

pression of the economic system and material technique existing in that age. He thought that they could be moulded willy-nilly, from without, into conformity with the abstractions of an idealist intellectual. But the organization of society today is such as to make the primary motive of action, at least among the dominant section, the profit motive. This motive works out in devious ways that are contradictory to the welfare of the race as a whole, despite the fact that some of our modern philosophies, in a defense reaction, try to rationalize the two ends into harmony.

The profit system leaves little place for children. In general, they are not profitable investments. Their cost is excessive, the dividends are uncertain, they are likely to depreciate in value, are practically non-transferable, and they do not mature soon enough. One child may be necessary for continuance of an estate, but each additional one weakens it. For the great masses, who have no estate, each extra child commonly means more intensified slavery for the parents, and an additional unit of human unhappiness, in itself. And as the status of the middle class sinks, the parents hesitate to rear children with lesser privileges than they themselves have.

How much can eugenic considerations weigh in determining the actions of people under these conditions? To what extent will they lead couples of greater genetic worth voluntarily to have four, five, or even more children (remembering that at least four are usually necessary, if there is to be any increase at all)? Is it to be wondered at that a census of eugenists has disclosed an appalling failure to reproduce themselves, despite the fact that they are maximally steeped in their own doctrines? Under the conditions that exist today, we know very well that it is a rare couple that has four or more children, except as a result of accident, ignorance, or superstition.

It is true that the universal dissemination of scientific birth control technique would tend to eliminate the production of unwanted children, and to this extent it would bring reproduction under the direction of reason. It is to be welcomed whole-

heartedly, as a most important biological invention that increases the potential control of man over natural forces. It will help to fend off a part of the intolerable misery that would otherwise afflict innumerable individual cases. But we must remember that the economic screws will eventually be forced down again, any relaxation of the pressure from beneath being responded to by a compensatory increase of pressure from above. That is, when the burden of family care diminishes, wages will be decreased still more, so that birth control provides no remedy for the faults of our economic system. Moreover, it must be admitted that birth control, by itself, would certainly not suffice to meet the major needs of eugenics. Not only is it illegitimate to assume that those now unenlightened, whose reproduction would be reduced by the spread of birth control technique, are genetically inferior, in respect to the traits most valuable for a well ordered society, but, in technically advanced countries like ours, in which the birth rate as a whole is low, the mere reduction in reproduction rate of any section of the population would be eugenically inadequate. Even more vital, from a biological standpoint, is an actual increase of those having the more valuable genes, and it is the obtaining of this increase that is prevented by economic pressure, and by social pressure having an economic basis.

In addition to the financial load involved in having children, we must consider the direct burden imposed on the mother. Do male eugenisists suffer from the illusion that most intelligent women love to be pregnant and to endure the physical disabilities, and the difficulties of maintaining a job, that pregnancy involves in our society? That they love the frightful ordeal of childbirth, so seldom relieved by competent medical treatment? That they love to spend forty or fifty thousand hours washing diapers, getting up in the night, tending colic, meeting in a city flat the little savages' requirements of safe outdoor activity and companionship, acting as a household drudge, and either abstaining from the life of the outer world entirely or else staggering under the double burden of a very inferior position outside and work in the home as well? Intelligent and self-respecting women, and those who value their husband's love, will use what means they may have to restrict the size of their family to a very low level indeed. And in this they will be right. The eugenist, from his glass house, cannot criticize them.

Another way in which our economic system acts to foil the true purposes of eugenics is by masking the genetic constitution of individuals and of vast groups through the gross inequalities of material and social environment which it imposes upon them. The investigations of Burks on the resemblance between the intelligence of foster children and their guardians, checked by the calculations of Wright on this material, and Newman's converse findings concerning the considerable differences between the intelligence quotients of genetically identical twins who were reared apart, show clearly the important influence of environment as well as that of heredity upon intelligence as ordinarily measured.

THE EFFECT OF ENVIRONMENT

The results of extensive scientific investigations show us that there is no scientific basis for the conclusion that the socially lower classes, or technically less advanced races, really have a genetically inferior intellectual equipment, since the differences between their averages are to be fully accounted for by the known effects of environment. At the same time, we are brought to realize that, in a society having such glaring inequalities of environment as ours, our tests are of little account in the determination of individual genetic differences in intelligence, except in some cases where these differences are extreme or where essential likeness of both home and outer environment can be proved.

If the above is true of intelligence, it is even more true of temperamental traits, moral qualities, etc., since these are more responsive to conditioning than are purely intellectual characteristics. Thus, certain slum districts of our cities constitute veritable factories for the production of criminality among those who happen to be born in them, whether their parents were of the criminal class or not. An analysis of the lives of various individual criminals reveals to what an extent potentially valuable citizens may be turned to a life of habitual crime through the pressure of our social system. Under these circumstances it is society, not the individual, which is the real criminal, and which stands to be judged.

Naturally, the apologists for the still existing order would have us naively accept appearances at their face value. This is bound to lead to a false genetic valuation of individuals, of classes, and of races, so long as this system lasts. The apologists defend their position with the *a priori* argument

that, in the social struggle, the better rise to the top. They neglect to show that success in modern economic competition depends on many other factors besides innate endowment, and that today we have increasingly operative, instead, the principle of "to him that hath shall be given." But if we assume that inborn differences do play some role, the question is, what role? Are the characteristics which now lead men to rise, economically, those which are the most desirable, from a social point of view? It could as well be maintained that the dominant classes tend to have the genetic equipment which would be least desirable in a well ordered social system, since they have been selected chiefly on the basis of predatory, rather than truly constructive, behavior. A study of the lives of many eminent financiers confirms this. The "respectable" captain of industry, military leader or politician, and the successful gangster are psychologically not so far apart. The high-minded, the scrupulous, the idealistic, the generous, and those who are too intelligent to confine their interests to their personal success, these are apt to be left behind in the present-day battle.

This brings us to consideration of what should be the eugenic goal? So long as present conditions continue, the ideology of the people must in the main be a reflection of that of the now dominant class, and the standards, the criteria of merit of that class will be accepted. Naturally, those in power will idealize their own characteristics, particularly those which brought them to dominance. Would not most of them believe in the production of bigger and better business men, who could see us through bigger and better depressions? There would also be room for various accessory gentry, such as sportsmen of the type who symbolized the predatory life, slap stick and slush artists to keep us harmlessly amused, and some safe and sane scientists to invent better poison gas and to harmonize science with useful superstition. And perhaps the most benighted elements could be cajoled or coerced into developing themselves into more callous slaves, who could work longer hours on a cheaper grade of beans. Not that this fantasy would ever be realized, for, as I have shown, eugenics under our social system cannot work. Nor are the distinctions between these types truly genetic ones. But that would, unquestionably, be the direction in which the ideology of the dominant class would logically try to lead eugenics, if it could do so. Only the

impending revolution in our economic system will bring us into a position where we can properly judge, from a truly social point of view, what characters are most worthy of a man, and what will best serve to carry the species onward to greater power and happiness in a united struggle against nature, and for the mutual betterment of all its members.

Galton could not be expected to have realized that the day was soon coming when there would be fundamental economic and social changes, which would utterly change the complexion of eugenic problems. But in our day the writing on the wall is manifest, and they are fools who blind themselves to it. Let us rather prepare with open eyes to face our new problems. There is no use in arguing about the effects, in a hundred years or more, of the continued differential reproduction of different classes, when the very basis for the existence of these classes as such will soon be swept away, when, in place of the economic conditions imposed by the class struggle, entirely new conditions will be substituted. Similarly, the present disputes of eugenists about the fates of races will soon appear vain and beside the point, when the economic and social reasons for the existence of the differential fertility of races, as well as for race prejudices, will have disappeared with the general abolition of exploitation. True eugenics will then first come into its own and our science will no longer stand as a mockery. For then men, working in the spirit of co-operation, will attain the social vision to desire great ends, and to judge what is a worthy end. Then first, with opportunities extended as equally as possible to all, will men be able to recognize the best human material for what it is, and garner it from all the great neglected tundras of humanity. Then, too, and not before, will the economic basis of society be such as to allow a truly social control over differential fertility.

