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Twenty Cents

BIRTH CONTROL REVIEW



Birth Control in Japan

by SHIZUYE ISHIMOTO

Religion's New Frontier ~ ~ ~ *W. W. Whitehouse*
Papal Contradictions ~ ~ ~ ~ ~ *L. H. Lehmann*
A Medical Viewpoint ~ ~ *Samuel Rothenberg, M D*

Book Reviews by *Maynard Shipley* · *Kate Holladay Claghorn* · *F H Hankins*
Howard Becker · *George Maychin Stockdale* · *Morris Lychenheim*

Maternal Health Center, Newark, N. J.— <i>A Report</i>
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Birth Control

*Can Make Every Christmas a Happy Christmas
for
The Entire World*



BECAUSE

**Better Babies Make Better Parents
Better Parents Make Better Citizens
Better Citizens Make Better Countries
Better Countries Make Better World**



REMEMBER

**The Welfare of the Human Race
Depends Upon the Babies of the World**

Birth Control Review

VOL XVI

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No 10

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IN THIS year of grace, Christmas cheer will be thin indeed for the multitudes of the unemployed and destitute. Public aid and private charity will not avail to turn their plight. Our most benevolent gestures only serve to emphasize the inadequacy of make-shift relief and emergency efforts in the face of a mounting crisis. We can no longer speak with a good conscience of the "hundred neediest cases" where hundreds of thousands—where millions are concerned. The traditional Yule-tide gesture of the *New York Times* becomes a mere ceremonial custom, like the king kissing the beggar, in the face of such an overwhelming social disaster. It is time to put aside our helplessness. To the *Times*—and to the millions beyond the hundred neediest cases—the BIRTH CONTROL REVIEW sends its message with the hope that in this grave hour we will see the need of an open mind as well as an open heart.

BUT THE occasion warrants a word of caution to the advocates of birth control. Too often we are inclined to fall into the ready logic of accepting the unemployed as a kind of surplus population which our eco-

nomic system cannot absorb, and which birth control would automatically eliminate. Unquestionably birth control offers a direct means of ameliorating the condition of the poor. It is a means which, in view of the present crisis and the hopelessness of the immediate future, cannot be sufficiently emphasized. But in the long run, and from a larger point of view, economic maladjustments must finally be solved by economic means, if for no other reason than that it is easier to control the distribution of wealth according to the dictates of a healthy society—however intractable it has thus far proved itself to be—than to attempt to adjust birth arbitrarily, according to the lopsided and chaotic pattern of a diseased economic system. Moreover, it must frankly be recognized as one of the most disastrous consequences of our present social scheme that birth control is practiced in inverse ratio to the distribution of wealth. Quite apart from pseudo-scientific talk of superior and inferior stock, the weighty factor of favorable environment is thus almost completely nullified in regard to society as a whole. Under present conditions, in brief, the practice of birth control is dysgenic. The answer is not only more birth control, but likewise, a better and more equitable system of economics. It is precisely on this score that the proponents of a rational control of distribution and consumption point to the fact that we have at last left behind us the age of scarcity and have entered upon an age of plenty. In this connection, we may advisedly quote from an editorial in a recent issue of *The New English Weekly*.

Already, as we have seen, the direction of the Government's Policy for raising prices is towards the progressive restriction of Production, that is, the cutting down of actual Production to the limits arbitrarily fixed by the banking system. But it is surely the *reductio ad absurdum* of the whole proposition when we find that not only is the production of Goods to be limited in the interests of the financial monopoly, but human lives as well. Writing very pompously in the *Times* last week,

Mr Pitt-Rivers, of some preposterous population Research Society or other, fatuously suggested that in view of the existence of a surplus of Production over Consumption, and the growing dispensability of manual workers, the latter should be constrained if not compelled to limit the output of children. But the crown, in the form of the fool's cap, of course, was put upon the whole argument by Mr Harold Cox in the following letter to the *Times*. "The poorer section of the population," this latter-day Moses writes, "have outrun the demand for manual labor and they must learn to regulate the expansion of their families as the middle and upper classes have long been doing."

