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BIRTH CONTROL REVIEW

Birth Control in Russia

Hannah M. Stone, M. D.

The Legal Status of Contraception

Louise Stevens Bryant

The Future of the Birth Control Clinic

Rachelle S. Yarros, M. D.

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The negative aspects of control are numerically most important, continuously affecting the vast majority of persons of childbearing age. Involuntary sterility also has its quantitative aspects, in view of its apparently high incidence, variously estimated as from one in six to one in ten marriages. Practically, fertility and sterility studies are interdependent, as both terms are relative, and findings from one direction have bearing on the other.

LOUISE STEVENS BRYANT

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Birth Control Review

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PRESENT DAY economic pressure is focusing attention on population problems and is, in some measure, responsible for the downward trend in the birth rate observable throughout the civilized world. In the United States, from 1915 to 1932, the decrease amounted to an average of two per cent per year. All comments on the decline in the birth rate, whether favorable or not, list the dissemination of birth control knowledge and its growing practice as one of the major causes. The conscious regulation of population is no longer an academic theory.

THIS is clearly recognized by Governor James R. Beverley of Porto Rico, who has the honor of being the first government official of rank to see the relation between overpopulation and economic distress. In his first annual report to Secretary of War Patrick J. Hurley, he points out that Porto Rico has had a net increase in population of 20 per thousand during the past year, bringing the total to 1,599,142, or 465.5 to the square mile. "Conditions demonstrate," the report continues, "that this population is too large for the area which is and always must remain largely agricultural. Organization of agriculture, encouragement of industries and vocational training can help to alleviate the situation, but they will never be sufficient to

raise the standard of living to a satisfactory point with the present density of population." The development of industries, old and new, large scale emigration and, in particular, a decrease in the birth rate are urged as remedies. Failure to check the further additions to the population must inevitably result in greater distress and poverty. As was to be expected, Governor Beverley's thoughtful analysis and courageous statement of Porto Rican conditions was met with hysterical comment in the Catholic press. In addition, the National Catholic Alumni Federation filed an official protest with President Hoover suggesting that if Governor Beverley "has so little sense of propriety, he is not the proper person to be a Governor of Porto Rico." The communication was filled with flagrant misstatements such as "Practically every moral agency and every religious sect in this country has stamped such practice as immoral and contrary to natural law. Moreover, the best medical authorities are strongly opposed to it." The errors in fact are easily refuted. The Federal Council of Churches of Christ in America, the American Unitarian Association, the Universalist General Convention, the Central Conference of American Rabbis may be named as some of the largest religious bodies which have given the principle of birth control moral support and endorsement. Regional and local religious groups, too numerous to mention, have also gone on record in its favor. As to the statement that "the best medical authorities are strongly opposed to it," birth control is increasingly recognized as a part of preventive medicine. Medical organizations such as the New York Academy of Medicine and the Connecticut State Medical Society, and numerous county medical societies throughout the country, have given birth control recognition and support. The personnel of the National Committee on Maternal Health, Inc., as well as that of the various medical advisory boards of birth control organizations leaves no doubt as to the quality of the medical opinion supporting birth control.

BUT the coercive attitude of the National Catholic Alumni Federation protest is far more serious, threatening as it does the American principle of freedom of opinion and the separation of church and state. The devious arguments of the Catholic Church on the subject of birth control are too well known to call for comment. In the Catholic magazine hopefully called "*America*" we find an unusual assortment the best of which, perhaps, concerns the hurricane that visited the island following the Governor's statement. True, the editorial grants that the hurricane was a coincidence, but one which the Governor failed to take into account as a method of reducing the population. Thus is statesmanship brought to naught by an act of God. It would seem that even the Catholic Church could get small comfort out of arbitrary hurricanes, but its apologists find sermons in stones, books in the running brooks and good in everything. Everything but humble common sense, and the fortitude to believe in and observe that freedom of conscience and thought by which the world has escaped from its darker superstitions. The tragedy of the Catholic position on birth control, for communicants and non-communicants alike, is not Catholic doctrine, but Catholic truculence, as revealed by its spiritual intolerance. For whereas no one is attempting to coerce Catholics to use birth control contrary to their principles, precisely the reverse holds true for the attitude of the Church toward non-communicants. The policy of the Church is a confession of fear if not defeat, for it has failed to stem the tide of enlightenment both within and without its confines, and in desperation it asks the government to force the citizenry into conformity with its prejudices. The real issue centers in the Catholic disregard of the principle of freedom of conscience upon which the country was, supposedly, founded. The logic seems clear. If birth control is an economic or a health question, its advocacy or condemnation lies wholly outside the province of the Catholic Church, or that of any other denomination. If it is a moral issue, or—let us say—in so far as it is a moral issue, each group should embrace or repudiate the idea

according to its principles, in freedom and tolerance.

SOVIET RUSSIA, as Dr. Hannah M. Stone points out in her article in this issue, thinks of birth control neither as a solution of economic problems nor as a moral question. According to the Soviet ideology, there are more fundamental ways of wiping out poverty and dependence, and the religious approach is, of course, entirely lacking. The motives for placing scientific knowledge of birth control in the hands of every woman who wants it are purely medical. Government activity in birth control was initiated primarily to fight the menace of abortion and is carried on as part of the general program of health work for women and children.

A SIMILAR point of view was expressed in the Report issued by the Health Committee of the League of Nations, which stated that "apart from the practice of contraception for personal or economic reasons, it may be necessary to avoid pregnancy on account of the mother's own health, and in such cases it is preferable to prevent pregnancy occurring at all rather than to interrupt it" (League of Nations Publications III Health, No. C H 1060). The Catholic physicians of England took exception to the Report, when issued, on the grounds that the subject is a moral not a medical one. (See REVIEW, July, 1932.) According to an October 1st Associated Press release from Geneva, the Irish, Italian and Polish delegations to the League of Nations Assembly Commission have protested against the above quoted Health Report. It is a weird merry-go-round. Medical, economic or moral, from whatever angle birth control is approached, groups of Catholics object and protest. The time is surely ripe for a dispassionate understanding of the facts. Birth control is a piece of medical knowledge to be used by and for those who need it, whether personally or for the good of the country or the race. Let those men and women who object to it on moral grounds observe, to the utmost, the dictates of their conscience, allowing their neighbors, at the same time, complete freedom to do likewise.

Birth Control in Russia

By HANNAH M STONE, M.D

IN STUDYING the question of birth control in Russia, I was particularly interested to find out the general and official policy towards birth control there, and the concrete advances made in the scientific and technical aspects of contraception. I wanted to learn both the theoretical and the practical status of birth control in Russia today.

Until one realizes the basis of the Russian birth control policy, one is apt to feel that there is a distinct contradiction between their theory and their practice. One is told, for instance, that Russia is definitely opposed to any birth control propaganda, yet one meets with an indirect and even direct propaganda in many places. Doctors, nurses and social workers frequently urge women to obtain birth control advice. Officially the principle seems to be that "the request for contraceptives must be made by the woman herself, the physician shall not persuade her to use them except in cases where they are indicated on medical grounds," yet one finds placards and other material in gynecological and obstetrical clinics describing contraceptive measures and advising the women to apply to the physician for information. There is no organized birth control movement in Russia in the sense that there are birth control movements in America and some European countries, yet there is greater freedom in the discussion and the dissemination of birth control there than in any other country in the world.

Why this inconsistency? It is due partly, no doubt, to the fact that theory and practice do not always coincide, even under the controlled conditions of a communistic regime, and partly to the fact that the theoretical approach of Russia towards birth control differs materially from that of birth control advocates in other countries. In the United States, for instance, the birth control movement is based to a large extent upon the assumption that the restriction of the number of births will be a means of eliminating poverty and abolishing social distress and inequalities. The Russians will not accept this viewpoint. They do not concern themselves at present with the question of overpopulation as a social problem. They are opposed to the Neo-Malthusian viewpoint, and they believe that social equality can only be at-

tained by a complete reconstruction of the social system along communist lines. Hence, they are not interested in the advocacy of birth control as a social measure, and they are indifferent to birth control propaganda as a means of improving economic conditions.

It must of course be remembered, in this connection, that Russia is a vast country, that it is an economically expanding country, that it still has enormous resources to develop and to exploit, and that it is just now awakening from an age-old industrial dormancy. Russia now employs all the workers she has, and she can employ a very much greater number. There is therefore a very evident reason why Russia should not foster family limitation as such, and why Russia should, for the present at least, be opposed to any large scale birth control propaganda.

Nevertheless, Russia is interested in birth control, very much so, and there is very active birth control work going on there. But this interest emanates not from economic and social motives, but from quite a different consideration—the needs and requirements of the individual woman.

The basis of the birth control policy in Russia is two-fold. First, it hinges on the conviction that every woman is entitled to regulate and control the number of pregnancies she is willing to undertake. And secondly, the Russians have come to recognize that birth control is their most potent weapon in their struggle against abortions. Dr. Lebjedewa,* one of the leading Russian physicians in the work for the protection of the mother and child, clearly expressed these two points of view in the following statement: "One of the functions of our consultation centers for women should be to give medical advice on birth control. Otherwise we shall not be able to give a period of rest to the women after delivery and we shall be unable to fight abortions, which are increasing at present and which are a widespread menace to the health of women. Motherhood must be conscious and must not depend upon blind chance." This clearly represents the Russian viewpoint, and it is on this

*See Dr. Lebjedewa's article *Soviet Russia Fights Abortion*, *BIRTH CONTROL REVIEW*, May, 1931—*Editor's Note*

basis, the needs of the individual woman, that the birth control work in Russia has been organized

When woman become emancipated in Russia and gained her full freedom and equality, one of the first changes she tried to bring about was her liberation from unwanted pregnancies. Birth control was hardly known or considered as a general measure at that time. Artificial interruptions of pregnancies, on the other hand, were very prevalent, in spite of the fact that, as in every other country, these were legally prohibited and highly penalized. The new government, because of the insistence of the women, and because it was recognized that restrictive legal measures do not prevent women from resorting to abortions, decided upon a most revolutionary policy and removed all legal prohibitions from this operation. It was provided, however, that all abortions must be performed officially, in hospitals, under complete hygienic and sanitary conditions.

While this legalization and hospitalization resulted in the reduction of the serious complications which often follow such operations, it led to a very large increase in the number of abortions, which soon taxed the capacities of the available hospitals. The Russian physicians were brought to the realization that in order to cope with this problem of unwanted pregnancies, they had to find a more fundamental and constructive solution, and that in order to diminish the number of abortions, it was essential that birth control knowledge should be widely disseminated to the entire population. A government prospectus to physicians which deals with contraceptive methods begins as follows: "The increasing number of abortions and the bad effects which are due to this, even when performed under the most favorable conditions, make the problem of the dissemination of contraceptive information an important one at the present time. Furthermore, not only the social conditions which are the main reasons for the widespread resort to abortion, but also a number of various ailments demand the application of contraceptive methods on medical grounds." These are the points most often stressed in the Russian literature on the subject. Clearly, then, the approach to birth control in Russia is neither from the point of view of population pressure nor from that of general national social and economic conditions, but rather from the point of view of the medical, eugenic and the social needs of the individual woman.

Contraceptive advice is given in the various

gynecological clinics, especially in those that deal with the prenatal care of women. In the larger cities about 70 per cent of all the pregnant women pass through these prenatal clinics. In Moscow there are at present, in addition, a number of centers devoted exclusively to birth control work. The plan is to increase these clinics and to open similar ones in other cities. In the various clinics, there are posters which picture and describe contraceptive methods, but it is of interest to note that these posters stress the point that only the physician can determine which one of the methods is most suitable for the individual patient. Advice on contraception is given *by physicians only*. The Russians feel, as we do here, that the methods prescribed must be individualized, according to the medical and social needs of the patient.

As for the technical and scientific accomplishments in contraceptive methods in Russia, I had an opportunity to discuss this question in detail with some of the leading physicians in the birth control field in Moscow and Leningrad, and personally to observe the work and procedure in a number of clinics. In general, I would say that the methods employed in Russia are rather similar in principle to those which are being advised in the clinics in Europe and America. They are perhaps handicapped by a lack of manufacturing facilities and therefore cannot avail themselves fully of the advances which have been made both in their own country and elsewhere. This, however, is but a temporary situation, and as soon as general conditions improve there can be but little doubt that the technical means and methods of contraception will also be improved.