Along with other debris, the noisome cobwebs of superstition and taboo will be swept clean away from the whole subject of sex and reproduction, so as to make possible more real research, and more thoroughly rational practices in these so important activities of man. The possibilities of the future of eugenics under such conditions are unlimited and inspiring. It is up to us, if we want eugenics that functions, to work for it in the only way now practicable, by first turning our hand to help throw over the incubus of the old, outworn society

Marital Problems and Birth Control

By ELINOR R HIXENBAUGH

CAN birth control advice help in the solution of marriage problems which are brought before a Court of Domestic Relations? No consultant who has heard day after day the desperate relation of intimate problems calling for this solution (and in many cases has been unable to do anything about it) could hesitate to give an affirmative answer

In two-thirds of the cases some sex maladjustment is present and must be recognized and treated before the marriage problem is cleared up. Frequently this maladjustment is due to the wife's lack of understanding and response in the physical relationship. The husband's ignorance of his wife's emotional psychology is an immediate cause, but the wife's fear of pregnancy is a recurrent factor. Such a fear is usually due to the economic situation of the family for the normal married couple desire children at some time. But in our present complicated society it is often necessary for the young wife to continue working after her marriage. The young couple see no reason why they cannot continue the business routine of their single lives with the added happiness and inspiration of life together. They will plan this program "until John gets his promotion and raise." Their ignorance of adequate contraceptive measures and the difficulty of obtaining skilled advice on the subject are not apparent to them in the glamour of their romance. An unplanned pregnancy at this time is frequently sufficient to turn the scales of the family's living standards and saddle them with economic worry which quickly deadens their romance. Birth control information through pre-marriage clinics (such as the Institute of Family Relations in Los Angeles) or birth control clinics would make it possible for couples such as these to work out a normal, fear-free family life.

Such a case came unofficially to the reconciliation department of the Court recently. The devoted young husband was frantic because his wife had left him after two years of marriage. In the eighteen months of unemployment they had been making their home with different relatives and friends. They had a baby fourteen months old and the wife was three months pregnant. When she was interviewed, she freely admitted her love for

her husband and her unhappiness away from him. "But we have no place to live now with only one baby and another one is on the way already. We had better live with our separate families until he gets a job again." As soon as she realized that there was another answer to the problem, there was an affectionate reconciliation. The husband joyfully agreed to work for the city to care for his little family and they went together to interview the consulting physician.

When the question is not answered so early in the marriage, it becomes a festering sore, pouring bitterness and hatred into the turbid undercurrents of married life. Thus, another wife had with suffering and prolonged illness borne three children in the five years of her married life. Her husband was a devout member of a Protestant sect which does not countenance birth control and he refused to use any such methods or permit his wife to do so. On her part, she refused to continue the marriage relationship unless he protected her from the further agony of continual childbearing. The deadlock has resulted in a permanent estrangement.

Aggravated instances of this appear with the recurrent frequency of a pattern. A young couple marries with eager love. The wife bears six, eight, ten children. In the process she often loses all love and respect for her husband and feels only dread and repulsion. As soon as the children are old enough, she leaves. Sometimes she takes the children with her. Sometimes she leaves them with their father with the thought, "He made them come here. Let him have some of the worry and trouble of taking care of them." Sometimes, as she reaches the menopause, she is entangled in a sensual labyrinth and, in complete revulsion from her husband, finds with other men the joy she never found with him.

The reverse of this pattern is another design of equal frequency. A woman utterly devoted to her husband repeatedly bears him children. After the first six, she may lose her looks, her charm, and not have leisure to devote to him. The man becomes repelled, they quarrel, and he finds other younger, care-free women. The wife, through her devotion, has lost her husband's interest and companionship.

But the children are there and must be cared for

Such cases show the need for adequate contraceptive information and for supplementary knowledge that is also strangely lacking in so many cases. These people, together with an untold number of married couples whose cases never get as far as the Court, need information and advice on the physiology and psychology of sex. The whole subject has been a taboo of our society for so long that it is still difficult to get authoritative information. All medical students are not instructed in these lines. The psychiatrists capable of dealing with these problems are all too few. Yet it is a crying need in our society today.

Another frequent type of marital maladjustment results from the "forced marriage." A young boy and girl are driven together by the force of passion. When the girl finds that she is pregnant, the only possible solution seems marriage. Thus a mismatched couple start on the difficulties of marriage under a tremendous handicap which warps their attitudes and jeopardizes their union.

These difficulties are personal problems of direct and intense importance to the individuals. Their social significance can only be estimated through our knowledge of the deep and disastrous psychological effects on children reared in an atmosphere of domestic strife. An interesting observation has been made in the Court of certain families where the second or third generations are asking for the release of divorce. A study of the backgrounds in these cases brings out that the children of a broken home too frequently lack the ideal of the advantages of a stable home, a lasting marriage and the necessity of sacrifices to gain these advantages. In such a case, the divorced mother's influence may be used on her daughter who is experiencing some of the rough waters of marriage to urge the daughter "not to stand for such things. That's the reason I divorced your father." And the women join in a common sympathy and a common antagonism which too frequently influences the grandchildren in their turn.

The direct contribution to society of birth control information can be readily seen in the cases where poor heredity necessitates an ever-increasing financial outlay and wreaks unestimated social damage. Social workers devote a great proportion of their time to this welter of society's unfit. Relief agencies, hospital clinics, institutions for the feeble-minded, psychopathic hospitals, foundlings'

asylums, correctional schools, reformatories and penitentiaries make up the roll of society's burden. The cost of this has been told many times but apparently not yet often enough for society to grasp the facts and the available remedies. Social work is improving the conditions of life, and with the use of birth control can improve its quality as well.

Families illustrating this point are so frequent on the rolls of social agencies that it seems almost unnecessary to describe them. In normal times they make up a great part of the chronic dependents. A man sought the help of the reconciliation department because of his difficulties with his wife. The hopelessness of the situation was evident when it was necessary to commit her to the state hospital as a patient for dementia praecox. The family history showed that her grandmother and mother both died insane, although clinical history was lacking. Two of the woman's sisters are mentally abnormal. The woman has three children of whom one is feeble-minded and one retarded. What does the future hold for them and for their children? Another family gives a history of four generations of mental abnormality, suicide and insanity. The wife is a borderline psychopathic who will soon have to be committed. The oldest daughter is a feeble-minded, unmarried mother. Are we foolish enough to hope that the fifth generation will show a complete change?

Such problems cannot be remedied by social agencies. Yet seventeen per cent of the cases coming into the reconciliation department of the Court are complicated by mental abnormalities. It is possible for birth control to attack this problem at its root and give the social scientist a source of hope in an otherwise dark outlook.

Marriage advice bureaus are being established in this country, following the numerous examples in Europe. They are attacking in a constructive way one of the vital problems of today—the instability of family life. Contraceptive information is an essential part of this work. At present it is difficult and almost impossible to secure such help for clients except through the clinics especially organized in certain localities for this purpose. The general dissemination of such information is eagerly awaited by those whose daily work brings them in touch with human problems. The need is urgent for society to make possible the restriction of the fertility of the socially handicapped, the economically encumbered and the maritally maladjusted.

Eugenic Sterilization*

By C O McCORMICK, M D

FROM all beginnings of human progress, peoples and nations start with a primitive setting and develop in accordance with environmental and hereditary forces with survival of only the fittest, the weak and defective being either permitted or forced to perish. Nature culls the unfit, and the racial stock is not only maintained but progressively improved. Thus history has recorded it until the advent of sociology and charity of modern civilization which have since interfered with nature's plan by nurturing the weak and defective to maturity and procreation of their kind. Upon such a system the weaker sooner or later compete with the stronger and a point may be reached where progress upward not only ceases, but retrogression is inaugurated. Feeble-mindedness, degeneracies, criminality and diseases become so thoroughly intermingled and affect so large a part of the constituents of a nation that the nation itself may degenerate and finally crumble. By conforming to natural laws and planning selective breeding, there should be no reason why a nation should not live forever and improve its racial strains. Is it not strange that modern man with full conviction of the Mendelian law and its unrelenting workings has hesitated to apply this knowledge to the betterment of his own species, notwithstanding he has long since employed it so effectively and successfully in animal and plant husbandry?