It must be recognized that the logical, if not human, conclusion of the present policy of confining the right of Consumption to the diminishing army of indispensable participants in Production is the slaughter of the unwanted as fast as machinery makes them so.

Despite this harsh criticism of two eminent authorities, *The New English Weekly* makes its point, certainly, the advocates of birth control cannot blink the clear implications of our growing capacity to provide an ever increasing flow of goods to the community at large. It is well, under these circumstances, to remind ourselves that the major grounds for the advocacy of birth control must not be buried beneath a false emphasis upon questionable, if not altogether untenable, economic arguments. Birth control should not be perverted into a mere economic device, at best it can only serve to alleviate poverty, it neither can nor should be manipulated as a possible solution of our irrational economic system. But once we achieve, as indeed we must on pain of extinction, a healthier economic life, birth control will reveal itself as a natural and beneficent mechanism for stabilizing that system in automatic balance. Let us remember that the reasons for believing in the principle of birth control are profoundly rooted in human freedom, for birth control is but a means, within the sphere of propagation, in harmony with the fundamental drift of human life toward conscious control in all its aspects. It is an integral element in the human dignity of choice, in a world of our own responsibility. Birth control may be a pressing economic expedient, it is a permanent human right.

THE Northern California Congregational ministers at a recent meeting in Sacramento declared themselves in favor of birth control, but opposed to liberalization of the divorce laws. Since those most experienced in dealing with divorce are pretty well agreed that more birth control will mean less divorce, the situation apparently desired by the good ministers—planned families and stable marriages—may come to pass without the aid of stringent laws. It is interesting to note that this group voted against the release of Mooney, against the abolition of capital punishment, against the recognition of Soviet Russia, against the repeal of the California criminal syndicalism act, and against the repeal of prohibition. Birth control is, by inference, a settled and conservative issue.

THE growth of clinical service for contraceptive advice throughout the world, as described by Dr Louise Stevens Bryant elsewhere in this issue, is proof positive of the strength of the movement and of its course in the immediate future. In January, 1932, the BIRTH CONTROL REVIEW listed 104 centers for contraceptive advice in the United States. The 1933 listing to be printed in the January issue will show an increase of approximately 25 per cent. As Dr Bryant points out, the tendency is away from confining services merely to contraceptive advice, important as this is. General physical examination, premarital advice and psychiatric help in marital adjustment, sex education and so forth are services which are being coordinated with the original birth control service.

WHEREVER we look for facts to show the need for increased services along these lines, we find them in tragic superabundance. The statistics on child marriages in the United States, for example, show that there were 13 per thousand births during 1928 to mothers between the ages of ten and fourteen. Furthermore, 24 per cent per thousand mothers between these ages had as fathers of their children boys between the ages of ten and fourteen. These are not figures from Katherine Mayo's scandalous *India*, let it be remembered, but from these United States. Clinical service, in the widest use of the term Social Hygiene, is indicated here.

A New Frontier in Religion

By W W WHITEHOUSE

IN THE old Hebraic narratives of origin, when man, made in the image of God, crowned the efforts of creation, God blessed the husband and his newly-found wife and bade them "be fruitful and multiply and replenish the earth." Thus was enunciated the first population policy. A bit further on in the story, when God rebuked Cain for the murder of Abel,

religion identified her interests with the safeguarding of human life. In a garden of Eden—or a new America—no conflict is apparent between these two concepts. Let us analyze the new elements that appear in a world of increasing density of population, and endeavor to sense the vital Christian attitude.

Judaism consistently guarded the sanctity of human life. Outposts were constantly moved forward, as when human sacrifice to the deity was early sensed as an outrageous rather than a pious act. The early fight of Christianity against such practices as abortion, infanticide, and gladiatorial contests likewise bears testimony that life must not be violated. The church has continuously concerned herself with the problems of human ills, orphanages, asylums, hospitals have witnessed her regard for the physical temple. But though Christian idealism set its seal upon the value of the individual as of more worth than a sheep, human misery grew apace. Ever increasing human hordes were born in suffering, bred in misery, and died in want. Still the old dictum "be fruitful and multiply" remained unchallenged.