Russia's most significant accomplishment in scientific contraception is, in my opinion, the establishment of the Central Scientific Committee for the Study of Contraceptives. This Committee was organized as early as 1923, soon after Russia recognized the need and value of birth control. It is composed of many scientists of note, and its object is to study the contraceptives which are being employed and to further research and experimentation in the development of new methods. Of particular importance in this connection is the fact that no contraceptive can be put up for sale in Russia unless it has been authorized and approved by this Scientific Committee. Anyone acquainted with the growing menace of commercialization of contraceptives in every other country will at once realize the tremendous value of such official and scientific

control over the manufacture and sale of contraceptive products

Several methods are at present being developed in Russia which seem to hold some promise for the future, but they are still in the experimental stage and cannot be definitely evaluated

Coming to Russia from America and Europe,

where birth control is still considered a taboo topic in so many quarters and where even scientific research is still hindered by antiquated and irrational legal statutes, one finds the sane and realistic manner with which the Russians are facing the question a refreshing and stimulating experience, and an earnest of further progress

The Legal Status of Contraception

By LOUISE STEVENS BRYANT

Excerpt from the forthcoming Survey and Report on "Medical Aspects of Human Fertility" by the National Committee on Maternal Health, Inc

MEDICAL practice in the control of conception by contraception is not prohibited, though it is hampered by various national and state laws which class articles for and information about the prevention of conception as "obscene matter" and therefore not acceptable for common distribution. Control by sterilization on the other hand is not only not hampered, but it is promoted by statutes in twenty-seven states

The table on the following page gives a summary of the legal status by states. Careful study of the texts of the laws, their history and such informal interpretation as has been made of them, makes possible several significant observations as to their practical application for physicians

1 The United States laws do not forbid the practice of contraception by any one. In this way they resemble the laws in regard to alcohol, the drinking of which is not a crime, but only its manufacture, transportation and sale

The only state law which prohibits the use of contraceptives is that of Connecticut, where, characteristically enough, no prohibition is made of their manufacture, advertisement or sale. Elsewhere, the state laws deal exclusively with traffic in materials, especially their advertisement or exhibition

2 Only the United States Postal Law prohibits the giving of information as to how conception may be prevented and this refers to its transmission by mail (See U S C 334, Title 18, Ch 8)

No other law, national or state, mentions this, nor refers to anything that can be construed to mean the giving of instruction or advice or prescription by physicians for this purpose. Oral ad-

vice is not specifically prohibited anywhere, though the offering of personal service by advertisement or other notices, is forbidden in several places

3 In state laws where information is mentioned this usually refers quite plainly to advertisement of the source of materials, and not to instruction in methods

4 Nowhere is there any reference to the doctor's practice, except where this is specifically exempted from provisions prohibiting the dissemination of material for the prevention of conception

5 A majority of the state laws contain provisions directly exempting the medical profession from the prohibitions, where they are not worded so as to do this by implication

As an example of specific exceptions may be cited the following, taken from the Wyoming law: "but nothing in this Section or in the next two Sections shall be construed to affect teaching in regularly chartered medical colleges, or the publication of standard medical books, or the practice of regular practitioners of medicine, or druggists in their legitimate business" (Wyoming Compiled Statutes 1920 Ch 454 Crimes against Public Morals Sec 7200 Selling Obscene Literature, final clause)

Some states exempt only physicians, others only books or colleges, and not the practitioner. In two states artists are exempt

The New Jersey law, on the other hand, introduces its prohibitions with the phrase "Any person who, without just cause" (New Jersey compiled Statutes 1911 Crimes Ch 3, against Public Morals and Institution of Marriage)

Summary of State Laws on Birth Control and Sterilization

State	Birth Control Laws and Service				Sterilization Laws			
	Limiting Statute	Doctors Exempt (a) (b)*	State or organization for 1932	Clinics for 1932	Active in 1932	First Law	Law repealed	New Law or Agitation
1 Alabama	No	—	—	—	Yes	1923	—	—
2 Arizona	Yes	—	—	—	Yes	1929	—	—
3 Arkansas	No	—	—	Yes	No	—	—	—
4 California	Yes	—	—	Yes	Yes	1909	1913	1913
5 Colorado	Yes	(a)	—	Yes	No	—	—	—
6 Connecticut	Yes	—	Yes	Yes	Yes	1909	—	1929
7 Delaware	No	—	Yes	Yes	Yes	1923	—	1929
8 Florida	No	—	—	Yes	No	—	—	—
9 Georgia	No	—	—	Yes	No	—	—	1929
10 Idaho	Yes	(b)	—	—	Yes	1925	—	1928
11 Illinois	No	—	Yes	Yes	No	—	—	—
12 Indiana	Yes	(a)	Yes	—	Yes	1907	1921	1927 31
13 Iowa	Yes	(a)	—	—	Yes	1911	1915	1915 31
14 Kansas	Yes	(a)	—	—	Yes	1913	1917	1917
15 Kentucky	No	—	—	—	No	—	—	1929
16 Louisiana	Yes	(b)	—	—	No	—	—	—
17 Maine	Yes	—	—	—	Yes	1925	—	1929-31
18 Maryland	No	—	—	Yes	No	—	—	—
19 Massachusetts	Yes	(b)	Yes	Yes	No	—	—	—
20 Michigan	Yes	(b)	Yes	Yes	Yes	1913	1918-29	1931
21 Minnesota	Yes	(a)	Yes	Yes	Yes	1925	—	1929
22 Mississippi	Yes	—	—	—	Yes	1928	—	—
23 Missouri	Yes	(a)	Yes	Yes	No	—	—	1929
24 Montana	Yes	—	—	—	Yes	1923	—	—
25 Nebraska	Yes	(a)	—	—	Yes	1915	1929	1929
26 Nevada	Yes	(a)	—	—	No	1911	1918	—
27 New Hampshire	No	—	—	—	Yes	1917	—	1921 29
28 New Jersey	Yes	(b)	Yes	Yes	No	1911	1913	1929
29 New Mexico	No	—	—	—	No	—	—	—
30 New York	Yes	(a)	Yes	Yes	No	1912	1918-20	1929-30
31 North Carolina	No	—	—	Yes	Yes	1929	—	—
32 North Dakota	No	—	—	—	Yes	1913	—	1927
33 Ohio	Yes	(a)	—	Yes	No	—	—	1929 31
34 Oklahoma	No	—	—	—	Yes	1931	—	—
35 Oregon	No	—	—	—	Yes	1913	1913	1917 25
36 Pennsylvania	Yes	(b)	Yes	Yes	No	—	—	1905 31
37 Rhode Island	No	—	Yes	Yes	No	—	—	—
38 South Carolina	No	—	—	—	No	—	—	—
39 South Dakota	No	—	—	—	Yes	1917	—	1925
40 Tennessee	No	—	—	—	No	—	—	1931
41 Texas	No	—	—	—	No	—	—	1929 31
42 Utah	No	—	—	—	Yes	1925	—	1929
43 Vermont	No	—	—	—	Yes	1931	—	—
44 Virginia	No	—	Yes	Yes	Yes	1924	—	—
45 Washington	Yes	—	—	Yes	Yes	1909	1912	1929
46 West Virginia	No	—	—	Yes	Yes	1929	—	—
47 Wisconsin	No	—	—	—	Yes	1913	—	1931
48 Wyoming	No	(a)	—	—	No	—	—	—
49 Dis of Columbia	No	—	—	—	No	—	—	—

*(a) Specified exemption statute contains special mention of doctors, druggists, books or medical colleges
 (b) Implied exemption of doctors statute does not apply, because it refers to advertisement, publication, sale, etc
 Doctors are free to give oral advice in all states, even where statutes are ambiguously worded doctors have been exempted

Several laws without specified exemptions, however, are so worded as to exclude physicians, for example the Louisiana and Maine laws which mention "secret drugs or nostrums" and medicines for the "cure of chronic female complaints," or the California law which applies to advertisement of medicine or service

6 The actual experience in application of these laws show that they are, if not unenforceable, for the most part unenforced, even against laymen. We are aware of extremely few cases where physicians have been involved at all, and in these few, the interpretations of the laws in higher courts have been constantly in the doctor's favor

The fact that medical texts are allowed to circulate, and supplies as well, shows a passive disregard of the law on the part of officials, so far as it might affect physicians

However, no doctor cares to be arrested and brought to court for the violation of a law, even though he may know that he will be acquitted. The presence of unenforced laws on the books is a standing menace to the peace of society, as intimidation and the threat of blackmail are invited. The doctor is placed in an undignified position

The New York law is especially unfortunate in this particular, as medical practice is exempted only by implication, and in a separate section from the original prohibition, and the Medical Practice Act of 1926 fails to include reference to the Exemption, while stipulating that violation of the first section forfeits license

As an example of how complicated the precise interpretation of certain of these laws can be, the reader is referred to the discussion of the Massachusetts law published in the *New England Journal of Medicine*, January 23 and December 11, 1930, to an article on the New York and Federal laws by Wilham J. McWilliams published in the *BIRTH CONTROL REVIEW*, February, 1930, and reprinted in pamphlet form by the National Committee on Maternal Health, to a survey of some legislative aspects of the problem in the *Harvard Law Review*, February, 1932

7 Finally, the growing number of clinic services in this country is the effective answer to the questions of the legal status of contraception as part of preventive medicine. Some clinics are supported with help from public funds. Some are in states where the prohibitory law is strict and where there is no specified exemption for physicians, as in Pennsylvania

AMENDMENTS

Unsuccessful attempts were made to amend state laws on contraception in several states during 1929-1931, among them Colorado, Connecticut, Massachusetts, Pennsylvania and New York. Pressure for amendment is not yet sufficiently strong to overcome the dread still entertained by many legislators of this "controversial" subject

The American Birth Control League in 1927 made an attempt to have a bill introduced in Congress amending the Federal Penal Code on contraception, but Congress adjourned before an introducer was found. All the members of the Senate had been interviewed, as well as many members of the House, and this work paved the way for that of Mrs. Sanger's National Committee on Federal Legislation for Birth Control, which was organized in 1929. The new bill, like the earlier one promoted by the League, was known as a "doctor's bill," because it attempted to keep the distribution of information in medical hands, unlike the bill sponsored by the Voluntary Parenthood League in 1924 and 1925 which sought to remove the subject of contraception from the category of the "obscene"

The bill sponsored by the National Committee on Federal Legislation was introduced by Senator Gillette of Massachusetts in 1930, and a Hearing was held on it in February, 1931, but it was not reported out of committee. The process of amendment of these laws is slow and cumbersome, but every effort made and every Hearing held are helpful in educating both legislators and the public. In 1932 another effort by the National Committee on Federal Legislation resulted in the introduction of H. R. 11082 by Frank W. Hancock of North Carolina, and S. 4436 by Henry D. Hatfield of West Virginia. Hearings were held on these measures in May, 1932, they were reported unfavorably

The complete report of the hearings before the Senate Judiciary Sub-Committee, on S. 4436, and before the House Ways & Means Committee on H. R. 11082, is issued by the U. S. Government Printing Office and makes extremely interesting reading

STERILIZATION LAWS

While the general practice of contraception has been subject to negative control by law, sterilization of the unfit in the interest of racial improvement (an extreme form of birth control) has been

the subject of widespread and increasing state action for the past twenty-five years

Since the first law was passed in 1907 (in Indiana) legislation has been considered in forty states and passed in thirty. At present (1931) twenty-seven states have effective laws providing for the sterilization of various classes of the community who are deemed permanently unfit for parenthood, because of inherent mental defect and disease. Originally the laws applied only to inmates of institutions, but the scope is gradually being extended to include all mentally abnormal persons in and out of custodial care.