To what extent have the degenerating qualities of the race permeated the population of the United States? The problem is so extensive and complicated that the most carefully calculated estimate would at best be a mere approximation. The only possible close approach can be ascertained through available national and state statistics. A few of the grosser of these afford more than a fair index.

At least 80,000 individuals are being admitted annually to the institutions for mental diseases.

The number of known mentally defective persons in the United States is now three times as great in proportion to the total population as it was fifty

years ago. The chief factor in this increase is their own reproduction.

At present the mental patients in the various state, federal and private institutions are far in excess of 300,000. The estimated number of mentally diseased and mentally defective is in excess of 9,500,000. Approximately five per cent of all school children are mentally deficient—i.e., possess an I Q less than seventy. Four per cent of school children will find their way to mental hospitals later on. Mental diseases in the United States are reported to cause an annual economical loss of over one billion dollars. On January 1, 1929, there were 116,626 criminal prisoners present in the state and federal prisons. Total maintenance cost of the prisons for the year 1928 was \$29,298,640. The cost of federal prosecutions for the year 1930 was \$35,923,915. There are 12,000 murders committed annually in the United States—the number is now three and one-half times per population rate as in 1900. Crime, as estimated by the Crime Commission, costs the United States \$13,000,000,000 yearly. In addition, data on physical defectives show there were enumerated January 1, 1930, over 57,000 and estimated over 75,000 deaf mutes. At the same time the blind were enumerated at approximately 64,000 and estimated at over 100,000. The almshouses the country over are now accommodating in excess of 85,000 paupers (78,090 in 1923). There are 700,000 crippled children scattered throughout our land.

Common knowledge has it that heredity plays a definite role varying from ten to eighty per cent as a causative factor in each of these groups of inferior individuals.

Under the present scheme the citizens of the upper strata of society are not only sharing equally their earnings for the rearing and education of their own offspring with that of those of the lower strata, but in order to be able to do so are to a definite degree forced to limit their own number of children. One of the best examples of this limitation, according to the Sixth Annual Report of Birth Statistics in the United States, is exemplified by the families of the medical profession. These families are limiting themselves to an average of 2.1

*Excerpt from an address "Fewer and Better Babies," delivered before the Indiana State Medical Association, and printed in the *Journal of the Association*, May, 1932.

living children, slightly more than one-half required for racial increase. At the same time there is no check being placed upon the number procreated by the inferiors, and it is seriously true that our growing population is being increasingly maintained by the moron group. This is most obviously contrary to permanent and staple progress, and every sensible and public-spirited person must admit that propagation of the unfit should somehow be checked.

Treating the problem of hereditary defectiveness and its sundry offshoots of degeneracy is primarily a medical responsibility. Every physician knows that mental defectiveness is not going to be perceptibly diminished by building additional asylums, that crime is not going to be basically lessened by increasing the severity of penalty or the enlarging of the penitentiaries, and that pauperism will most likely be fostered rather than cured by yielding increasing millions to it each year. Yet these are the lines along which appeals and recommendations from the various state committees to Governors are made chiefly, and have constituted the main attempt at the solution of the problem in the past. No general program of radical prevention ever has been supported.

We of the profession with our improving skill, assisted by increasing state and private charity, are more and more enabling the weaklings to survive and propagate their kind, and therefore are prominently instrumental in the production of a weaker race. Certainly not a credible or patriotic achievement, and in the light of the same, a profession that has intrusted to it the physical well-being of humanity certainly must consider itself justly open to public censure. The great philosopher was correct in his assertion that, "A nation which fosters and cares for its good-for-nothings will sooner or later find itself a good-for-nothing nation." If we are to fulfill our obligation to society, we will first of all establish the doctrine that social betterment must work hand in hand with race betterment.

An effective remedy would be the segregation of the unfortunates for at least the whole child-bearing period, say thirty years, with careful supervision, and where applicable, education and industrial training. However, such provision is beyond all hope, because it is impossible to furnish sufficient funds. At the present the United States is prepared to segregate probably ten per

cent and Indiana something like twenty per cent of the individuals considered as needing this care. A more ready and feasible plan would be selective and eugenic sterilization, in that it is a direct means of relieving present and future society of social and financial burdens by eliminating mental and physical defectives and thus insuring progressive improvement of the race, in addition to offering freedom and economic productiveness to many now under custodial care.

Up to date twenty-seven states have eugenic sterilization laws on their statute books. California adopted the law in 1909, and has been strikingly more active in applying it than any other state in the union.

Sterilization as usually performed consists of either a vasectomy or salpingectomy and does not deprive the individual of any organ, secretion, or hormone, or the privilege of sexual pleasure, and in no degree implies asexualization.

Now comes the question, "Who should undergo eugenic sterilization?" In reply, those individuals possessing those hereditary or disease defects which are liable to interfere with their progeny being well born. In general such persons fall into one of two groups, those upon whom sterilization should be made compulsory, and those who should solicit it voluntarily.

Those of the compulsory group possess certain mental diseases and defects, and are represented by the recovered and unsegregated insane, feeble-minded, epileptics, habitual criminals, and chronic paupers. (These latter two not because of their delinquency but because of the mental defect underlying it.)

Those of the voluntary group possess certain physical defects and disease, and are represented by the hereditary blind, deafmutes, albinos, dwarfs, physical freaks, hemophiliacs, paretics, tuberculars, and those of strong family cancer history.

Experience in California shows that eighty per cent of the compulsory cases are voluntary. Upon this basis it would seem the voluntary group alone would afford ample material for the present.

It is most obvious that eugenic sterilization lends itself as a strong preventive agent, and that it applies to public health the same as does vaccination for typhoid or smallpox. Guarded by efficient laws it is a wise and efficient method to protect society from degeneration, and to insure progressive racial evolution.

Book Reviews

THE MODERN AMERICAN FAMILY, edited by Donald Young *The Annals of the American Academy of Political and Social Science*, Vol 160, March, 1932 Philadelphia \$2 50

WHEN this volume of the *Annals* came to the attention of the reviewer the first impression was that here was just one more book of readings on the family, any number of brief articles on topics which deserve fuller and more careful treatment. Closer examination, however, revealed several papers emerging from the general level of mediocrity and superficiality. Margaret Mead's discussion of "Contrasts and Comparisons from Primitive Society," Fred S. Hall's very brief discussion of "Marriage and the Law," and James S. Plant's presentation of "The Child as a Member of the Family." The volume has three sections, first, The Heritage of the Modern Family, second, The American Family in Transition, third, Efforts at Family Stabilization.

To this reviewer the two most worthwhile and informative papers could well have found themselves within the covers of THE BIRTH CONTROL REVIEW. They are the paper by Norman E. Himes, "Birth Control in Historical and Clinical Perspective," and that by Ralph P. Bridgman, "Guidance for Marriage and Family Life." The first, as the title indicates, deals specifically with birth control, the second must of necessity deal with it, written as it is by a man sincerely interested in helping people to a fuller and happier married life.