At the time of the Industrial Revolution another prophet of God spoke. It was eminently suitable that Malthus, an English clergyman, should ponder upon the prevalence of soiled and unhappy lives. Ardent social workers of the day were stressing various ameliorative measures through poor law reforms, techniques still vital and useful for feeding the hungry and caring for the diseased. But Malthus suggested another angle of approach, if life were inherently divine and sacred, why should it be so cheap? So he enunciated his famous principles, which so far the church has largely ignored

"If economic adjustment hinges upon the numbers involved, surely the right of the child to be well-born becomes a natural slogan for the church. Christian idealism of today demands that the Kingdom of God on earth shall be a warless world. And yet the pressure of populations is a growing menace to world peace. The church must remain true to her mission to the poor and needy. The eugenic ideal may become a distinct aid to Jesus' dream of His kingdom on earth, and may well be integrated as a general religious concept."

or repudiated. Briefly stated he maintained: Population tends to grow in geometric ratio—2, 4, 8, etc., while food increases in arithmetic ratio—1, 2, 3, etc. Unless certain checks decrease the population, lack of food will imperil human life. While Malthus failed to foresee the giant strides of science and new forms of production, or the opening up of new lands, these changing factors have only tended to postpone the main implications of the theory.

As society is organized today, the population problem is essentially one of the lower classes. The middle and upper classes are already practicing birth control to such an extent that the alarms of race suicide are frequently sounded. In the meantime poverty continues to enmesh itself in large families. Ignorance, a low standard of living, lack of other than sex interests to give diversion to humdrum lives, unite to form a vicious circle from which escape is difficult.

Given a poor wage, many children, bad housing conditions, poor educational facilities, inadequate nourishment and health protection, one factor constantly aggravates another. If the mother is forced to neglect home duties that she may supplement the family income, the children suffer further for lack of care and discipline, and she pays a terrific toll in fatigue and ill health. The parents, increasingly burdened with the problems of too many mouths to feed and backs to cover, lose morale and juvenile delinquency, desertions, and social dependency result. By breeding without restraint, the illiterate and unskilled not only create their own problems, but thrust a heavy burden upon society.

An older generation accepted the natural order of events as a manifestation of divine providence and questioned the piety of any type of interfer-

ence Even the use of anaesthesia at childbirth was challenged as an impious setting aside of God's purpose We believe that it is a more clear sighted religion that stresses rather the right of the child to be well-born Sanitation has made typhoid a community disgrace rather than a divine scourge, why should not the birth of an unwanted and hopelessly handicapped child be similarly considered? If this seems an extreme position, let us contrast the crime against human life committed in uncounted cases of abortion with the far saner expedient of preventing the conception of that life

It may be glibly said that America has room and to spare, that Texas with its sparse population could take care of the equivalent of England's millions We are already confronted with a huge problem of adjustment and economic assimilation if our one hundred and forty millions are to approximate the standard of life accepted as a minimum by social agencies What value can there be from either the individual or social viewpoint of adding millions of meagre lives to our nation? Not mass production but wealth of individual life is the proper national goal

THE STAKE OF THE CHURCH

Since Jesus set a little one in the midst of his followers, the church has never dared to ignore the child In His world, infanticide, slavery, exploitation prevailed, but the standard has been raised through successive struggles until today our western ideal demands for the child protection, sympathy and education How then can it fail to be the church's concern to secure these fundamental blessings for all children? If economic adjustment hinges upon the numbers involved, surely the right of the child to be well-born becomes a natural slogan for the church The Master issued stern warning against those who cause his little ones to stumble If organized society, of which the church is still a powerful part, makes it more difficult for the unprivileged to maintain family morale, is it not injuring the little ones? Nature is utterly ruthless in her logic, and too large families mean less and less of privilege for each Eighty-five to ninety-one per cent of child laborers under ten years of age come from families of eight or more children "The Bitter Cry of the Children" comes alike from crowded slum and illegal sweatshop