In 1927 in a notable decision handed down by Justice Holmes, the United States Supreme Court declared sterilization laws constitutional in a test case of the Virginia law. This resulted in a greatly accelerated tendency to legislative action in many states where new laws have been introduced, and old ones reconsidered, in some cases amended and applied, with renewed assurances. The decision read in part:

"We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world if, instead of waiting to execute degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The princi-

ple that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough.

"But it is said, however it might be, if this reasoning were applied generally, it fails when it is confined to the small number who are in the institutions named and is not applied to the multitude outside. It is the usual last resort of constitutional arguments to point out shortcomings of this sort. But the answer is that the law does all that is needed when it does all that it can, indicates a policy, applies it to all within the lines, and seeks to bring within the lines all similarly situated so far and so fast as its means allow. Of course so far as the operations enable those who otherwise must be kept confined to be returned to the world, and thus open the asylum to others, the equality aimed at will be more nearly reached."

By the end of 1929, in the twenty-one states reporting, 10,877 sterilizations had been performed on patients before parole from hospitals or institutions for insane or feeble-minded. The rate is increasing as the experience of one state after another becomes known and especially since the results of the California provisions were given such wide publicity. Thus in the four year period between 1925 and 1929 there were 4,252 operations, or two-thirds as many as there were in the entire eighteen years preceding.

The tendency was especially marked in states other than California, where the work has progressed to the point requiring consideration only for new admission.

The Future of the Birth Control Clinic

By RACHELLE S. YARROS, M.D.

A GREAT DEAL of progress has been made in the last fifteen or twenty years not only in the general interest in birth control problems, but also in the actual demand for contraception. While it is very difficult to estimate the exact number of people who are seeking this information, we know that the number of cases coming to the hundred odd clinics in the United States is constantly increasing. In the clinics of the Illinois Birth Control League the attendance has been doubled this past year, and this is true of many of the clinics in different parts of the country. If we add to this the millions of contraceptive articles that are sold

in the drug stores—good, bad and indifferent—as well as the large number of abortions, either self-induced or performed by professional abortionists, we can judge how great the need is for scientific birth control information. That this great demand exists is not surprising, if we consider our present economic situation and the great change that has taken place in the attitude of the younger generation towards the problems of sex and family life. There is no doubt in the minds of those who are dealing intimately either with the masses or with the younger groups that the birth control movement is here to stay.

What should be the scope of the birth control movement in the future is a question that many of us are facing. I, myself, have been convinced from the beginning that birth control is only a part of the comprehensive program of social hygiene. Most of the clinicians and those working with them will admit that birth control clinics should no longer confine themselves to the giving of contraceptive information. It is equally necessary that social hygienists recognize the fact that sex education is incomplete and unscientific unless it includes the modern philosophy of birth control. These two separate groups can no longer remain unmindful of the great need for coordinating their interests and work.

We are still suffering seriously from fear on the part of organizations dealing with these problems lest they be considered too radical if they undertake a more comprehensive and a more cooperative program. But there is such a thing as not sensing fully the requirements of modern times.

The pre-marital clinics in Europe and in this country, which have responded to some extent to the demand, have already accumulated evidence which convincingly demonstrates the need for a broader and more coordinated program of sex education, contraception, and better preparation for marriage and parenthood. The data of the Institute of Family Relations in Los Angeles, under the direction of Dr. Paul Popenoe, is illuminating. A study of 500 consecutive clients who came to the Institute during 1930 shows among other things, that "only one instance of disharmony between husband and wife was not preceded by failure to make a satisfactory sex adjustment." My own work in social hygiene education and in birth control clinics, and my experience in giving individual pre-marital information in private practice during the last twenty years, as well as my close contacts with the patients of the Illinois Social Hygiene League (which maintains one of the largest venereal disease clinics in the country), have impressed upon me the great need for a correlated and comprehensive program. While many of my colleagues have felt that the several branches of work should be carried on independently of each other, first because of the different classes of people each serves, second because each can go further when not handicapped by the other, I have been more and more firmly convinced that unless we have the foresight, the philosophy and the courage to realize that the underlying causes of many of these prob-

lems are the same and must be faced as such, we will never do effective, constructive work, whether remedial or preventive.

In the last four years, since the Social Hygiene Council united with the Illinois Social Hygiene League, we have worked in these various directions and have found that we are doing better work all along the line. Most of us have grown broader and see more clearly how important the sex problem is in the life of the individual, whether infected or well, and how dependent the solution of the problem is on the individual's preparation to meet the present economic and social conditions of life.

The Illinois Social Hygiene League venereal disease clinic formerly treated either the very poor or the low income groups, but in the last two years, as a result of the depression, it has dealt with a large number of men and women who formerly went to private physicians. We find that we are now treating practically a cross section of the community, and the observations that we have made are, therefore, significant. We have found that those who are infected have a level of education and standards of life not very different from those of non-infected groups. In the case of both men and women sex behaviour has been almost entirely based on instinctive desire, the home, the community and the school have done practically nothing through education to promote an intelligent understanding of the part that sex plays in life and the need for sublimation and redirection of the human sex instinct for better health and highest gratification. The fear of disease and the danger of possible pregnancy are not keeping many people from sex indulgences, because of the wide use of so-called protective devices obtainable from drug stores. At the same time the desire for permanent relationships on a higher basis,—with responsibilities, economic and social, as well as parenthood—remains the ideal of many of these people. Furthermore they would gladly substitute it for temporary relationships, which satisfy their desires for sex, give them an outlet and a certain amount of friendship, which all human beings crave (they particularly emphasize this), if they saw a possibility of solving the economic problem or could count definitely on postponing parenthood.

The problem of sex and its relation to the large unmarried groups, whether infected or not, must be more carefully considered. I think that we have a distinct appeal to make to them. We can point

out that with proper contraceptive information there is no longer any need for postponing the finer relationships in sex and love, that marriage does not mean the assumption of heavy economic responsibilities by the man alone, that a couple can live happily as husband and wife, and continue their individual interests and occupations until they are ready to add the responsibility of a small family, and that public opinion must learn to approve this situation rather than to condone prostitution and promiscuity because of the fear that economic independence on the part of the woman will permanently menace the home and the family.

Among the married patients, who have become infected through promiscuity, we find the same marital maladjustment in their sex relations, the same fear of pregnancy and the other economic, social and educational problems which we find among married groups generally.

Of course, there are in the clinics and in the community at large a certain number of boys, girls, men and women who are unstable in all their behaviour including sex, and perhaps, in those cases, no amount of training would give them stability in any of their relationships, or lead them to prefer permanency with the security and satisfaction that comes from the marriage relationship.

The large number of patients who come to the birth control clinics need a great deal more than mere birth control information. While it is tremendously important that the poor, the uneducated and the working classes of moderate means should regulate the number of offspring (and, in passing, I want to emphasize that experience proves that people in those groups if properly taught learn to use contraceptives as effectively as do those who are in the higher social groups) it is equally important that these patients should learn through sex education to obtain greater satisfaction in their married life, biologically, psychologically, ethically and esthetically.

The work that I have done with medical students, theological students, nurses and other professional and non-professional young people in private practice and with the Illinois Social Hygiene League clinic has brought very satisfactory results. Although most of them have done some reading on the subject, I have found personal consultation absolutely essential. In my opinion, every couple about to be married should have the chance to talk over the essential aspects of the marriage relationship with some one who has a scientific and

broad knowledge of the problems involved. Even the most excellent books only serve as a preparation for the discussion of the individual couple's needs and problems. It is also important that there be consultation at intervals after marriage.

In the pre-marital, marital and parental consultation service that the Illinois Social Hygiene League initiated last June, we have found that although most of the young couples come primarily for contraceptive information, and not for sex education for marriage, they are ready and eager to gain all the scientific knowledge that they can on the subject, once they learn that they can get definite, scientific information from the physician in charge. Almost all our patients assure us that they mean to have children. It is interesting to see how many of the intelligent young people who come to our service have a feeling that they must make a better sex adjustment if their married life is to be successful, how unaware they are of the economic and other phases that may make or break even the most perfect sex adjustment, and how readily they recognize the fact and discuss it, when it is brought home to them in the pre-marital and post-marital conferences.

Now, as to clinical developments. While we hope that more and more comprehensive services will be established, there is no doubt that for many years to come we will have to depend a good deal on many types of centers that specialize either in social hygiene, or birth control, or some phase of marital or parental information. We should not discourage even such partial efforts by doctors or clinics connected with medical institutions. I hope that in the near future most hospitals and clinics will see the necessity of supplying their patients with contraceptive information at least from the therapeutic and economic viewpoints, and learn the importance of social hygiene and sex education in relation to health. In many of the communities which have not yet taken up birth control or social hygiene work, and which still object to the term birth control, it might be possible to have clinics and do good work under such names as Clinics for Parents, Marital Advice Centers, or Family Relations Bureaus. Not the mere name, but effective work is the important thing. Most of the birth control clinics, in my opinion, should make every effort to develop a board and staff that have broader conceptions of the value of birth control and should also provide for some sex education and pre-marital information service.

The Negro Doctor's Task

By CHARLES H. GARVIN, M.D.

The Negro Number of the REVIEW, issued in June, has focussed attention on this important phase of the birth control movement and stimulated activity among Negro physicians. In the following article Dr. Garvin, prominent Negro surgeon of Cleveland, discusses the need for birth control in bettering the economic, social and racial conditions of the Negro in America.

SIXTEEN years as a practitioner of medicine among the black, the white, the high, the low, those blessed with a satisfying sufficiency of the world's goods and those cursed with a lack of them, has not altered, but rather increased my conviction that birth control instruction is vitally essential for the social, physical and economic advancement of the Negro group. One must be a doctor in a large city to appreciate the blessings of conscious motherhood and sympathize with the intolerable misery and tremendous handicaps that come from the procreation of unwanted children. In the complexities of our modern civilization, it is my opinion that every legally married woman has the inalienable right, in light of her health, happiness, the moral factors and economic circumstances and obligations in which she is involved, to utilize any physiologically sound precaution against reproduction that she deems justifiable.

The undisciplined indulgence and selfish refusal of parenthood on the part of those able to beget and rear children is, of course, not to be condoned. But indiscriminate and prolific procreation should be regarded as a social malady. The invectives against the subject have for the most part been sweeping generalities built on narrow prejudices, religious bigotry, erroneous sexual taboos, and medical misinformation.

In what racial group can one find more vindicable reasons and more fundamental social indications for selective and limited parenthood than in the Negro in America? He lives under glaring inequality of opportunity and environment, with the inevitable accompaniment of hardships. There are among us, however, many who argue that the promulgation of birth control information would decimate the group, that it promotes racial suicide. If birth control had such a mortal effect on the progress of black folk, I would be most vehement in my opposition to it. But it is recognized

as one of the most practical factors in the eugenic control of a people. A large family is not necessarily an antidote against race suicide. A high birth rate *per se* does not always ensure the perpetuation of a race. Scientific birth control instruction will certainly not mean race suicide but race preservation and advancement. My appeal is not for the reduction of America's black population, but I am vitally interested in increasing racial stamina by the reduction of the unfit. Fewer and stronger babies, high-quality, low-quantity production. Can birth control do this?

Let us examine the facts.

However desirable a high birthrate may be among Negroes, it is prodigal to bring children into the world to die before they can pass out of infancy. The birth and death "turnover" among Negroes is appalling. Few racial groups show such a high birthrate with a correspondingly tremendous and distressing infant mortality rate. The economic cost, going into millions, which accrues annually to our racial group because of its high birthrate, plus its high infant mortality, is most abasing. The wastage of human life resulting from still-births, congenital disease and malformations will sap the vitality, delay the social progress and economic qualification of any race. Infant mortality is highest among the offspring of the ignorant, the poverty stricken, the underfed and badly housed, where vice, degeneracy, crime, alcoholism and tuberculosis thrive. It increases in direct ratio to the size of the family. The depressed families are caught in a vicious circle of fecundity and penury.