Mr. Himes' historical treatment reveals that human groups have always controlled their numbers, though until recently the death-producing checks have been more operative than the birth-preventing checks. But very early in some groups there was a definite effort to regulate conception. For amplification of his statement that primitive contraception has played a role distinctly minor to abortion and infanticide, Mr. Himes might have referred his readers to Herbert Aptekar's recent book *Anjea*. He cites as the earliest known prescription still extant in writing that found in the Petrie or Kahun papyrus (c. 1850 B. C.), and speaks of the Greek and Roman acceptance of the idea that the control of conception was a legitimate phase of the healing art. (At this point one would like to know the explanation of the physician's

pledge in the Hippocratic oath not to give a pessary to a woman.) Passing on to the Middle Ages, Mr. Himes points out that the retrogression in rationality of prescriptions is to be attributed to intensification of the religious outlook but particularly to the warped *Natural History* of Pliny, and writers like Albertus Magnus.

The section of most import, however, is that dealing with the development of birth control clinics in England, Germany, and the United States, with a summary of their accomplishments, and a closing discussion which suggests the changing attitudes of all churches save the Roman Catholic, and of many physicians, to a position much more favorable to a program of population control. The legal situation unfortunately remains substantially unchanged. A sane and trustworthy literature which is beginning to appear, however, may perhaps convert even the lawmakers.

Mr. Bridgman's paper deals with the several approaches to marriage and family guidance now being made in this country. He touches on birth control therefore only incidentally, yet a careful reading of his paper cannot but convince the skeptic of the place which contraceptive advice has come to have in programs of family welfare. He describes the procedures of professional social workers, of ministers and the life guidance institutes connected with some churches, of psychiatrists, and of teachers. The significant thing is that within all these groups there is now an alertness to the real factors that enter into problems of marriage and family life, a recognition of the importance of trying to guarantee in the people who come to them for aid really constructive attitudes regarding sex relationships, and an understanding that techniques as well as attitudes must often be taught. These techniques include not only those of personality adjustment but frequently those of the sex relation, including, of course, contraception. When the latter is needed, teachers and preachers as a rule refer their patients to physicians or clinics. An outstanding exception to this procedure is that of the Institute of Family Relations in Los Angeles which grew out of a professor's research program, and which is now adequately equipped and staffed to meet the range of problems presented to it.

The professional groups whose attitudes are most discouraging to Mr Bridgman, as to Mr Himes, are the physicians and lawyers. Few physicians as yet see it as part of their job to help provide "ahead of time for marital health and happiness." Many of them remain fearful of the reputation they may acquire if they become interested in "the socio-psychological aspects of the lives of their patients." One physician who apparently has had no thought of such consequences is Dr Robert Latou Dickinson of New York City, who on the basis of years of medical practice is directing so splendidly the research and service program of the National Committee on Maternal Health. As for the lawyers, they generally lack an adequate social philosophy which might make them helpful before family breaks come.

Mr Bridgman closes his paper with a brief description of the aims of two new Consultation Bureaus that made possible by the Rosenwald Fund of Chicago, and the Division on Family Relations of the American Social Hygiene Association. Among the services planned by each of these organizations is, of course, that of giving contraceptive advice.

Two papers dealing with birth control out of the twenty-five papers consume probably a fair enough portion of the total space. That they are the outstanding papers of the collection will be gratifying to those partisans of the birth control movement who wish to see their case presented well buttressed with convincing facts and figures.

GLADYS BRYSON

HUMAN STERILIZATION, by J H Landman
Macmillan, New York 1932 \$4 00

EXPERIENCE with eugenic sterilization now extends over a period of thirty-three years in the United States. Sterilization laws are in force in 27 states, and more than 12,000 operations have been performed under them.

To sketch the details of this picture is the purpose of Dr Landman, a jurist at the College of the City of New York. He discusses the almost incredible numbers of mentally diseased and mentally deficient persons in the population, goes at length into the history of legislation and litigation, reviews the opinions of those whom he considers "optimistic eugenists" and "pessimistic eugenists," takes little side steps into the fields of heredity, the physiology of reproduction, and genito-urinary

Books Received

EX-PRIEST AND THE RIDDLE OF RELIGION, by L H Lehman, S T L *Agora Publishing Company, Flushing, L I \$2 50*

MAN AND HIS WORLD, by James H S Bossard
Harper and Brother, New York \$3 50

MEDICINE AND THE STATE, by Arthur Newsholme
Williams and Wilkins, Baltimore

MISCHIEFS OF THE MARRIAGE LAW, by Rev J F Worsley-Boden *Williams and Norgate, Ltd, London 21s*

NURSES ON HORSEBACK, by Ernest Poole *Macmillan Company, New York \$1 50*

PRINCIPLES AND METHODS OF SOCIOLOGY, by James Melvin Reinhardt and George R, Davies *Pren-tice-Hall, New York \$3 50*

surgery, and ponders on the social and administrative problems which are involved.

Obviously, no human being could cover such a wide territory with authoritative first-hand knowledge. Dr Landman has leaned heavily on the publications of the Eugenics Record Office and of the Human Betterment Foundation. Where he has clung closely enough to these supports, he is most successful. When he ventures away to test his own powers of locomotion, he is not so fortunate.

In his preface, the author announces that "this book is not designed either as propaganda for or against the program of human sterilization. It purports to be a scholarly and scientific treatment of the available data on the subject." The impression produced by the text is one of vacillation and continual self-contradiction, but with a distinct bias against current eugenic programs. His lack of first-hand acquaintance with the subject vitiates much of his comment. His failure to realize that, on the whole, persons who have been sterilized even under compulsory laws are the best friends of the measure, because they better than anyone else realize how much this protection has meant to them, is almost a fatal defect in his whole treatment.

Dr Landman has done a service in emphasizing the familiar fact that many of the state laws, passed in early years and without adequate expert advice, are badly in need of revision. His book contains an immense amount of information, but unfortunately its accuracy is not dependable enough to make it safely usable as a work of reference.

PAUL POPENOE

The State Leagues — A Resumé

CONNECTICUT BIRTH CONTROL LEAGUE

Dr A N Creadick, president, in his report at the annual meeting, June 1, 1932, said in part

Our League has 2,400 pledged members, and, after a year's untiring effort, is organized in each county and in 40 towns. Thus the first step in the program voted at the last annual meeting is consummated. Receipts from contributors and members' dues were spent in printing, traveling, and secretarial salaries.

In a period of financial depression no more constructive program could be offered to the charitably-minded Good Samaritans than the plan to protect maternal health and remove the fear of adding at the moment to family burden. We are under a unique restriction in this state, and while the results may not be so quickly apparent it certainly is better civic policy to change the law before we disseminate advice. Let all your deliberations be devoted toward the end of changing the law. We can make our plans and be ready to proceed as soon as that is accomplished.

Excerpt from the report of Mrs G K deForest, executive secretary

Organization Of the eight counties all have a County Chairman. The 40 towns and three cities are also organized with Town and City Chairmen.

Meetings and Speakers 122 meetings have been held since October, 1931. 39 meetings were held in May, 20 in June. We have about 25 trained speakers available and hope to enlarge the Speakers Bureau through county cooperation.

Letters re Finance Letters were sent out to each County Chairman by the President, Dr Creadick and by the Chairman of the State Finance Committee, Mr Morris Tyler, asking for financial support. A personal appeal to 75 Methodist Episcopal clergymen was sent out through the office of the Rev Joseph R Swain of Naugatuck. A personal appeal was sent out to 320 Congregational ministers through this office by the Rev Merrill F Clarke, Chairman of the Congregational Churches of Connecticut.

Members To date—August, 1932—there is a total of 2789 members, including 2493 laymen and 302 doctors.

Contributions Contributions from April to July were received as follows:

In April \$222.94 came through the central office, of which two were \$50 contributions. In May \$293.77 came through the central office, two of which were of \$25 and one of \$50. In June \$89.45 was received. In July (from the 1st to the 25th), \$112, one of which was a gift of \$50 and another of \$25.

Legislation The amendment to the present statute on birth control will be prepared and presented at the next legislative session, January, 1933, by the Connecticut State Medical Society. Its purport is a proviso that restrictions be removed from practitioners of medicine for "health" reasons. The amendment will be supported by the League. Efforts are being made to support candidates for the Legislature who approve of this proposed amendment.