Even as Christianity has protected the child, so has it sponsored the dignity of woman And yet

woman in her most sacred function has been the slave of uncontrolled maternity As has been said, modern woman in the better classes has acquired the right of voluntary parenthood, but to the mother who struggles against almost hopeless economic odds, comes no such boon Does the church fear the results of knowledge of means of birth control upon virtue? Ignorance is never in itself goodness, rather it is immoral not to use our God-given intelligence to live as wisely as possible George Bernard Shaw has said that if we refrained from teaching anything that could be abused, we should teach nothing Competent observers in Holland, where "every grown girl or woman knows how to prevent pregnancy, and if she does not know (she) knows where to get the information," recognize the high standard of morals and the reverence for women prevailing there And again, let us face the practical situation that in America birth control is a matter of common knowledge among the vicious as among the upper classes It is reckless fecundity in the marriage relationship that creates our major population problem

Christian idealism of today demands that the Kingdom of God on earth shall be a warless world And yet the pressure of unadjusted populations is a growing menace to world peace Our economists say much of the struggle for supremacy in oil and in rubber, but they are not apt to over-emphasize the hostile elbowing of one nation by another for more room Japan, China, Italy, whither are these millions tending?

Nor have we in the West an inherent monopoly on a high standard of living, as we have been learning to our sorrow In approximately ten generations we appropriated a new world We have tardily shut down the sluice gates of immigration to a mere trickle—shall we fail to create public sentiment which emphasizes a qualitative rather than a quantitative stock? It is the part of the church to nourish a high norm of living, not to repudiate it Whatever anaesthetics a religion of other-worldliness may have given downtrodden workers throughout the centuries, the church's prophets for social justice today demand the good life, here and now Though we may profess to admire the mysticism and spirituality of the Orient, we have no desire to emulate their families, their malnutrition, their pestilences, and disease-ridden hordes

Lastly, the church has ever at stake the enrichment of the individual personality Upon sex rests

one of the most beautiful and ennobling of human relationships, and one which finds natural and satisfying expression in the intimacies of marriage. That these should exist simply for procreation is not compatible with human nature. That repression and fear of consequences should replace love and natural expression strikes at the very basis of a unified psychic life. Nor is there less room for self control and mutual consideration between husband and wife—virtues that some church teachings insist are limited to continence. In our attitude toward God, religion has largely shifted her outposts from fear and repression to love and service. Modern psychology certainly demands no less noble foundations for human relationships.

Granted that the church has much at stake in problems of population control, what contribution has she to make? As a powerful molder of public opinion she may incorporate the new scientific approach into the theological concept of sin and soul saving. Psychology, economics, biology, and sociology all aid in getting perspective of the entire range of human life. Sterilization of the unfit, growing out of a spiritualized biology by lessening the odds at the very source, may become a powerful ally of social salvation. Mental hygiene interpreting to us the need of a psychic life free from inner conflicts and fears, verifies the Master's invitation

to find rest for our souls.

The church must remain true to her mission to the poor and needy. Poignant case studies by the thousand afford the real stimulus to the birth control movement. Clinics which include instruction in social hygiene should be given the heartiest co-operation of our churches, and if need be might well be sponsored by them. Well might religion try to break the vicious circle with the zeal of the old time idol smashing, utilizing population technique as well as ameliorative social work and economic adjustments.

The church in her role as custodian of the heritage from the past has much to safeguard in civilization. Yet the traditional taboo of matters relating to sex certainly has scant justification, and is more related to witchcraft and heathen fetishes than to Christ's teachings. The eugenic ideal may become a distinct aid to Jesus' dream of his kingdom on earth, and may well be integrated as a general religious concept. The social lag between what we know about the betterment of human stock and how we act towards comparatively mild reforms is appalling. May the followers of Him who ever befriended the poor and needy march toward the new frontiers, in the spirit of those early disciples of whom it was said that they turned the world upside down.