The high fertility of the Negro has perhaps made us insensible and obdurate. Modern medical progress has taken out of nature's hands the "survival of the fittest." Our present-day artificial and humanitarian program permits the survival of even the weakest and the rehabilitation of the halt.

and the lame The average Negro mother must work in addition to rearing a family, and despite an inherent physiological stamina she cannot cope with frequent, oft-repeated pregnancies They handicap and shorten her life The memory of tears and suffering that I have witnessed in bringing into this world unwanted and unnecessary and often puny babies, destined to make their parents public charges and to themselves become public charges, is constantly with me It makes me support legalized birth control, as I have done these many years Contraceptive advice would have saved many of my group from a handicapped existence

There are no statistics available of the mothers who have become invalided and gone to premature graves because of criminal abortions undergone to rid themselves of undesired pregnancies It has been my observation, and I am quite certain that my medical *confreres* will concur with me, that there has been a very definite increase in the number of abortions, criminally performed, among the married

Statisticians tell us that it requires an average of three children to maintain the norm of the population It would be far better for our struggling Negro families to have two, three or even four born at spaced intervals and reared, than to have six, seven or more, born but to die A healthy race produces more wealth Our modern economic system puts a high premium on indiscreet childbearing

Show me a large Negro family and I will reveal to you a family overcome with indigence and destitution and shackled by insurmountable financial obligations The larger the Negro family the more congested will be their living quarters, the more child labor—one out of every five colored boys and one out of every nine girls is employed—the more unsanitary the environment There is no corresponding increase in the earning capacity of the family with each increase in the family, and often the earning capacity of the mother is entirely lost There results a lowering of the standard of living, a warping of attitudes, a loss of educational opportunities, and a material and moral neglect of the offspring Is there any wonder that so many Negro boys and girls are delinquent?

The reduction of the number of children through contraception is an established and acknowledged practice among the Negro professional and upper classes, those economically and socially well off A family of more than three is a rarity I can recall among my clientele only one family whose head

is a young, devout, struggling Baptist clergyman, who is the proud possessor of ten children, ranging from seventeen years down He sees in such a large family only obedience to the will of the Almighty But in general, the clergy are taking an increasingly liberal attitude on the question of birth control

It is not merely incidental that the upper classes have risen from the Negro slums It is because they have not allowed indiscriminate childbearing to fetter them Even among the Negro "untouchables" there is a growing number who are familiar with contraceptive methods But there still remains a large group urgently in need of instruction

FOR NEGRO RACE BETTERMENT

The birth control movement has been dilatory among Negroes, yet there is no field so fertile I am quite positive that the Negro physician makes no organized opposition to the proper dissemination of contraception He is not squeamish or prudish, he does not hold ideas belonging to the dark unscientific past, nor has he any well-defined moral scruples against birth control He has, along with thousands of his paler medical colleagues, been indifferent and perhaps not scientifically instructed His medical institutions have been as sluggish in the consideration of birth control methods as too many other medical schools have been Just why our two Negro medical colleges have been so reluctant to offer scientific contraceptive teaching, in face of the dysgenic practices of the Negro, is most perplexing to me

Twelve years in a large venereal disease clinic has shown me the evils of late marriages, a practice which is growing among our people Late marriage causes illicit associations, often with diseased prostitutes, fosters venereal diseases with all their dire consequences I am firm in my conviction that early marriage with reduction of thoughtless parenthood, combined with proper spacing of births would reduce infant mortality and increase the population of the race

The situation is tragic, and the responsibility of the Negro physician is clear There is need of a painstaking analysis of the effects of scientific limitation of the offspring on the health and social hygiene of the group We must set ourselves to the task of giving the Negro an enlightened attitude on the question of birth control I am convinced the effort would add immeasurably to the health, the wealth and the social felicity of the Negro group

Birth Control in China

By JOHN W NIPPS

This report of birth control progress in China, and the articles on the situation in France and England, which follow, are of particular interest in connection with Dr Stone's account of Russia's birth control program—EDITOR'S NOTE

WHO KNOWS what China's population is? Estimates vary from 300 to 450 millions, no accurate figures are available. But it does not require expert statistics to provide ample evidence that there are far more people in China today than are being provided for at any satisfactory standard of living. The waste in life and suffering in bringing millions of children into a world in which they do not have a chance even to exist—to say nothing of an opportunity to live satisfactorily—is too obvious for argument. Add to this the constant dread, anxiety and fear of still more and more children and you have something of the perennial problem facing millions of mothers and fathers in China today.

How is such a situation being faced and how can it be more adequately met? To say that it is one of the most fundamental problems in China is putting it mildly. To many of the keenest minds this is *the* fundamental question upon which all others depend.

Among the various methods of population adjustment some are deliberate and planned, others follow as the natural consequence of a drifting, wasteful, unintelligent process. Ruthless abortion, infanticide, infant mortality, famine, war take a heavy toll.

But the intelligent leaders of China are aware of this problem and many of them are planning and working to solve it. Some of them say that the introduction of modern scientific agricultural methods is the solution. Others believe that the solution lies in industrialization. They acknowledge that agriculture must be improved, but they do not believe it possible to produce enough from the soil to provide for the present and ever increasing population. Employment in industry for thousands now attempting to live on the land is absolutely essential. Modern industrial plants are being developed in the large centers and the first stage of industrialization is well under way. The third group sees some sections of the country more thinly populated and less developed than others, and insists that the problem is not one of overpopulation but one of unequal distribution. This group is giving

POPULATION GROWTH IN CHINA

Year (A D)	Million
1	60
100	50
750	50
1250	55
1300	50
1500	65
1700	160
1800	250
1850	320
1900	405
1931	450

The actual annual increase at present may be placed at not more than 2 to 3 millions on account of the high mortality rate. During 1930, the famine year, and 1931, the flood year, there was probably no actual increase.

—*Gesellschafts- und Wirtschaftsmuseum,*
Vienna, February, 1932

thought and effort to migration projects. During the past few years more than a million have moved annually from the densely populated sections of Shantung, Hopei and other Northern provinces into Manchuria.

There is still another group which, while concurring with these solutions, realizes that none of them, nor all of them combined, are able to cope with the fundamental question of overpopulation. Agricultural methods are being improved, industrial plants are being developed, migration projects carried out, without any considerable rise in the standard of living. This group believes that without some approved mechanical method of limiting and controlling the number of children born, there is no adequate answer to the population question and no possibility of improving the standard of living.

The difficulties in the way of large scale dissemination of birth control methods among the masses of peasants and industrial workers are legion, and it is here that the real problem lies. The educated and more economically able classes are finding and using methods known to similar groups throughout the world. The primary difficulty among the common people is an economic one. Not only the cost of materials used, but the lack of any conveniences in the homes constitutes a serious handicap. Even the least expensive methods known are beyond the

purchasing power of the majority of the common people. In the second place there is the traditional taboo and ignorance of sexual matters. The Confucian doctrine in regard to sex life is, in many respects, similar to the historical Christian position. The general resultant lack of sex knowledge makes the successful practice of birth control exceedingly difficult if not impossible.

Furthermore, there is the general desire for large families. This arises from two different and powerful sources. The one is theoretical and philosophic, the other practical and economic. The former comes from the religious philosophy based on ancestor worship, the latter from a desire for economic security in old age, and for an early retirement from active work in order to enjoy life before the advent of old age. To meet both these demands many sons are required.

The recent development of nationalistic aspirations has added another difficulty. In an address to a group of students in Canton during the period of Russian influence, when an extreme type of sexual freedom was developing among men and women students, Dr. Sun Yat Sen emphasized the danger of China being outnumbered by the rapidly increasing population of nearby countries, and condemned the practice of birth control, then coming into use among the students. During the height of Dr. Sun's influence, this statement was used effectively by opponents of birth control.

In addition to these difficulties peculiar to the Chinese situation, all the objections used against the practice in the West are, of course, used in China. Nevertheless, during recent years a growing interest in the subject of birth control has developed among medical men and women, among educators, writers and social workers. Many of the best books in the field written in other languages have been translated into Chinese and sold widely at book stores and newsstands. A number of leading Chinese economists and sociologists have made studies and written articles on the population question, in which they advocate birth control under medical supervision.

By 1929 groups of professional men and women were meeting in Peking and Shanghai to discuss practical methods of procedure and some clinical work was begun in both centers. In May of that year a permanent Birth Control League was officially organized in Shanghai by a group of fifty-five charter members, including the president of the government Medical College and the Red Cross

Hospital, the wife of a college president, two doctors from an American mission hospital, a sociologist in a government university, an editor of a progressive magazine and the directors of two social settlements. Two hospitals were selected as training centers for leaders, and four social settlements were designated as experimental stations for clinical work. It was feared, at the time of organization, that there might be opposition on the part of the government and party officials, but none materialized. In fact several national and municipal government officials became members of the League. Its program now needs to be developed and its work extended into other sections of China.

Anti-Birth Control Law in France

Despite the general impression about the advanced ideas and practices regarding birth control in France, drastic and obstructive laws are in operation. The following article was published in La Grande Reform, Paris, in May, 1932.

This law was presented to the Chamber of Deputies without warning on the morning of July 23rd, 1920. It was passed hurriedly by a vote of 524 against 55. Andre Berthon, Morrucci, and Professor Pinard made the only efforts to table the bill. Their intervention failed, for the Nationalist group in the Chamber was determined to suppress any modern ideas. In the words of Victor Marguerite "they threw into one bag the evil and its remedy" and condemned by the same measure abortion and the dissemination of contraceptive methods. Our readers cannot fail to note with what zeal our legislators rushed through such a conservative and reactionary law—it took just nine days for the Chamber, the Senate and the various committees to draw up, vote and pass it—compared with the time which they usually require to discuss and vote on laws regarding education, improvement of conditions of the working classes, and anything that concerns the emancipation of men and women.

TEXT OF THE LAW OF JULY 31, 1920, AGAINST ABORTION AND BIRTH CONTROL PROPAGANDA

ARTICLE I

There shall be punishable by imprisonment for six months to three years and by a fine of from 100 to 3,000 francs anyone who, be it in a

public speech, be it by the sale, by offering for sale, or by the display, even not in public, or by the exhibit, display, or distribution on public highways or in public places, or by distribution to homes, or sending under cover, or in an envelope, open or closed, by mail or any other means of distribution or transportation, offers any books, writings, printed matter, advertisements, designs, pictures or emblems

He shall have been guilty of the crime of abortion, whether this attempt shall have had effect or not

ARTICLE II

There shall be subject to the same punishments anyone who sells, exposes for sale, causes to be distributed by any means whatsoever any remedies, substances, instruments or any objects whatsoever, knowing that they are intended for committing the crime of abortion, *even if* the abortion shall not have taken place, nor attempted, and *even if* the articles, medicines, instruments or any objects suggested as means for abortion shall, in reality, be quite useless for that purpose

ARTICLE III

There shall be punishable by imprisonment for from one to six months, and by a fine of from 100 to 5,000 francs anyone who, in an attempt at birth control propaganda, shall have, by any of the means specified in Article I or II described or divulged or offered to reveal any methods to prevent pregnancy or even to facilitate the use of these methods

The same punishments shall be applicable to anyone who, by any of the means mentioned in Article 23 of the law of July 29, 1881, shall have joined in any birth control propaganda

ARTICLE IV

Subject to the same penalties are infractions of Article 32 and 36 of the law of 24th Germinal, year XI*—as long as the secret remedies are advertised, labeled or in any way designated as having any specific values for preventing pregnancy—even if the specifications as to their value are false

ARTICLE V

As long as the abortion shall have been effected as a result of acts or practices mentioned in Article II, the clauses of Article 317 of the Penal Code shall be applicable to the perpetrators of the above mentioned acts or practices

*i.e., the eleventh year after the beginning of the French Revolution in 1789

ARTICLE VI

Article 63 by the Penal Code is applicable to the crimes herein specified

ARTICLE VII

This law is applicable to Algiers and the Colonies, under conditions to be determined by the rules and regulations of public administration

We must understand that this unexampled assault on the rights of freedom of thought was committed at the instigation and under pressure of a joint delegation of Clericals and Reactionaries of the great industrialists of the North, who threatened to discontinue the Family Allowances unless the deputies would suppress birth control propaganda among their workmen. We have since seen what they have done with the Family Allowance. No one has forgotten their 10 per cent cut in wages which, throughout long months, caused so much suffering among textile workers

Birth Control in Britain

By HENRY CHELLEW

FROM the days of Bradlaugh, Annie Besant, G W Foote and the early protagonists, England has seen a fierce light beating upon the chief social problem of modern times—birth control. Today, with the demise of Mrs Grundy, we are fast approaching a condition of affairs where blushes no longer rise to the cheek when the fundamental facts of human existence are under consideration. We are able to report steady progress all along the line of effort. But reaction raises its head again and again, and much remains to be done.