SUGGESTIONS TO CHAIRMEN

Issued by the Connecticut Birth Control League

Finance Committee Special contributors in every County and City are needed to help carry on the state work. The Chairman and Members of her Committee should make up a list of possible givers and designate a Committee Member to secure with or without assistance from another person, as much as the giver will contribute.

We ask every County and City to secure within the next 10 months, \$1,000 each. Ten persons giving \$100 each or twenty persons giving \$50 each would ease the burden of the State President and assure the work being carried on. Five hundred paid \$2 signed memberships would be the equivalent for City and County. This should be started immediately as headquarter's treasury is very low.

COUNTY, TOWN, AND CITY SET-UP ON ORGANIZATION

COUNTY CHAIRMAN

Vice Chairmen who are Town Chairmen

Secretary-Treasurer

Advisory Committee of Six Men

- 1 Lawyer
- 2 Business man (banker)
- 3 Minister
- 4 Farmer
- 5 Political adviser (if feasible)
- 6 Doctor

Speakers Committee

recruiting new speakers

Financial Committee

securing funds from individuals for state work

Publicity Committee

TOWN CHAIRMAN

- Vice Chairmen for the villages
- Captain for sections of village
- Meetings and Membership Committee
 - securing ready-made meetings before all groups and making up as many new meetings as possible for Speakers, and obtaining signatures
- Publicity Committee

CITY ORGANIZATION

- Chairman
- Vice Chairmen for various sections or groups
 - 1 Captains for Wards
 - a lieutenants—to assist in securing meetings for Speakers and Signatures in her ward
 - b workers—to assist in securing meetings and signatures
- Secretary-Treasurer
- Advisory Committee of Six Men
- Meetings and Membership Committee
- Speakers Committee
- Financial Committee
- Publicity Committee

DELAWARE BIRTH CONTROL LEAGUE

Our Birth Control Clinic in Wilmington has been open a year this July. We have only been open one morning a week and have had 273 cases to date. Our method of charging is based on the husband's salary as we are helping mostly the clinic type of patient. Almost half of our patients have been back for their three months check-up visit. We send them a letter asking them to do this. The check-up visits have been most successful and gratifying.

ILLINOIS BIRTH CONTROL LEAGUE

Excerpt from the annual report, April, 1932

MEDICAL CENTERS

- No 1—203 No Wabash Avenue
- No 2—1347 No Lincoln Street
- No 4—734 West 47th Street
(*House of Social Service*)
- No 5—3500 Douglas Boulevard
(*Jewish Peoples Institute*)
- No 6—818 Gilpin Place
(*Mary Crane Nursery—Hull House*)
- Evanston—746 Custer Avenue

The Illinois Birth Control League has given birth control advice to more than 10,000 women.

Our records show that during the year 1931 we advised 2717 patients, an increase of 1038 over 1930.

Of these

- 2067 sought advice for economic reasons
- 254 sought advice for economic and health reasons
- 239 sought advice to space children
- 136 sought advice for health reasons
- 21 sought advice for other reasons such as domestic difficulties, etc

An analysis of nationalities shows

American born	1419
Foreign born	875
American, colored	423

The religious beliefs remain in about the same ratio as in former years, namely

Protestants	1482—54%
Catholics	840—31%
Jewish	377—14%
None	15
Bahai	1
Islam	1
Mormon	1
	1%

Our patients are referred to us by the various social agencies, settlements, physicians, nurses, hospitals, clinics, medical schools, clergymen, friends, relatives and patients.

Mrs Effie Jeanne Lyon, executive secretary writes

We are planning no further clinics in the immediate future. The center at Chicago Heights has been closed during the summer months, but they are hopeful of securing enough aid to reopen in the Fall. The question of finances is a problem with them as with us, and it is only by the strictest economy and cutting all corners that we are able to do the work. Our regret is that we cannot give even more free care than we do, as it is we never turn anyone away for the lack of money, even though this means our closing each month with a deficit.

BIRTH CONTROL LEAGUE OF MASSACHUSETTS

During the past year the Birth Control League of Massachusetts has continued its usual educational work through publications, letters, personal calls, special meetings and addresses before women's clubs, church groups, etc. In addition, the League has placed its chief emphasis on work connected with the medical aspects of the movement. This work has been carried on along two lines.

First, a legal committee, working in conjunction with Mr Murray F Hall, of the firm of Goodwin, Proctor and Hoar, has published an analysis of the laws of the 48 states as they affect physicians in the giving of contraceptive advice. Mr Hall rendered an opinion that physicians in Massachusetts are acting within the law when they give contraceptive advice for medical indications. This article was printed in the April issue of the BIRTH

CONTROL REVIEW 10,000 reprints were bought by the Massachusetts League and distributed to medical members of the League and other interested physicians

Second, the arrangement of a series of lectures on contraceptive technique These lectures were given by Dr Eric M Matsner to hospital staffs and medical associations In two cases representatives of the clergy were also invited This activity was initiated last year and will be continued

BIRTH CONTROL LEAGUE OF MICHIGAN

MEDICAL COOPERATION AND SUPPORT

There are sixty-six physicians on the Advisory Council The League has the active cooperation of doctors in Flint, Jackson, Pontiac, Royal Oak, Battle Creek, Detroit and Grand Rapids The county medical societies of Nottawasaga County, Schoolcraft County, Calhoun County and Kent County have endorsed birth control

GENERAL

Meetings We had a meeting of between 600 and 700 people in Detroit and a meeting in Grand Rapids of over 100 people, and have sent speakers to the various P T A's, social workers groups, church groups, League of Women Voters, study clubs, mothers' clubs and specially invited groups in private residences Committees are working actively in Battle Creek, Detroit, Grand Rapids, Jackson, Pontiac and Royal Oaks, and we have had speakers before groups in Kalamazoo, Lansing, Mt Clemens, Muskegon and Saginaw

<i>Members</i> Special memberships	63
Regular	332
Contributing	77

We helped to secure about 300 letters addressed to Representative J C McLaughlin, asking his support of the bill Mrs Sanger sponsored Of this number, a large percentage consisted of physicians and ministers

DETROIT CLINICS

Patients have been cared in the Detroit Clinics as follows

Mothers' Clinic—established 5 years, 2000 (app)
Harper Hospital—established 17 months, 800
Woman's Hospital—established 16 months, 310
Royal Oak—established 5 months, 80

SEPTEMBER AND OCTOBER NEWS

Dr Eric M Matsner spoke before the Michigan State Medical Society at its 112th Annual Convention in Kalamazoo on September 14th A reso-

lution asking for the appointment of a committee to study the question of birth control was passed by the Society

The League will hold an open dinner meeting at the State Conference for Social Work to be held in Ann Arbor, on October 6-7 Miss Elsie Wulkop and Dr Harold Mack will speak

The annual meeting of the League is scheduled for October 11th in Grand Rapids Speakers will be Mrs F Robertson Jones, Reverend David Byrn-Jones, and Mr John W Blodgett

MINNESOTA BIRTH CONTROL LEAGUE

Excerpt from the annual report, May, 1932

The Minnesota Birth Control League organized and put into operation on October 24, 1931, a Birth Control Clinic Its purpose was to provide married women, when health reasons indicated, medical advice which would enable them to control conception, and to plan intelligently for future pregnancies It is the desire of its founders to give mothers that careful, individual attention which alone can mean constructive service One session was held on Saturday of each week from ten until twelve o'clock On February 24th a second clinic session was opened on Wednesday evening of each week from seven until nine o'clock Office hours are maintained from three until five on Thursday afternoons At this time clinic appointments are made, interviews granted and visitors received

SOURCE OF PATIENTS

During the first months of operation patients came by reference from welfare agencies These agencies have given us splendid co-operation A few patients are now being referred to the Clinic by physicians, former patients and members of the League

NUMBER OF PATIENTS

The total number of patients accepted during the period from October 24th to May 1, 1932, was 185* During this time 121 returned for follow-up visits At present we have appointments for six weeks in advance

The cost of caring for each patient is \$6 00, and the average receipts per patient, \$1 00

FINANCES

The low cost of equipping and operating the clinic has been made possible by the donation of

*On September 1, the total number of patients was 280

clinic equipment, and by the regular and efficient service of volunteers. Chairs, desks, tables and many other necessary items for the proper furnishing of the clinic were loaned or given by interested friends.