Papal Contradictions

By L. H. LEHMANN

"**D**IGNITARIES of the Catholic Church," says Havelock Ellis (in his contribution to Professor Charles A. Beard's symposium *Whither Mankind**) "have sometimes distinguished themselves by denunciation of contraceptive methods.

But they speak for themselves. It is hardly possible for a Church which venerates chastity and maintains the celibacy of the clergy to be opposed to contraception, since without contraception chastity and celibacy can hardly exist."

The lay mind may very well be exonerated from a charge of naiveness or misapprehension in thus drawing the conclusion that, factually, the Roman Catholic Church is not, and never has been really opposed to birth restriction. Viewed from the common-sense, surface angle, the deduction is perfectly feasible. Nevertheless, to the bewildered

outsider, the anomaly, patently evident in the facts, leaves much to be explained.

It is a matter of wonder to most people how the Papal Church, while striving rigidly to enforce the dictum of Augustine that "No fruitfulness of the flesh is to be compared to virginity"—which sets itself up as the universal dictator of the sex-urge by marking the limits to, and legislating for the frequency of its use, and whose commands are preached to the letter by a working-force of priests (themselves forbidden legally to generate offspring)—should be the only power today adamantly opposed to the wise use of scientific methods of birth restriction.

More bewildering still are the particular contradictions involved in this general anomaly, a few of them are worthy of close consideration.

**Longmans, Green and Co., New York* p. 213, note

First, there is the complete *volte-face* to modern Papacy's rigid sex-and-birth regulations from the apparent laxity of the masters of Roman theology in the past. This can only be accounted for by the ease with which scientific means for contraception are made available today. Were the Papacy in this twentieth century to adhere to its sex-and-birth legislation, formulated and enforced during the middle ages and until quite recent times, then, not only could it theologically tolerate the growing practice of modern contraceptive methods, but *also abortion of the fetus within a period of six weeks after conception*.

St Thomas Aquinas, the prince of Papal medieval theologians, (and its otherwise sole oracle in modern times) definitely opposed the strict dogma of the Immaculate Conception of the Blessed Virgin Mary. He did so, not only because he argued that it would detract from the supereminent dignity of Christ, but more so because he held it to be a *physical* impossibility. For Aquinas, and other eminent theologians before and after him, taught that rational life does not begin in the human fetus until the fortieth day after conception for the male, and the eightieth day for the female. With Aristotle, they held that the human fetus develops through three stages of life—from the merely vegetative, or plant stage, to the sentient, or animal, and finally to the fully developed rational stage of the human being, known as *genus homo*.

The dire penalty of excommunication, which today is decreed against all doctors and others who interfere in any way with the human fetus from the very moment of copulation, was formerly applicable only to procurers of abortion of the fetus from the time of quickening. Pope Gregory XIV, for example, decreed excommunication for abortion of the "quickened child."

Today, Papal legislation metes out full excommunication for any direct interference likely to cause destruction of fetal life at any time. This rigorous ruling presents an insurmountable obstacle to the professional practice of Catholic medical men, many of whom are forced to break with their Church because of it.

Secondly, there is the startling paradox in the resultant effects of official Papal opposition to scientific birth restriction. Roman Catholic teachers and preachers and their robed lay apologists generally do not or are forbidden to produce off-

spring, while their impoverished adherents must bear an unlimited number of *unwanted* babies. (As a poor Irish father, sadly regarding his seventh baby after the funeral of its young overburdened mother who had died at its birth, once put it to me "The rascal," he sobbed, "he killed his mother!") On the other hand, the strongest advocates of birth control continue wisely to produce *welcome* and *wanted* children.

Thirdly, the Papacy's own priests, especially those of the rising generation in America, secretly resent its rigid ruling against scientific birth restriction as unreasonable. They do their utmost to ward off the attempts of overburdened mothers of the poor who appeal to their personal feelings in the confessional. In fairness it must be said, that they strive to avoid the distasteful task of applying the tape-measure, so shamelessly advocated by Roman theologians, to every intimate detail of the conjugal relations of their penitents. But they are forced to a brutal frankness in just stating the rigid law of the Church from which there is no escape.