We Britons are a strange people in many respects. We are the victims of Victorian stodgy morality—at least, "morality" so-called. The age of crinoline has passed, and so reaction goes to the other extreme, especially since the loss of a million men who died in a doubtful cause—if we judge by results and regarded the Great War as the war to end all warfare. In Europe, economic warfare increases in intensity every day, and we see no way out of our troubles as yet, for tariffs and tears are closely allied. We are the world's chief muddlers and trust too much to Providence or fate.

Religion, in its organized forms, is the arch enemy of the birth control movement throughout the world. Strange enough, women are the chief supporters of religion. Pedantic priests, like the

Bishop of London, armed with the wisdom of the bachelor, tell us that contraception is the signpost which points to hell. The Nonconformist conscience is another bogey in our midst, and leading divines inveigh from their pulpits against all efforts to stem the tide of unwanted children. We are told that our task is to multiply and furnish cannon fodder for the next great war—at least this is the implication of complacent pulpiteers, who seem to get more dust out of their pulpit cushions than light out of their texts. That they are out of touch with current opinion and modern thought, seldom if ever occurs to them, as they wave their venerable superstitions in our faces.

However, we are today concentrating more and more on the problem of the home, on housing and sanitation, on health and hygiene, realizing that, thus far, the home is the enduring unit of civilization. But our views on marriage are fast changing, and our ideas of the biological foundation of the home, along with its economic factors, is widening our vision daily. Our eyes are opening to the real and unalterable facts at the base of our composite existence as a nation, and our place in the scheme of things as individuals. Marriage as we have been taught to consider it is a fast declining institution in Britain, and monogamy is being attacked on all sides. Divorces are granted at the rate of 200 per month. In 1930 the marriages in England and Wales amounted to only 315,000, 15 per thousand of the population. This, by the way, is the highest record since 1921.

The number of marriages in churches is steadily declining and the shorter civil ceremony is the popular method. This shows that the *rationale* of marriage is now regarded as fundamental to the economic and biological facts which govern the home. Love is becoming rationalized in the face of the grim facts of human life. The youth of today do not enter into the bonds of matrimony blinded by the taboos of the dim and dismal past. Hence the rate of marriages is declining and the age of marriage steadily postponed. The birth rate goes lower and lower, thanks to the enlightenment broadcasted in books and voiced from platforms, as well as distributed in many other ways. The proportion of women marrying in Britain has dropped 25 per cent in sixty years. This does not mean that promiscuity is on the increase, but that knowledge arms our young people with those weapons necessary for the battle for bread. The number of so-called illegitimate births steadily declines.

Clinics for imparting birth control information are being opened in many towns, backed by funds subscribed by those who realize that in contraceptive methods we have the only way out of slumdom, slavery to sexual vices, the breeding of incompetents, and the means whereby we can find food for the rising generation and the generations yet unborn. Civilization is, after all, the story of a hungry man searching for food, and when there are too many mouths to feed round the table, the home is speedily invaded by poverty, sickness and death, and becomes the graveyard of love.

In Britain we view with gladness the efforts of those who fight for the birth control movement in America, where the problems are intensified by factors which are absent in this country. We regard such efforts in the teeth of prejudice, legal threats, ignorance and crass stupidity, as among the greatest achievements for the emancipation of women in modern times. Here as well as in America the battle is not won yet, but our banners bravely counter the adverse breeze.

The Social Worker's Weapon

By MARGARET LEE WOODBURY

ON MY first day of working for a social welfare agency last summer, I was given the case of Veronica, aged nineteen, attending the prenatal clinic. She had been found to have heart-trouble and to have had two venereal infections. She had spent a year in a woman's prison, and previous to that a year in an insane asylum. She had a mental age of ten and a nervous affection which made her tremble. Her first child, born out of wedlock, had fortunately died.

I laid down the record in despair. "Not just the person we'd choose to be having a baby just now, is it?" said my superior. "But with all that the matter with her, couldn't we get someone to do a therapeutic abortion?" I asked. The reply gladdened my heart. "Oh, I think we could. And a sterilization too."

Veronica, with thirty years of childbearing ahead of her and a mentally deficient, out-of-work husband into the bargain, would in the old days, without the merciful intervention of death, have produced some dozen or two venereally-infected and feeble-minded children,—children born trailing rags of misery and shame from the cradle to the grave. Our more enlightened humanitarianism will spare Veronica and ourselves this.

At the opposite end of the scale from Veronica among our families is Mrs. Elijah Washington, an extremely intelligent colored woman. She is expecting her seventh child, the oldest being just ten. Her husband, a waiter out of work at present, is also intelligent and is devoted to his family. The children are attractive and well brought up, the tenement is clean and neat. Mrs. Washington is making careful preparations to be confined at home. She wants to have olive oil, castile soap, and plenty of towels ready for the doctor. "But," she says, "there are too many of us as it is. That's why they have so many colds, because I haven't the money to feed them right." Thirteen dollars a week of city aid represents their whole income. In the present emergency it is all that society can spare for them.

Now, as Mrs. Washington is suffering from heart trouble, she can be sent to a doctor who will give contraceptive advice for medical reasons. Both she and her husband are intelligent and responsible enough to profit by this advice, and they are members of the Methodist Church which has taken a humane and courageous stand in favor of birth control.

Most of the mothers who come to the attention of a welfare agency such as ours, however, are not so easy to help as either Mrs. Washington or the feeble-minded Veronica. It is our policy to do what we can to preserve, when they are strong, and to strengthen, when they are weak, the ties between husband and wife, between a family and the church of their allegiance. Unless a husband and wife see eye to eye on the subject of birth control, and very often they do not, we feel it unwise to urge it. Where either has religious scruples—and the majority of our clients are Roman Catholics—we respect their faith however much we disagree with it. Where husband and wife are in accord on the subject we find that marital harmony is greatly increased by dispelling the fear of additional pregnancies.

One especially interesting case we had were the O'Briens. Mr. O'Brien, a handsome young postman, had inherited a thousand dollars and on the strength of that had married his school sweetheart, Rebecca Cohen, very much against the wishes of both families for obvious reasons. The romantic attachment of the young couple and their zest for living weathered both this opposition and the years of struggle and hardship which quickly ate up the thousand dollar legacy and all that O'Brien

could make besides. In six years there were five children, high-spirited, intelligent, the pride of both their parents. When the sixth was on the way, Rebecca came to us asking for a loan. She was greatly troubled. She had, she decided, to do something to keep her family from increasing. While she delighted in her children—and no one ever had better—she could not have any more. She was nauseated the entire time—she just had to let her husband help with the housework in the later months, and he worked hard enough without that, poor fellow. No, she had no religious objections herself, she had turned Catholic only to please him, but she hesitated to approach her husband on the subject. She would rather go on having her baby a year than run a risk of hurting the relationship between them which had compensated her for all her suffering. Not an easy matter to decide.

Nature in this case helped us. Rebecca was very ill with this sixth child, so ill that the doctor told her another baby would probably kill her. This time O'Brien himself took the responsibility in going against his religious teaching. "My wife is very important to me," he told us, "and where would our babies be without her? If any priest tells me that her life doesn't count, I'll leave the church, that's all." Faced with a conflict between two loyalties, he decided for his family. And it is a family that is worth his allegiance.

The flower of humanity, among the poor, are today reaching up towards the help that is going to save them. But what of the stubborn majority? Aside from religious prejudice, the three factors blocking our way are lack of intelligence and forethought, a happy-go-lucky temperament, and the lack of privacy of the average tenement. For all three of these reasons which often exist together, I often find myself wishing that there were some simpler method of preventing conception than that now generally prescribed.

The crying need for birth control confronts the social worker every day in the year. Moreover the present situation calls for every penny we can spare to cope with the growing mass of misery. If every family that comes to relief-giving organizations could leave its doors armed with this means of control over its own destiny, we would be doing the greatest thing in our power to prevent, not industrial depressions themselves, but the terrible and poisonous fruits of them which we must now carry for generations to come.

Book Reviews

ESSAYS ON MARRIAGE, by Frederick M Harris *Association Press, N Y 1931 \$2 00*

THE author of *Essays On Marriage*, now deceased, was formerly with the Publication Department of the Y M C A, and the book is copyrighted by the General Board of that organization. Frankly, I did not expect much from a Y M C A book on marriage. I was prepared for another dose of the sex life of the birds and flowers, but this isn't that kind of a book at all. It is an amazingly liberal and reasonably sound treatise. No ideas were too radical to receive serious and courteous treatment at the hands of the author, who was, apparently, too much of a scholar to be shocked. Even with respect to the contention that "marriage in general is a failure and that civilization ought to set itself to outgrow the archaic custom," the author urbanely concedes "that there is much to be said for this point of view."

I cannot truthfully say that I enjoyed the book. Reading serious essays on marriage is not my idea of a good time. Some of us long for another book such as *Is Sex Necessary?* Such a mood may indicate boredom, but it is to be hoped that it means only that the *Essays On Marriage* was written, not for professors, but rather for smooth-checked young Christians who are experiencing their first interest in Holy Matrimony. For them I recommend the book without qualification or reserve and only hope that Mother Church will not ultimately place it in the *Index Librorum Prohibitorum*.

The intelligent reader will, I fear, be somewhat depressed by the book. To think that in our age men must seriously argue for the right of divorce, for the right to conjugal happiness in marriage, and for birth control! Think of having to combat the assertion that birth control is "unnatural," and of having to defend the thesis that marriage should be something more than a procreative device. The very great necessity for a book of this kind fills one with an unutterable sadness.

GLENN E HOOVER

MAN AND WOMAN IN MARRIAGE, by C B S Evans, M D *Bruce Roberts, Inc, Chicago 1932*

TO REVIEW a book that ought not to have been written, much less be reviewed, is ex-

tremely difficult. At best one can say that it reads like the weak wishy-washy utterances of a well-intentioned old soul still living in the mid-Victorian era, with eyes closed to the dynamic facts of a changing world. One might easily call attention to the similarity of numerous seriously written paragraphs to statements that appear in the *New Yorker* and kindred publications. Naively written, it is even too simple for a simple book.

IRA S WILE, M D

WOMAN'S COMING OF AGE Edited by Samuel D Schmalhausen and V F Calverton *Horace Liveright, New York 1931 \$3 50*

THIS symposium consists of twenty-eight articles which present the authors' views of the changing status of woman in modern society, together with an introduction by the editors. The result is decidedly chaotic. Everything can be found, from a careful scientific presentation of the facts of an objective situation in which woman's position has changed in our culture, to wildly denunciatory propaganda which exclaims against the male brute who has subordinated fair womanhood to his foul practices! The war of the sexes is then proclaimed and the white banner of pure womanhood is raised on high. There are a few articles of the first type and many of the second. In many cases, correlated with the second variety, there is the demand for the complete destruction of our present form of society and the adoption of a communism patterned after the Russian experiment. Let me quote from the introduction by Messrs Calverton and Schmalhausen: "It becomes increasingly difficult for sensitive minds to imagine any genuine humanization of the sexes without a prior communization of civilization as the inspiring example of Russia teaches those who are capable of learning." Let those debauched by capitalistic ideology say what they will, the liberating fact remains that the private war of egos, in its turn dependent upon the private war of vested interests, can only be prevented from wrecking civilization and life itself by the triumph of a theory of human behavior that permits cooperation and communization the widest leeway for social and personal saturation."

Thus begins the introduction of some 560-odd pages, of which four-fifths are expressions of sex-

ual combativeness and female antagonism to what is considered conscious male dominance. Noteworthy exceptions to this are the articles by Margaret Mead, Herbert Aptekar, Samuel Putnam, Maynard Shipley, and possibly one or two others.