We feel that it would have been impossible to lower the following costs

Equipping Clinic	\$205 00
Operating Clinic from Oct 24 to May 1	789 55

MATERNAL HEALTH ASSN OF MISSOURI

The clinic opened August 1st and is in operation three afternoons a week. We have three volunteer doctors, two volunteer nurses and one volunteer social worker. We hope to put these services on a business basis after our membership drive this fall.

There have been nine patients this first month. Contacts in the community are difficult owing to the opposition of a large Catholic population. But progress is being made, though it is necessarily slow.

METHOD OF ADMISSION

Married women, of moderate means, if referred by doctors, social workers, or social agencies, will be accepted as patients. Advice will be given only at the discretion of the physician after a social investigation.

Patients may be referred either by telephone or by letter.

METHOD OF TREATMENT

Patients will be examined and advised by a physician. At least one follow-up visit to the Center will be necessary within one week.

CHARGES

A fee of \$1 00 will be charged to patients referred by social agencies. Fees up to \$3 00 will be charged other patients.

No extra charge will be made for follow-up visits.

The Center is dependent on voluntary contributions for support.

NEW JERSEY BIRTH CONTROL LEAGUE

Excerpt from the fourth annual report of the Maternal Health Center

The following table clearly shows the increasing need for our services. In order to meet this need our staff has been enlarged to six physicians (women), one nurse, one social worker and one secretary.

First Year

Patients	510
Treatments	809
Sessions	99

Desk visits	135
Mail orders	67

Fourth Year

Patients	1729
Treatments	3801
Sessions	308
Desk visits	2071
Mail orders	1442

Patients have been sent to us by members of the staff of 2 hospitals, 104 charities, and 252 physicians.

Most of the women coming to the clinic come from poor families. An idea of the economic status of these families can be gathered from the fact that from 500 cases taken at random, 261 or 52% were without regular employment.

The wage level of 353 or 70.6% fell below \$25 weekly. In 22 of these families the earnings were \$10 and less, while 94 families were totally supported by charity organizations.

Are the poor making use of the clinic? The question is substantially answered by the cases quoted above.

Program

CLINIC

Maintenance and expansion of our Maternal Health Center, which serves women from all parts of the state.

Research in technique of contraception.

Teaching technique to physicians, and general principles to social workers.

EDUCATIONAL

Lectures, literature. Free Library Service, Round Table Conferences, field work.

Free Public Lectures have been held in various communities—the interest has been widespread.

NEW YORK BIRTH CONTROL FEDERATION

THE New York Birth Control Federation was launched at a conference held in Rochester on June 21. Rev. Ferdinand Q. Blanchard and Prof. Henry Pratt Fairchild spoke at a luncheon meeting. At the organization meeting, which followed the luncheon, officers and members of the Board of Directors were elected. A special meeting for the medical profession was also held.

It is the aim of the New York Birth Control Federation to amalgamate the local groups now active in New York City, Rochester, Buffalo and Syracuse and to foster clinical service in these cities and throughout the State.

PENNSYLVANIA BIRTH CONTROL FEDERATION

CONTACT WITH PHYSICIANS

There has been a decided change in the attitude of many Pennsylvania physicians in regard to birth control. Several medical societies that have formerly refused to have speakers on the subject, have during the last year devoted entire meetings to birth control. Notable in this group is the Philadelphia County Medical Society. Physicians connected with the Philadelphia Clinic have been invited to lecture on birth control and show the teaching moving picture film which is being developed by the staff at our Main Center.

The Federation's work among doctors is done through the Doctors' Committee. The Chairman is Dr. Lovett Dewees. During the legislative sessions of 1927, '29 and '31 at Harrisburg, when the Birth Control Bill was introduced, appeals were made to the various medical societies throughout the state urging them to endorse the Bill. Some of these societies interviewed their representatives and urged support.

During the last three years many physicians have visited our Main Clinic at 68th and Market Streets, Philadelphia, and have worked with physicians on the staff in order to observe the latest technique.

Mrs. George A. Dunning, secretary, writes:

"The interest aroused among the doctors is certainly increasing very rapidly. Our nine clinics in Pennsylvania are all doing splendidly and the social agencies regard us as a godsend."

RHODE ISLAND BIRTH CONTROL LEAGUE

HISTORY

The Rhode Island Birth Control League was incorporated under the laws of Rhode Island on March 11, 1931. It was immediately sponsored by a large number of outstanding citizens who now comprise the Honorary Committee and include, together with the members of the Board of Directors, the President of Brown University, the Dean of Pembroke College, the ministers of four important churches, forty-three physicians, and numerous other civic-minded people. An anonymous gift of \$1,000 enabled the League to organize and to put into operation on July 31, 1931, a Birth Control Clinic, the first in New England. This clinic is now one of 108 in the country, and there are at present 636 members in our organization.

CONTRIBUTORS TO THIS ISSUE

FRANK LORIMER has been engaged during the last two years in a comprehensive research survey in different fields bearing on eugenical problems in the United States; the survey is sponsored by the Eugenics Research Association. Dr. Lorimer is the author of *The Growth of Reason* and *The Making of Adult Minds in a Metropolitan Area*.

H. J. MULLER, professor of Biology at the University of Texas, was awarded the annual prize of the American Association for the Advancement of Science in 1928 for research on the effects of X-rays on heredity. He is at present in Germany, as a recipient of a Guggenheim Research fellowship.

ELINOR R. HIXENBAUGH is Consultant of the Court of Domestic Relations, Dayton, Ohio.

C. O. MCCORMICK, M.D., is one of the leading obstetricians in Indiana and a member of the Board of Directors of the Indiana Birth Control League.

PAUL POPENOE is secretary of the Human Betterment Foundation, Pasadena, and general director of the Institute of Family Relations, Los Angeles.

TYPE OF PATIENTS

The general type of patients may be divided into two groups:

1. Those patients who have been referred by a physician, or medical agency because of serious physical handicap, which makes further pregnancies unwise.

2. Mothers of large families in which the income is less than that which has been set as marginal by such standards as have been evolved by the Children's Bureau of the U. S. Department of Labor.

Of the first 132 applicants accepted for examination and instruction by clinic, fifty-five 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, twenty-eight had from \$20 to 30 with from 1 to 11 children, and the remaining twenty-nine 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.

NUMBER OF PATIENTS

The total number of patients accepted during the first twelve months of operation was 222. This figure compares very favorably with, and in a few instances surpasses, the number of patients treated in clinics over the same amount of time, in other cities of approximately the same size as Providence. In addition to these 222 new patients, 158 returned for follow-up visits, at the request of the

physician, indicating that the instruction given is being followed satisfactorily.

In addition to small parlor meetings for the purpose of discussing the latest developments in birth control work, the Rhode Island League will hold its annual luncheon on Friday, November 4th, at the Hotel Biltmore, Providence. The meeting will be open to the public. The principal speaker will be Dr. Ira S. Wile of New York City. Dr. Arthur H. Bradford, D.D., pastor of the Central Congregational Church of Providence and one of the city's foremost ministers, will preside at the luncheon.

News Notes

INTERNATIONAL

THE Third International Congress of Eugenics was held in New York City at the American Museum of Natural History, August 21-23. Over seventy-five papers were presented, covering many aspects of the subject. The high light of the congress, from the birth control point of view, was the address *Birth Selection vs. Birth Control* by Henry Fairfield Osborn, honorary president. Comments on and criticism of Dr. Osborn's thesis by prominent scientists and sociologists are given in this issue. Dr. H. J. Muller's paper *The Dominance of Economics over Eugenics*, pertinent to this discussion, is also printed in this issue. Further articles will appear within the next few months.