Priests know only too well that the official sex-and-birth legislation of their Church is really a denial of the use of man's intellectual faculties in favor of his mere animal instincts. They know that man, even according to the Roman theological conception, is a *rational animal*—rational first, and animal second, that man, possessing all the instincts of animal nature, has intelligence which he is entitled to use, to order these animal instincts as best suits his welfare, be it physical, spiritual or economic.

There remains the important question, as to the primary reason why the Papacy has so rigidly and so unreasonably set itself up as the sole unyielding objector to everything which savors of artificial birth restriction. It cannot be spiritual. Its iron rule (mistaken by most people as a *vow* of chastity) which forbids marriage to its clergy, does not by any means tend to their greater sanctity. And complete sex-abstention, which is the only method which it allows to its people, is well-nigh impossible and harmful, and a bar to happy homes.

Mrs Sanger, with all a woman's keenness of insight into the subconscious working of the mind when treating of sex relations from a height of self-imposed superiority, hits very near the solution when she says that the Pope's attitude on sex "in general terms seems to be conditioned by a

disapproval of human enjoyment, and an apparent relishing of the theory that suffering is good for our souls." This solution, however, is not complete without consideration of the Papacy's entire attitude regarding everything connected with sex, marriage and birth control—the three hundred mortal sins which it has listed from its scientific-theological analysis of every phase of sex working, and its rigorous rulings as to who shall and who shall not bear children and when and how many children should be born.

At the bottom of the Papacy's attitude towards sex, as in its attitude towards everything else in the domestic and public life of men and women, is its unceasing reach after supreme control of the bodies and souls of all men. Power is most strongly entrenched by fear, and fear enters at the door of weakness. Just as the priest is made supreme arbi-

trator at the deathbed of the dying when fear and weakness are greatest, so also is he made the arbitrator over the fears and weaknesses of sex in the confessional. The traditional power of the Papacy is indeed built upon these two fears of death and sexual aberrations. Although universal power and dominion be foreign to the mind of Christ, history is writ large with the record of shame brought upon the fair name of Christianity by this unceasing reach of the Roman Church after undisputed dominion over all men and nations.

"The kings of the gentiles," says Christ, "exercise dominion over them. *But it shall not be so amongst you*, but whosoever will be great amongst you, let him be your minister, and whosoever will be chief amongst you, let him be your servant." *Matt Ch XXI, 25-27*

Birth Control in Japan

By SHIZUYE ISHIMOTO

WHEN Margaret Sanger visited Japan in 1922, birth control was looked upon as a menace, especially by ardent supporters of the family system. These regarded children as the greatest blessing of the home, whether they could be fed or not. Mrs. Sanger was thwarted at every turn in her attempt to spread her teaching, and it was only at a few private meetings that she was able to speak upon the dreaded subject of birth control. However, soon after she left Japan, we organized the Japanese Women's Association for Birth Control and began to work quietly. The results have been most encouraging. Women, especially in rural districts, have already begun to understand what birth control and the better care of children is going to do for them. The authorities, who are showing far less hostility than might be expected, are in some cases cooperating with us, though not publicly of course, and several doctors have openly advocated our cause. Only recently, the personal physician of the late Emperor wrote an article in a popular magazine, in favor of birth control.

Opposition to birth control in Japan is habitual and traditional rather than legal and religious. There are no laws against birth control and no religious pronouncement in opposition to the idea. I believe the Japanese people in general are becoming more and more interested. The newspapers are

favorable and give the movement a great deal of publicity. It is through this source that the masses learn about our work.