The first article in the book is called "The Evolution of Woman," by Robert Briffault. In it he briefly presents his matriarchal theory of social origins. Like his larger works, it is filled with easy generalization which may fool the layman, since it is couched in scientific terminology and a seeming knowledge of the ethnographic facts. Actually the article is filled with misstatements and his whole theory of matriarchy does not fit the facts discovered by the modern anthropological field workers. One is inclined to be amused at Mr. Briffault's authoritative nonsense until one sees that many of the writers in other fields (see the editors of this book) are using his theories and "facts" in their thinking, as well as to demonstrate the validity of their own points of view.

Rebecca West contributes an article under the title of "Woman as Artist and Thinker." She separates the female and the male of the human species into a dichotomy of life and death. The male element makes for death, and the female for life. This division into the male death-urge and the female will-to-live seems to rest on very flimsy evidence. One could amass, if one chose to make such easy generalizations, an equal amount of corroborative detail to prove that the male element is creative and the female element is destructive, but such generalizations only help to obscure reality rather than illuminate the true situation. Miss West says with, I think, considerable sense, "The non-neurotic men will always judge women fairly, just as the non-neurotic women will always judge men fairly—but it is the neurotics who set the general tone and it is against them that women must defend themselves." One wonders (if this statement is true) if the attack upon men is not built upon a similar basis.

Schmalhausen, in his article "The War of the Sexes," reaches the ultimate in the hysterical expression which is found in a number of the essays in the symposium. Since the facts of science can be so easily generalized into complete misstatement and read by a public which in many cases will believe in its scientific validity, one wonders whether the general effects of science on civilization are bad rather than good.

Throughout the greater number of the articles

there is an underlying angry assumption that somehow the males have consciously conspired among themselves to enslave the females in a bondage that is for the exclusive advantage of the once dominant sex. There seems to be no realization or any understanding of social structure or of how patterns of culture dominate the behavior of both males and females and that consciousness plays an extremely minor role in the fundamental organization of human behavior. In the general anger there are slashing attacks on superficial symptoms of the fundamental causes of a social situation.

The male part of our own society (as well as that in many others) has been used by culture as the channel through which a great number of the unchanging elements of society have been structuralized, whereas the female has been the social element which has expressed change. For example, in a patrilineal society of our type it has been the male name which has been inherited and shows the continuation of a line rather than the female, while in such societies as certain patrilineal Australian tribes the female changes her status by ceasing to be a sister and daughter in one clan and becoming, by marriage, a wife and mother in another, although, of course, retaining a certain amount of her identification with her original group. In other societies the exact opposite has happened. The male has been the changing element and the female the unchanging. In neither case has there been conscious conspiracy, but rather coalescence of certain partly organized elements into a completed social institution which has subordinated part of the activities of one sex to those of the other. But there have always been certain compensations which have tended to produce an equilibrium.

It is futile and stupid to be angry, to beat one's head against the functioning of such structures. It is much more sensible and far more intelligent to examine such a structure and then, if possible, to operate intelligently upon any offending parts of its "anatomy." To pluck out one's eye because it offends may be a fine moral gesture and a splendid expression of one's anger, but it does not improve the eyesight. Such action becomes still more serious if it is a more vital part of the organism. Change is continually going on in all societies and an intelligent planning of that change is to be desired, but the anger expressed and extreme sexual antagonism displayed by most of the writers in *Woman's Coming of Age* do not fit into this category. Such

emotions appear to be symptomatic of an underlying disintegrate culture which is failing to adjust the individuals who participate in it to their environment

W LLOYD WARNER

GENIUS AND CREATIVE INTELLIGENCE,

by Nathaniel D M Hirsch *Sci-Art Publishers Cambridge, Mass* 1931 \$4 50

DR HIRSCH'S study of genius cannot be critically appraised within the short space of a review. We shall therefore present, insofar as possible, a summary of his thesis, which is not too well integrated. In Part I it is contended that great men are the most important of the several agents which determine the course of human history, that "permanent progress is a question of breeding rather than of pedagogy," and that in the light of biological, sociological and anthropological evidence the world must choose "either creative adaptation or a return to barbarism." By "creative adaptation" Dr Hirsch means the "creating, by self-conscious control and foresight, of the very psycho-biological organisms that are to adapt themselves to the actively controlled material and social environments." He splits "creative adaptation" into positive and negative eugenics, birth control, and "euthenics—the construction and development of a fine social milieu."

The function of the "great man" is not made clear so far as "creative adaptation" is concerned. Apparently, however, an increase in their number is deemed essential, for "the genius guides and inspires mankind, not merely by illuminating man's past and resurrecting his spiritual affinities, but more significantly by intimating a possible future, and insinuating ideals and norms that dimly pre-
sage that future."

In Part II the author examines the psychological constitution of man. Two dimensions of intelligence, the subjective and the objective, are distinguished. The former, which is but the cognitive aspect of instinct, is common to both man and the animal world. Following McDougall, Dr Hirsch notes three phases of objective intelligence: the conative (language and laughter), the cognitive (conceptual thinking), and the affective (sociality). He bases a theory of language and laughter upon his hypothesis of objective intelligence, both are motor mechanisms of objective intelligence, laughter resulting if language is frustrated,

unsuitable, or insufficient. Accordingly, the functioning of objective intelligence, "produces both intellectual and moral traditions, which give man alone a 'social heritage' and culture."

As neither subjective nor objective intelligence nor the hitherto observed modes of relation between these two are adequate to explain man's creative nature as manifested in works of art, science, etc., a third dimension, creative intelligence, is posited. This third dimension is "not an additional independent drive" but "an emergent form of coalescence of the first and second dimensions—and although a derivative, it is functionally a primary and irreducible dimension of intelligence." The third dimension also has three aspects, cognitive (intuition), conative (creative), and affective (ecstasy). Creative intelligence, while resembling both its objective and subjective parents, is neither, it "is the primary drive responsible for an opera, a machine, a metaphysical theory, a system of finance, a plan of military campaign."

Genius, which is the subject of Part III, is regarded as having "a nature *sui generis*," as definable not in terms of talent, neurosis, or psychosis, but as possessed of "peculiar differentiating qualities—[which] admit of no inclusion in any other manifestation of life." Genius is another psycho-biological species, differing in kind from man as man differs from the ape. The "sole necessary source of genius is creative intelligence."

If creative adaptation is necessary to save the world from barbarism and if "genius" is the main source of creative adaptation, how is the supply of genius to be increased? Dr Hirsch gives no direct answer. He suggests, first, that improvement in the social milieu will allow more potential geniuses to achieve fruition. Secondly, "the intermarriage of superior individuals of different national groups seems to be a source of genius production." He suggests, also, that genius is "a psychological mutation" and that "mutations are life-creations resulting from the accumulation of the temporary unexpressed experience of the germ plasma." But he does not tell us how to prove this hypothesis or how to increase the rate of mutation.

JOSEPH J SPENGLER

I think it should be our business if possible to secure recognition by the medical profession that part of the medical students' normal training should be to gain a knowledge of contraceptives

HAROLD J LASKI

The Rhode Island Clinic

The first of a series of detailed reports of clinics which, the REVIEW hopes, will be helpful and suggestive to state leagues already operating clinics and to groups contemplating the opening of contraceptive services. The following report was given by Mrs. Henry Salomon, president of the Rhode Island Birth Control League, at the Maine Conference in Portland, October 17th

THE clinic of the Rhode Island Birth Control League was opened July 30, 1931. The League felt from the outset that the supervision of the clinic should be entirely in the hands of the medical profession. The by-laws include the provision that the Committee on Contraceptive Advice "shall have charge of the operation of all clinics conducted by the League, and shall act as medical advisors of the League."

The personnel of the Committee on Contraceptive Advice, under whose auspices the Providence clinic operates, is as follows:

Dr. Edward S. Brackett, Chief of Staff of the Providence Lying-In Hospital, and member of the surgical staff of the Department of Gynecology of the Rhode Island Hospital, Dr. Paul Appleton, member of the active staff of the Providence Lying-In Hospital, Dr. Eric Stone, assistant surgeon, Dept. of Gynecology, Rhode Island Hospital, Dr. Robert H. Whitmarsh, member of the active surgical staff, Homeopathic Hospital, Dr. Bertram H. Buxton, assistant surgeon, Dept. of Gynecology, Rhode Island Hospital, visiting obstetrician, Providence Lying-In Hospital, Dr. Anna Danne-man, practicing psychiatrist and formerly of the staff of St. Elizabeth's Hospital, Washington, D. C.

Any consideration of the clinic must include the policies and procedures as set down by the Committee on Contraceptive Advice:

1. Contraceptive advice to be given only to married women, not pregnant.

2. Contraceptive advice to be given only to such women who because of mental or physical disability cannot safely bear children. The economic situation to be taken into consideration only if it appears to be contributing to the mental or physical disability.

3. Only such patients to be admitted who have been referred by private physicians, hospitals, clinics or recognized agencies.

4. A social and medical history or abstract thereof with a statement of reasons for referring

the patient to be available at the clinic at the time of consultation.

The following rules of procedure for the clinic personnel were also determined upon by the Committee:

1. The clinic physician shall exercise immediate supervision and direction over all clinic activities in addition to his medical work.

2. The nurse shall be responsible for the usual office routine connected with her work, such as answering calls, managing and caring for patients in the office, assisting the physician, collection of fees, care of office equipment, materials, records, etc.

3. The social worker shall interview all applicants for clinic service for the purpose of checking up on the patient's social and economic status and available medical information, and to secure such additional information as may seem necessary before presenting the case to the clinic physician for consultation.

4. Patients not referred may be admitted for investigation at the discretion of the clinic physician.

5. Social or medical problems not directly related to the particular service of a birth control clinic shall be referred to the proper agencies.

6. The secretary has charge of all appointments, and the usual clerical work.

At first the clinic was open for two mornings a week, Thursday and Friday from 10:30 to 12:30. Later it was necessary to keep it open for appointments every day except Saturday, from 9:30 to 4:30, leaving our original consultation hours for patients the same. During the 14 months that the clinic has been in operation women have come by personal application, or by written referral from a physician or community agency. It is to be marked that an ever increasing group of private physicians are availing themselves of the service of the clinic. It is gratifying to know that the referrals come, not from a few chosen doctors, but that a steadily growing number are lending sup-

port in this way. The medical agencies are also well represented and almost every one of repute has sent patients. While several of the social agencies have placed definite limitations on their workers with regard to the use of the birth control clinic, there has nevertheless been a satisfactory number of patients received from that source.

The patients have been accepted for clinic service on the basis of physical, mental or social disability, or a combination of these factors. A study of the causes underlying the 277 patients accepted indicates that approximately 75% present medical indications for contraceptive advice and 25% show grave social causes.

A fee has been charged according to the number, age, working conditions and income of each individual family, according to ability to pay. The foreign born as well as those of native origin have come for assistance, and the majority represent families who are facing the stark reality of the present economic crisis. The League feels that, from the standpoint of assisting those women who most need the help of the clinic, this part of our work was instituted at the most opportune time.

The public response to the clinic has far exceeded the expectations of the Committee, and the steady growth of our work can be seen from the following figures, covering the 14 months since the clinic opened.

New Applications 360

This figure compares very favorably with, and in some instances surpasses the number of patients treated in clinics over the same length of time, in other cities of approximately the same size as Providence.

Re-opened Cases 4

These are patients pregnant at first application and returning after birth of child.

Patients advised 277

The discrepancy between the number of patients applying and those advised is due to the fact that not all that applied have been accepted.

A study of our growth from month to month discloses a surprising increase, beginning in January, 1932, following 5 months of work. Previous to that time we had been averaging 13 patients advised each month, in the nine months following, the average has jumped to 23 and the indications point toward a further increase.

An important phase of the clinic service lies in the follow-up visits. An effort is made to have every patient advised return at least once for consulta-

tion with the physician, to be certain that the procedure advised has been clearly understood. This visit is usually a week or at most two weeks after the initial advice has been given. Patients are urged to return again in three months to see whether instructions are being followed.