This congress was followed by the Sixth International Congress of Genetics, held at Cornell University, Ithaca, August 24-31.

Another international gathering, the Fifth Congress of the World League for Sexual Reform on a Scientific Basis, was held in Brno, Czechoslovakia, September 20-26. According to the preliminary program, qualitative and quantitative Birth Control, Population Problems, Marriage Reform, Sexual Education and Prostitution were fully discussed. The chief points of the League's policy are:

1 Political, economic and sexual equality of men and women

2 The liberation of marriage (and especially divorce) from the present Church and State tyranny

3 Birth Control, so that procreation may be undertaken only deliberately, and with a due sense of responsibility

4 Race betterment by the application of the knowledge of Eugenics

5 Protection of the unmarried mother and the illegitimate child

Dr. Norman Haire, Dr. Magnus Hirschfeld, Dr. Helene Stocker, Dr. J. H. Leunbach, Dr. Max Hodann, Mrs. Edith How-Martyn, Dr. Abraham Stone, are some of the people well known in the birth control movement who participated. Further details of this congress will be given in the November issue.

UNITED STATES

THE National Medical Association, an organization of Negro physicians, surgeons, dentists and pharmacists, invited Dr. Eric M. Matsner to speak on *Contraceptive Technique* at their annual congress in Washington on August 17th.

AFRICA

BIRTH Control has taken a firm foothold in Africa. The South African Association for the Advancement of Science, meeting at Durban on July 8, passed this resolution:

"That this Association is convinced that the establishment of birth control clinics, where sound information could be given on hygienic methods of birth control should become a recognized means of social reform in rural as well as in urban areas."

Clinics are now operating in Johannesburg, Cape Town and Pretoria.

ENGLAND

THE progress of the Society for Constructive Birth Control continues. The president, Dr. Marie Stopes, had a tremendous ovation at Leeds,

the big industrial Yorkshire city, where, according to the local press, hundreds were turned away from the overcrowded hall. At the summer luncheon of the Society, the principal speaker was Dr Percy Dearmer, Canon of Westminster Abbey. A great meeting at Bolton, a Lancashire city where Catholic opposition made a previous meeting a pandemonium, marked another success.

HOLLAND

THE Aletta Jacobs House in Amsterdam, the first birth control clinic in operation since Dr Rutgers closed his Rotterdam clinic before the war, has been running for a year. From the date of its opening, September 21st, 1931 to June, 1932 it has cared for 2,280 patients. Most of them are drawn from the middle and lower economic groups. Classification according to advice sought is as follows:

Pre-marital information	6%
Birth control advice	71%
Sterility in marriage	5%
Gynecological questions, venereal diseases, diagnosis of pregnancy and abortion	18%
(No abortion is permitted by law)	

From Dr J Sanders, Rotterdam

SPAIN

IN Republican Spain, under the new constitution, a great step forward has been registered in the matter of social hygiene. Before the revolution, when Spain was under the rigid control of the Catholic Church, no propaganda for birth control was permitted and no sale of contraceptives tolerated. The practice of birth control was not only a sin, under religious law, but a crime under the criminal code. Now both practice and propaganda for birth control are perfectly legal, the newspapers carry advertisements of contraceptives and the drug stores sell them.

In an interview with one of the three women deputies in the *Cortes*, I was told that birth control is now left to the discretion of the individual. The state takes no position. No birth control clinics had been opened as yet, and this particular deputy did not know what the government's attitude toward such an enterprise would be. She thought someone ought to try it out, and ventured the opinion that, while birth control was permitted, it was not much practiced, and that the Spanish birth-rate was not registering any alarming drop. In fact, as one travels through the country one

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BIRTH CONTROL REVIEW

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*Deceased

is impressed by the hordes of children everywhere, just as in France one is impressed by the absence of children. The deputy further stated that abortion was still a crime under the law of the Republic, and that most of the legal grounds for divorce involved the guilt of one of the parties. There was no divorce by mutual consent or because of incompatibility, etc.

Throughout Spain it is apparent that a new interest in sex problems has been aroused, publishers advertise a good deal of literature about the psychology and psychopathy of sex. With the recognition of women's rights, involved in the vote and so forth, a keener interest has developed in the intricacies and depths of sex relationships.

From Henry G Alsberg

"Birth Selection vs. Birth Control"

(Continued from page 235)

controlled birthrate may mean eight children in some families and none in others

What Dr Osborn says as to the evils which birth control may bring in its train has long been recognized by thoughtful students. Every great change in human habits brings evil as well as good. The changes due to birth control—or birth selection if you choose—will be among the most revolutionary in the whole history of mankind. Both the evil and the good will doubtless take many forms which we do not now anticipate. Just how the two compare in amount no man can tell. But even if evil is now in the ascendant, which I do not believe, we cannot rid the world of birth control. The only things that we can do are either throw up our hands in despair, try vainly to check the spread of birth control, or find out how to make it our useful servant. One way to make it useful is to spread it among the people who most need it as widely as it is now spread among the people who least need it. Another is to teach those of our young people who are socially adequate that there is no higher social responsibility than the proper regulation of births, so that the right people will have many children and the wrong people few. And this, I take it, is what Dr Osborn, the *BIRTH CONTROL REVIEW*, and the thousands of people who believe in eugenics all aim at.

ELLSWORTH HUNTINGTON,
Yale University

OF COURSE birth control has its dangers—so has every form of human control over the conditions of life. They are all dangerous unless we learn to use them aright. Birth control is also "unnatural," but just in the same sense that civilization, of which it has become an integral part, is unnatural. It is too late in the day to "return to nature"—we can't even if we would, and who really wants to? The road along which human beings strive is natural to human beings—that is the road along which we must go and that is the road along which we must use intelligent control.

R M MACIVER,
Columbia University

BIRTH CONTROL is not primarily designed to prevent the overpopulation of the dysgenic, but is, rather, primarily in the interest of the individual.

The use of the word "birth control" in the sense

of it being in danger of limiting the fittest and becoming dysgenic, is a subtle four term fallacy. One must differentiate between birth control as it is actually practiced irrespective of propagandists or "antipropagandists," and birth control in its original sense involving the idea as to whether it should or should not be used altogether. Dr Osborn talks as if one could, at a stroke, institute or eliminate birth control. As a matter of fact, that question does not come up at all, it is simply a question of whether the methods which are commonly known and commonly used among those whom Dr Osborn would call the fittest, should be disseminated to a group in which such knowledge is not known and which includes a large number of those whom Dr Osborn would call the unfit.

The use of the word "unnatural" in designating the birth control movement begs the question. In the same sense, all civilization is unnatural and such a means of selection is no more or less unnatural than any other means of selection.

The statement that woman's share in the hard struggle for the existence of the race is a very essential element in the advance of woman-kind, smacks obviously of the old biblical argument. I do not think anyone doubts woman's willingness to assume her share in the struggle for the existence of the race, nor do very many people doubt that that share would be increased rather than diminished by the removal of interminable childbearing.

Finally, the statement that birth control threatens the upward ascent and evolution of the human race has, in my estimation, neither a theoretical nor a historical, phenomenological basis.

MAX D MAYER, M D
New York City

WHAT might be a matter of concern to Dr Osborn is not birth control (the obligation of which nobody questions, not even the Catholic Church) but the indiscriminate promulgation of contraceptive techniques, and the possibilities of their indiscriminate and haphazard and disorganizing use. Contraceptives may give a false security and offer possible interference with a kind of naivety and surrender, in an undisturbed and uncomplicated act of affection or mutual gratification. Where it becomes perhaps so definitely a mere act of gratification without further thought of responsibility, its further implications, such as affection

and marital devotion and possibility of the ultimate goal of pregnancy, drop into the background. If these were the considerations of the speaker, those of us who want to-day freedom for the physician from having to resort to bootlegging, could sympathize with his concern, and do our share in making unnecessary or counterbalancing misleading types of propaganda.