The clinic offers the patients the privilege of purchasing supplies continuously. A growing number of patients are availing themselves of the offer and this is a small source of revenue towards supporting the clinic. The clinic was established for charitable purposes, but from the standpoint of modern social ethics it is advisable to have the patients feel that they are paying for a valuable service. Therefore, we are attempting to charge a nominal fee wherever possible, because so large a proportion of our patients are from families with from one to seventeen children, where the income is below \$15 a week. This goal, however, is not always possible. In fact, only 59% of our patients pay for the initial set of supplies, the remaining 41% being served without charge.

The clinic and League are supported from the funds received from the memberships. There are three classes of members—annual, sustaining and contributing. With the clinic functioning, the next activity of the League was to organize an intensive membership drive, the result being that the League—organized with 32 members on May 4, 1931—6 months later, on November 1st, had approximately 542 members. This number has gradually grown to 596. Each of our memberships includes a subscription to the BIRTH CONTROL REVIEW.

Books Received

FERTILITY AND REPRODUCTION, by R. R. Kuczynski. *Falcon Press, N. Y.* \$1.85

THE HOW AND WHY OF LIFE, by Emma Wheat Gillmore, M.D. *Horace Liveright, Inc., N. Y.* \$2.00

THE HYGIENE OF MARRIAGE, by Dr. Millard S. Everett. *Vanguard Press, N. Y.* \$2.50

PAMPHLETS

THE FAMILY. A Symposium on Home and Family Life in a Changing Civilization, by Cooper, Leib, Todd, Lancelot. *U. S. Department of the Interior Bulletin*, 1931, No. 5

MATERNAL HEALTH AND CONTRACEPTION. A Study of the Social and Medical Data of 2,000 Patients, by Hannah M. Stone, M.D. and Henriette Hart. *New Jersey Birth Control League.*

Change the Connecticut Law

By JAMES WAYNE COOPER

WE HAVE in Connecticut a statute (Section 6246 of the General Statutes of 1930) which says "Any person who shall use any drug, medicinal article or instrument for the purpose of preventing conception shall be fined not less than \$50 or imprisoned not less than sixty days nor more than one year or be both fined and imprisoned" If we believe this statute, birth control in this state surely seems to be out of the running There is another Connecticut statute (Section 6562 of the General Statutes of 1930) which says that "Any person who shall assist, abet, counsel, cause, hire or command another to commit any offense may be prosecuted and punished as if he were the principal offender" This subjects physicians who prescribe contraceptives to the penalty of Section 6246

What are we going to do about these statutes? Of course we don't have to do anything We may assume that whatever is, is right If, however, we are not content in this matter with things as they stand, there seem to be at least three possible courses open The first is to proceed by nullification of the law, the second to attempt to obtain court action establishing the construction that the statute does not mean what it says, or that if it does mean what it says, it is unconstitutional, the third is to make the attempt of legislative change of the statute, either through repeal, or, preferably, by the inclusion in the statute of stated exceptions to its penalties

The first course, nullification, may be dismissed peremptorily, and arbitrarily Nullification is justifiable only as the end justifies the means, if there are other means it cannot be justified, and in this case there are other means It also has inherent viciousness in that its success is apt to be based on the support of the worst elements of society and that it repels the best Furthermore, the threat of the statute always remains, and the cry of law observance is liable to be raised Nullification has the tendency to be covert and analogous to bootlegging, which is always bad

The second possibility is that of court action for a construction that the statute does not mean what it says, a construction which will admit exceptions to the penalty in cases where contracep-

tion is used for the prevention of disease or preservation of health This would be the construction urged, and as a double-barrelled argument it could be suggested that if such construction be not adopted, then the statute is unconstitutional as an arbitrary exercise of the police power violative of the Fourteenth Amendment of the United States Constitution, and perhaps Section 9 of the Connecticut Constitution Of course, there is no guarantee of the success of such court action Until the matter is tried, it remains in doubt, but there does seem to be a fighting chance of favorable action if it were properly presented to the courts The main difficulty seems to be as to the means of getting this court action Prosecution by state officials is probably out of the question, inasmuch as there have been no proceedings on the statute in the courts of record since it was passed in 1879 A declaratory judgment seems to be possible, but for practical purposes it should probably be presented by some clinic or dispensary capable of mustering more than one isolated case on which determination may rest But it is difficult and so far has proved impossible to get any dispensary to undertake such a suit

If it were possible to get court action and the result turned out favorably, then that means seems to be the *easiest* one by which to accomplish the desired change in regard to birth control in Connecticut I emphasize *easiest* because that brings up the question as to whether the easiest would necessarily be the *best* method of obtaining the change With that in mind we come to the last method, that of legislative change, to provide exceptions to the Connecticut statute for the preservation of health and the prevention of disease, the permissible use of contraceptives to be governed by the physicians of the state

Legislative change must depend for its success on the education and enlistment of public opinion It will not come until we have in a large number of people a realization of the failure of the old order and the need for the new But in this fact lies its strength, because when public opinion is sufficiently educated for a change it is better fitted to make intelligent use of that change The birth control movement must ultimately depend on edu-

cation and it seems wise to strive for the change of law by means of the intelligent expression of popular opinion. This, of course, is not within the province of the lawyer—it is politics of the highest order. Furthermore, it is a hard way to get change, it depends not on one individual or a small group, but on the cooperative endeavor of many, and it comes only through the exercise of every honest influence and patient labor of education. It can

be accomplished ultimately only through the members of the legislature and therefore it is necessary to get people to nominate and vote for men who understand the problem and are willing to take a stand which will prevent Connecticut from being, in this instance, the most backward state in the Union.

Legislative change may not be an easy way, but it does seem to be the best way.

News Notes

CONNECTICUT The following letter of appreciation of the late Mrs. Annie G. Porritt gives proof of her inestimable service in the birth control cause.

The Connecticut Birth Control League wishes to express its profound sense of loss in the death of Mrs. Porritt, without whose wise service the League would hardly have existed as it is today. She bore the brunt of the work for over ten years, and during the last meeting she attended, was full of splendid suggestions for increased usefulness and discriminating criticism of the expanding organization.

We could never have attained to the present strength of the League without Mrs. Porritt's sacrificial labors during the early years, and her work of laying the foundations cannot be overestimated. In her devotion and vision we have lost a valued counsellor and friend and we offer her family our most heartfelt sympathy.

A. N. CREADICK, *President*
ELIZABETH B. T. REED, *Secy*
ELIZABETH L. WHITEMORE,
Executive Committee

INDIANA A resolution on sterilization of mental defectives was introduced before the House of Delegates of the Indiana State Medical Association on September 27th. The resolution read:

WHEREAS, We, the physicians of the Indiana State Medical Association, aware of the disproportionate increase of the physical and mentally inferior families, as exemplified by the mentality, habitual criminal tendencies and chronic pauperism, over the stable, competent and ambitious families, where honor, integrity and loyalty to the state and society are inherent qualities, deem it our duty to direct the attention of the citizenry of our state to the following facts:

The records of our state charitable, correctional and penal organizations and institutions show that the population of Indiana during the years 1900 to 1930 increased twenty-nine per cent, whereas the average daily attendance in state hospitals increased 124.2 per cent.

And the families of morons who, of the feeble minded, contribute the greatest menace to future society, eugenically,

are 2.4 times as large as the average family, and in accordance with the fundamental laws of heredity, the degenerative traits of individuals are exaggerated by transmission, and

WHEREAS, Eugenic sterilization does not deprive the individual of any organ, and voluntary eugenic sterilization associated with granting of parole to delinquents will reduce perpetuating their kind,

THEREFORE, BE IT RESOLVED, That the Indiana State Medical Association stands opposed to the perpetuation of such delinquents and suggests denial of marriage or personal unsupervised freedom to such defectives, except they submit to eugenic sterilization, and

BE IT RESOLVED That the Indiana State Medical Association recommends that the governor and legislative bodies of the State of Indiana take cognizance of these facts and take such action as may be necessary to inhibit this menace.

Introduced by H. S. Leonard, M.D., Delegate,
Marion County Medical Society

KENTUCKY The Louisville committee on birth control under the chairmanship of Mrs. Louis Seelbach, Jr. has adopted a resolution inviting the American Birth Control League to organize a Kentucky Birth Control League. This resolution was adopted at a luncheon given in honor of Mrs. F. Robertson Jones on her recent Western trip.

MAINE The first Maine conference on birth control was held at the home of Mrs. Charles H. Payson in Portland, on October 17th. The speakers were Mrs. Cornelia James Cannon, *The Need for Birth Control*, Dr. Clarence Cook Little, *America's Population and Her Future Needs*, Mrs. Henry Salomon, *The Plan of the Rhode Island Birth Control Clinic*. The Reverend John C. Schroeder presided. Patrons of the Conference included Dr. and Mrs. Sylvester J. Beach, Rev. John C. Schroeder, Mrs. Edgar Payson, Rev. Morris H. Turk, D.D., Dr. and Mrs. Walter Hay, Mrs. George Burnham Morrill, Mrs. John Payson, Dr. and Mrs. Richard D. Small, Dr. and Mrs. Ernest W. Files, Dr. Philip Thompson, Dr. and Mrs. William Holt, Mrs. Charles H. Payson, Dr. Lucinda

B Hatch, Mrs Frederick B Webster, Alice Chamberlain Gehring, Mrs Mortimer Warren, Dr Edwin W Gehring, Mrs Barent S Vroman, Mrs William Leavitt, Mrs Israel Bernstein, Dr Mabel Holt Walker, Mrs Robert Payson, Mrs Fred H Palmer, Rev John Ross Nagel, Jr, Mrs Harry Haywood, Mrs Robert Denison, Mrs Maud W Smith, Mrs Kilborn B Coe, Mrs E R Godfrey, Miss Gail Laughlin, Mrs Clifton Davis, Mrs Henry Lewis, Mrs John Howard Hill, Mrs John M Kimball, Mrs Deane Small, Mrs Langdon T Thaxter, Mrs Thurston M Phetteplace, Mrs Robert Treat Whitehouse

At an organization meeting held the following day at the home of Mrs Payson, Mrs Deane Small, of Cape Elizabeth, was elected president of the Maine Birth Control League. Other members of the committee are Mrs Robert Treat Whitehouse, Mrs Charles S Payson, Rev John Schroeder, Mrs Clara G Kendall, Mrs Dorothy Jacobs, Mrs Brooks Whitehouse, Mrs Edwin Gehring, Mrs John M Kimball, Dr Edwin Gehring, Mrs Dale Laughlin, of Portland, Mrs E R Godfried of Bangor and Mrs C C Little of Bar Harbor

MICHIGAN On October 11th the Michigan Birth Control League held a conference luncheon and annual meeting at the Women's City Club, Grand Rapids. The president of the League, Mrs Morton Keeney, presided. The speakers were Mrs F Robertson Jones *Relation of American Birth Control League to the State League*, Mr John Wood Blodgett *Economic Side of Birth Control*, Rev David Byrne Jones *Ethics of Birth Control*

Mrs Jones complimented the Michigan League on its work, and said it was one of the outstanding leagues in number of clinics and committees. She was particularly encouraged by the fine cooperation of prominent physicians with the League, by the state-wide character of the organization which has already launched clinics in two cities and has active committees in eight other centers, and by the fact that the work of the League is largely in the hands of the younger married women of the state. It is particularly significant that the Grand Rapids clinic is located in the City Hall and financed by city funds. Every woman, who receives prenatal care from the city, is required to return for contraceptive advice six weeks after the birth of her child.

The following officers were elected for the coming year: Mrs Morton Keeney of Grand Rapids, president, Mrs Harry W Kerr of Grosse Pointe, first vice-president, Mrs Mayer B Sulzberger of Highland Park, second vice-president, Mrs Thomas McAllister of Grand Rapids, secretary, Mrs W B Maurice of Detroit, treasurer. The directors are (*One year*) Mrs Dorothy Parker, Ann Arbor, Mrs Carl Gillis, Battle Creek, Mrs James McEvoy, Detroit, Mrs Athol B Thompson, Grand Rapids, Mrs Leonard Field, III, Jackson, Mrs Robert Breakey, Lansing, Mrs J J Pickering, Jr, Southern Oakland County, Mrs Robert Baker, Pontiac (*Two years*) Mrs Charles F Bacon, Grand Rapids, Dr Caroline B Crane, Kalamazoo, Mrs John Dawson, Ann Arbor, Mrs Morton Keeney, Grand Rapids, Mrs Willard Pope, Detroit, Mrs Clifford Sparks, Jackson, Mrs Frank Stone, Grand Rapids, Mrs Mayer B Sulzberger, Detroit (*Three years*) Mr John W Blodgett, Grand Rapids, Dr Alexander Campbell, Grand Rapids, Dr Harrison Collis, Grand Rapids, Dr George Kamperman, Detroit, Mrs H W Kerr, Grosse Pointe, Mrs Walter B Maurice, Detroit, Mrs Thomas McAllister, Grand Rapids.

Mrs Jones was the guest of honor at a tea given by Mrs Willard Pope of Detroit, and spoke in Kalamazoo at a meeting of the Council of Social Agencies. Seventy welfare workers were present.

The Michigan Birth Control League sponsored a dinner at the Michigan Conference of Social Work on October 7th. Miss Elsie Wulkop spoke on *Sociological Reasons for Birth Control* and Dr Harold Mack discussed the *Maternal Health Clinic as a Factor in Preventive Medicine*.

NEW JERSEY The Board of Physicians of the Muhlenberg Hospital, Plainfield, has passed favorably on the recommendation made by the Plainfield Committee of the New Jersey Birth Control League, to establish a birth control clinic in the hospital. Pending the decision of the Board of Governors, the Plainfield Committee, under the active leadership of Mrs Raymond Everest, chairman, is raising funds to help defray the expenses of such a clinic.

This is the first hospital in New Jersey to favorably consider the offer of a lay group in this manner. The birth control clinics of Newark, Orange, and East Orange report steady increase in the number of patients.

NEW YORK Dr Eric M Matsner spoke to the Roslyn District Nurses Association of Roslyn, L I on October 11th, on *The Role of Contraception in Preventive Medicine* Over one hundred nurses attended the meeting

A conference of the doctors and nurses associated with the Mothers Health Bureaus of the New York City Committee was held at Dr Matsner's office on October 27th Dr Matsner spoke on the newer technique in contraceptive service

A benefit theater party for the play "Dinner at Eight" on November 10th is announced by the New York City Committee

Mrs F Robertson Jones spoke before the graduate class at the Child Development Institute of Teachers College on October 20th The recognition of birth control as a child welfare measure is a significant step forward

The American Birth Control League had a booth at the Child Study Federation Conference held at the Hotel Pennsylvania on October 17-18 Mrs John G M Stone and Mrs Frances N Bangs of the New York City Committee reported much interest in the work of the League Among the speakers at the conference were Sidonie M Gruenberg, Dorothy Canfield Fisher, John Dewey, Kimball Young, and George D Stoddard

CANADA

According to the *New York Times* of September 30th, the Board of Evangelism and Social Service of the United Church of Canada has issued a report favoring birth control It reads in part

Married persons may employ birth control methods providing these are justifiable under all the particular circumstances and in the light of Christian science Every Christian person has the right to determine in the light of all the facts and obligations involved, how far precautions against reproduction shall be employed in his or her own life Birth control should not be employed without competent medical advice The view that procreation may be evaded by total abstinence from physical union seems to be out of harmony with St Paul's declaration against the adoption of such a course except by mutual consent and then only as a temporary The above report has been referred by the general council of the Church to a sessional committee for consideration

At a joint meeting of a Committee of the Mani-

THE AMERICAN BIRTH CONTROL LEAGUE,
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BIRTH CONTROL REVIEW

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toba Association and the Winnipeg Medical Society on the subject of contraception, the following resolution was adopted

Resolved, That the subject of disseminating the knowledge of contraceptive methods to those who are in dire economical straits, is worthy of consideration of the Medical Profession, but, as the passing of such knowledge to such patients, by a Physician, is expressly forbidden by law, and against certain religious orders, we are unable, as a Society, to do anything with the subject until such time as those who have initiated and sponsored the proposal have obtained legal sanction of their cause

These signs of interest in birth control in Canada are encouraging

Letters

GOVERNOR BEVERLEY AND NORMAN THOMAS

TO THE EDITOR

At this time when the subject of birth control is dodged and evaded by practically all men and women with political connections, it is indeed encouraging and inspiring to all friends of the movement to find two men who are outstanding exceptions to the rule—Governor Beverley of Porto Rico and Norman Thomas, Socialist candidate for President. They are men with the courage of their convictions and they inspire our profound respect and admiration.

Governor Beverley is in an excellent position to analyze the ills of Porto Rico. Heretofore, Governors of this little island have conveniently straddled the issue and laid the blame for her sad plight elsewhere rather than upon the rapid multiplication of her population. Governor Beverley is not the straddling kind. The Catholics of this country are profoundly shocked at his amazing frankness. To quote from the weekly *AMERICA*: "Governor Beverley has not only shocked the conscience of millions of his fellow-citizens. He has also shocked the economists and sociologists." It is interesting to note that the few of the latter quoted in proving the contention are of the Catholic faith. The position of Norman Thomas in regard to birth control is well-known. He is a man who thinks straight and speaks straight. It seems to me that if he had wished to soft-pedal some of his ideas which antagonize the Catholic electorate, he would have had an excellent chance this year to win the support of many voters who, for various reasons, are not favorable towards either of the major parties. But Norman Thomas is not the soft-peddalling type. With him there is only one thing that counts and that is the truth.

Would that we had more men like Governor Beverley and Norman Thomas.

C W KIRKPATRICK

Detroit, Michigan

FOR THE BROTHERHOOD OF MAN

TO THE EDITOR

The *BIRTH CONTROL REVIEW* is getting known over here and we are most sincerely in sympathy with all you say. I am glad to see that you have so many loyal friends among the religious people.

I think of all of you as people working for the whole world's health, prosperity, peace and happiness—for the fraternity of nations and the brotherhood of man. We must help you to the uttermost. To do otherwise would be a betrayal of the human race to poverty and war.

Dover, England

RUPERT L HUMPHRIS

POST OFFICE EDUCATION

TO THE EDITOR

As you know, all books coming into Canada have to be inspected. The other day a parcel of birth control literature arrived from England and was promptly opened up at the Post Office. I was kept waiting for about twenty minutes and then put my head round the wicket. Here I saw my pamphlets being eagerly devoured by the clerks! So our propaganda is being scattered in rather an amusing way!

Quebec

A CANADIAN READER

THE OTHER SIDE

TO THE EDITOR

Much is being said and written in connection with birth control about the harm of having undesired children and the frightful nervous state of mind parents are constantly in because of apprehension either lest another baby arrive or because one is to arrive. Therefore it may be interesting to look at the other side of the picture and one which is equally dependent on birth control.

This is a picture full of the joy of children of choice. Here we have a home where each child has its rightful heritage of love and never anything but love. In such a home you can look on a new born baby and know that never for one moment has even a shadow of the unwanted crossed its life.

Charles Lamb tells of the pleasure he and his sister had in saving a penny here or two-pence there until a much desired volume could be purchased. We all recognize such a pleasure but how can it be compared to the joy of making economies which will eventually justify the creation of a new life? One which can come into a home where not only the little wardrobe is waiting but where necessary medical and nursing aid can be provided, where if there are other children the father and mother have the assurance that no serious reduction will have to be made in expenditures for them. Let it not be thought that it is only the prosperous who can plan thus.

Life will always have its sorrows, will always have its struggles. Should we not welcome a movement that in a large measure can eliminate from early married life both sorrow and blind economic struggling and can instead fill those happy years of new companionship with the knowledge that life, welcome life, is to enter the home?

ELISABETH S HARRISON

G. K. Chesterton versus Birth Control*

By GEORGE BEDBOROUGH

IT IS always a cheery duty to answer the witty nonsense of this prince of jesters. His latest attack on birth control makes a brief pamphlet (issued by the Catholic League of National Life), but Mr Chesterton is clever enough to cram into twelve pages far more fallacies than jokes, unless of course we add the former to the latter category.

Mr Chesterton will not allow us to call birth control a social reform. Obviously no reforms are "reforms" to those who do not agree with them. G K C thinks that calling it a reform "is like saying that capitation is an advance on dentistry." Well, it all depends! If we were concerned with crocodiles and were wasting our time in enamelling the creatures' teeth, decapitation would be a decided improvement over dentistry. Birth control faces a monster called overpopulation which shows its teeth continually.

Mr Chesterton thinks that we are pessimists because we aim at amelioration of the lot of survivors, whereas he is optimistic in believing that "something can be done for the whole family of man." As it happens we all seek the welfare of as large a family of man as possible. Birth control would only contract the family's potential magnitude to the extent necessitated by the family's health, happiness and even its existence. If we were talking about murder, or the lethal chamber, it would be worth while opposing restrictions aimed at numerical reduction of the living family. The case is altered when we are considering only whether war, disease and famine shall check population, or whether man's science shall substitute for Nature's numerous plans a humane control which will refuse to bring to life human beings doomed to destruction.

*SOCIAL REFORM VERSUS BIRTH CONTROL. By G K Chesterton. Simpkin Marshall and Co, London, England

Mr Chesterton makes Malthus his bogey-man after all, Malthus was not a Roman Catholic. But it is not easy to understand G K C's appreciative praise of the atheists Shelley and Godwin, who "tried to show that humanity might be made happier and more humane." However, Malthus opposed Godwin and therefore "fraternity and fundamental humanity" characterized the two atheists.

Contrary to Mr Chesterton's antiquated error, birth control advocates do not agree with Malthus, but at least they understand him. They do not accuse Malthus, as he does, of thinking that humanity "must be left to starve" because there is a population question. It is only ignorance of current ideas which could dismiss birth control propaganda as anti-social because in 1798 Malthus either opposed or ignored contraception.

It will be news to many that Mr Chesterton is "in revolt against the conditions of modern capital-

(Continued on following page)

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

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

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

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

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Managing Editor—None.

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

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

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STELLA HANAU

Editor

Sworn to and subscribed before me this 26th day of September 1932

BENJAMIN ROSENBERG
(My commission expires March 30 1933)

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ism " He is a leader of a strictly individualist movement opposed to state "interference" Why his individualist views should make him call the advocacy of birth control "anti-social" is only explicable on the ground that "anti-social" principles are unpopular There is no need whatever to suggest that the capitalist prefers a restricted labor market

It is not a fact that large families render workmen more "independent of capitalist rule" Trade unions have made all their progress by agitation and fighting They can conserve those gains today only by their willingness and capacity for continuing the "eternal vigilance" which is much easier for the workers with small families than for those who bear the heavy burden of a "quiverful"

When Mr Chesterton is finally brought to the test about what is "an adequate wage for the worker not only as an individual but as a father," he is compelled to use the very phrase which birth control advocates would employ, namely "a reasonably numerous family" There is much virtue in that phrase! Our enemies are beginning to discover that there can be an "unreasonably numerous family" And *that* is our case

WANTED

Documentary material on birth control in all its phases for deposit in a great American University library

ONE of the oldest and greatest American university libraries wishes to secure for permanent deposit in its archives all possible material relating to birth control and its historical development in all its phases in this country Materials not only relating to its history are desired, but documents, letters, legal papers, correspondence, propaganda leaflets, materials of all kinds, both fugitive and of permanent value To be of the greatest historical value this material should be collected impartially and considerations of personality disregarded If necessary, documents now confidential may be marked not to be opened until a certain date

Those desiring to assist in this work should communicate with Dr Norman E Himes, in care of the BIRTH CONTROL REVIEW, 152 Madison Avenue, New York City

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SEXUAL TRUTHS

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Strikes Against Marriage in Ancient Times
A Remarkable Experiment in Venereal Prophylaxis
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Morals by Poison

Appendix

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The regular price of this valuable 400-page book is \$5 00 But for a short time only a limited number of copies can be obtained at a special low price of only \$3 00 a copy Accept this opportunity Write for "SEXUAL TRUTHS" now Mail the coupon

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