When our biologists and anthropologists and natural history museums add, or help us add, to the prehistoric exhibits constructively helpful exhibits of historical developments—good, bad and indifferent—and other exhibits of present-day social conditions and problems and their effects on human nature, we may get a step further in making even birth selection a natural urge for the average man, not only in eugenics conferences but also in moments of emotional exaltation and passionate feeling.

Birth control by contraception can no longer be prohibited. It had best be guided and for this it will be best to remember all that President Osborn said, not in a negative but in a constructive way. Liberalization must not become a danger to society at large, and threaten rather than insure an upward ascent and evolution of the human race. This is a transition period from regulation by fear and ignorance, with much blundering, and there is great need of work not only in liberalization but in guidance of the immature and cultivation of individual and social control. Such standards should be substituted for "liberty" based on the blind acceptance of questionable sex theories and sex-pathologies, and fears of conflicts and pathological instead of normal repressions. Much work is needed and its results will include what President Osborn to-day finds lacking.

ADOLF MEYER,
Johns Hopkins University

WHILE I am heartily in favor of and have worked actively for recognition of birth control, I believe that Dr Osborn's criticisms are pertinent and fully justified. The lack of racial responsibility is one of the greatest menaces of our present civilization. The proponents of birth control have often lacked this sense of responsibility. In order that birth control may not be discredited, I am anxious that this sense of responsibility be quickly developed.

ARTHUR E MORGAN,
President, Antioch College

THE charge against birth control that it is "unnatural" is an ancient canard that has been spread about countless things which the individual happened to dislike, and against which he could find no more reasonable complaint. Man's desire for a better life has led to his ingenious devices of central heating, plumbing, skyscrapers, schools, airplanes, etc.—and to birth control. From another angle it may reasonably be contended that nothing which men ardently desire and consistently pursue is to be considered as unnatural to the requirements of man's own nature. The novelty today is not birth control, but the attempt to develop more precise and pleasing methods of doing what human beings have always sought, and doubtless will always seek, to do. It is difficult to conceive of eugenics without its handmaiden, birth control, and it is possible to advance far more devastating arguments against the presumptions of eugenics than against the lesser claims of birth control, it would seem that eugenists might well apply themselves to developing a method of contraception which would require even less of foresight and determination and money (') than present methods require.

Dr Osborn's statement that "women's share in the hard struggle for the existence of the race is a very essential element in the advance of womankind" has to me no meaning whatever. The advance of womankind has surely not been founded upon the process of having a baby. This biological burden is the same for the twentieth century woman as for the earliest woman in the first jungle; medical advances have made conditions somewhat pleasanter, but the burden remains. Women have not "advanced" because they bore children, but in despite of bearing children, they have advanced because of the *other* things they have done, outside the breeding process, among them the development of a science of child-care and an appreciation of the values of child-life which would have been quite impossible had they borne children steadily through the years of fertility. The attention given to children today, the careful study of development and the opportunities provided for the modern child, grow largely out of the scarcity values now attaching to children. Men must still earn their bread by the sweat of their brow, and women must earn theirs in the same way, in addition women must still obey the injunction to bring forth children, nevertheless it is our modern belief that all forms of

labor may be lightened, and many of them may be lessened, including childbearing, to the advantage of our mutual living

Eugenics and birth control are founded upon the assumption that man can at least in part shape his own destiny, and that life may be lived upon a conscious, controlled basis rather than upon an instinctive one. This assumption may be erroneous, but it holds today much of our fondest hopes, while the logic of this common assumption would seem to make eugenics not the opponent but the friendly guide of the birth control movement

LORINE PRUETTE,
New York City

THE distinguished palaeontologist, Prof Henry Fairfield Osborn, has just brought forward another pseudo-problem, based solely upon verbalism—quite as artificial and meaningless as his celebrated denial that Man is a descendant of the Miocene Apes. Now he asks “Is birth control the best means of checking overpopulation, or [italics mine] is birth selection aided by birth control the better means?”

Why the “or”? Why not utilize both, as is advocated by all exponents of birth control?

“Birth selection,” Osborn tells us, “is directly in the order of the Darwin-Spencer law of the survival of the fittest.” Well, so is “birth control,” which is merely a complementary form of improving the race by limiting the number of births per family to the capacity of the parents to nurture the children brought into this artificial man-made economic and cultural environment.

“Birth selection,” says Dr Osborn, “is known as ‘positive’ eugenics, of which eugenically administered birth control should be only a subsidiary ‘negative’ principle.”

Why the “only”?

As a matter of fact, if any distinction is to be made, what Dr Osborn calls “birth control” is really the positive eugenic factor, and “eugenic selection” a quite subsidiary, relatively unimportant program of racial betterment. His “positive eugenics” has no urgent biological or sociological “drive” behind its principle which is laudable enough, so far as it goes.

“Negative eugenics” (birth control) becomes positive eugenics by “diminishing breeding and offspring among the dysgenic element.” The “eugenic element” always has taken and always will take care of itself, in accordance with “the Darwin-Spencer law of the survival of the fittest.”

Osborn, after much literary effort and mere phrase-making, leaves the question just where it was before his “contribution” appeared, by saying “The only permanent remedy is the improvement and uplift of the character of the human race through prolonged and intelligent and humane birth selection aided by humane birth control.”

Well, isn’t this exactly what advocates of birth control have all along recommended? Osborn offers nothing new on the subject—unless it be a New Snobbery which determines arbitrarily which of us, according to a standard of its own, are dysgenic and which eugenic elements of the population!

MAYNARD SHIPLEY,
President, Science League of America

IT SEEMS to me that Professor Osborn’s position is perfectly fair, and that birth control must be able to stand such open scientific discussion. He has pointed out certain phases of the problem that are very important, and that must be seriously considered in order to avoid racial harm.

CHARLES R. STOCKARD,
Cornell Medical School

I DO NOT believe there is any scientific justification for the advocacy of birth control as a measure of population limitation except in the case of countries like Japan, where it can be proved that population is pressing heavily on natural resources. In some instances, population growth ought doubtless to be encouraged. I do not believe geneticists know enough about innate characteristics to be able to assert, as Dr Osborn does, that birth control may be dysgenic by eliminating the “fittest.” Not until environmental conditions are generally improved and made substantially equal will such certainty be possible. Even then, the question of fitness to survive is likely to be overshadowed by considerations of social desirability in human breeding. I believe birth control is of definite, demonstrable value in promoting maternal hygiene and preventing the birth of individuals who, it is known in advance, will be physically handicapped. Dr Osborn is profoundly in error in his assertion that we should not interfere with the “order of nature.” Man is a part of nature, his mind and his devices, both mechanical and social, are a part of nature, and human evolution depends on use of all his faculties in an intelligent way, not on obscurantist refusal to attempt measures of control.

GEORGE SOULE,
Editor New Republic

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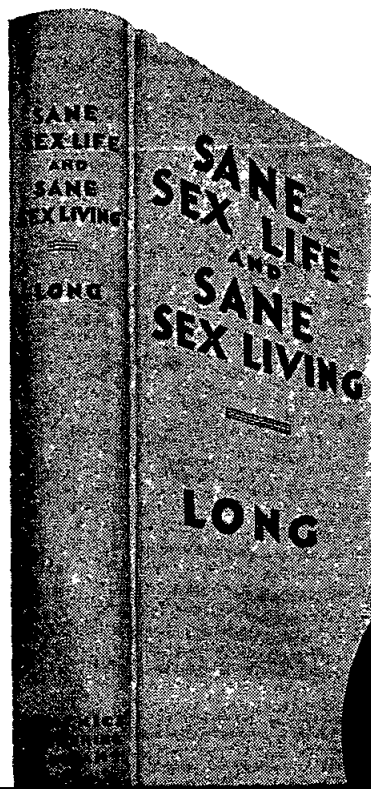
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