The importance of birth control for a country like Japan can readily be perceived. The area of Japan is equal to that of California, but into that space is crowded a population of seventy million people, half as many as all the people in the United States, and this population is increasing at the rate of nine hundred and fifty thousand a year. Is it any wonder that we are faced with the perplexing problem of what to do? We are at our wits' end as to how to feed our people and how to find employment for them. A little less than one-fifth of the entire area of Japan is under cultivation, for the country is so mountainous and so much of the soil is volcanic that it is impossible to use it for agricultural purposes. Though every inch of arable land is cultivated, agriculture is no solution of the problem. When we turn to industry, conditions are little better. Japanese people have learned to make almost everything that is produced in the West, but the country is so poor in raw materials that most of them have to be imported, and now that foreign tariffs have gone so high, and the Chinese boycott has cut off a very important market for our products, our industries have suffered severely. These conditions have given rise to un-

speaking poverty, disease and every conceivable kind of misery

Some people offer emigration as a solution to the problem. But emigration on a large scale seems to be utterly impossible for the Japanese. The countries to which they want to go and where they feel they can work profitably have closed their doors to them, and those countries where they are welcome do not seem to be suitable in climate and living conditions for large colonies of Japanese. How, then, are we to reduce our population and improve conditions? There seems to be only one way, and that is birth control.

In feudal times, when the country was closed to foreign intercourse, it was necessary to keep the population at a low mark. The death rate which was, of course, very high, did not do this adequately. Infanticide was practised to a considerable extent in the country districts, and abortion was universally resorted to in cities. With the Meiji Restoration, however, workers and soldiers were

needed, and so increase in population was encouraged. After the great war, when economic conditions grew more difficult, this steady increase became a menace, and it was generally recognized that something had to be done. As conditions have grown steadily worse, the realization of the necessity for facing this problem has grown stronger. The government authorities are increasingly convinced that the only way of avoiding the disastrous effects of overpopulation is by the promulgation of scientific birth control.

There are birth control clinics in Japan but they are poor affairs, indeed. My plans for the immediate future are to study clinical service in this country and to establish travelling field clinics on a large scale when I return to Japan. These travelling clinics will go out to the villages and factories and teach birth control wherever it is needed. It is only through making birth control a mass movement that Japan can reduce her population and solve her difficulties.

Japan's Way Out

NOT only is Japan the most overpopulated nation in the world, but her growth has gained such a tremendous momentum that experts estimate it will take at least thirty years to stabilize the population. And in thirty years the sixty-five million crowded human beings on the small islands of Japan will probably increase to more than eighty millions. This is a theoretically conservative estimate, and assumes a rapid spread of birth-control information among the Japanese people. Thus, as strained as the economic and social conditions now are in Japan, the unemployment situation is bound to become increasingly more aggravated. With the annual increase of population in the last five years averaging approximately 900,000, it is estimated that an increase in employment for 500,000 new workers will be required annually between 1940 and 1945. The delayed effects of rapid population growth are often the most serious. Furthermore, as the proportion of women of the child-bearing age is increasing while the general death rate is decreasing, the net increase, births over deaths, may grow even larger.

It is of the greatest importance not only to Japan, but to Oriental nations and the entire world, that family limitation make rapid progress among

the Japanese people. Not only will this custom help to prevent further movement on the part of Japan for expansion, but through Japan it may be spread to other Oriental countries. It may not be too much to expect that even the famines and pestilences of Asia's teeming millions will give way before the human control of fecundity. It is practically the unanimous opinion of population experts that birth control is the greatest hope for progress in the Orient.

In conclusion, it cannot be emphasized too often that emigration and colonization cannot be a permanent cure for population pressure. There are no lands, new or old, that can for any length of time support a population increasing as rapidly as has that of Japan during the past decade. Crocker expresses the prevailing expert thought on this subject when he says, "most specialists are agreed that emigration cannot remedy overpopulation. The room left by drawing off the surplus is immediately filled; the pressure of numbers is like the pressure of the tide against a barrier; remove the barrier and the tide pours in to fill the newly emptied space."

GUY IRVING BURCH,

New Republic August 24, 1932

Clinical Development

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

THERE have been profound and rapid changes in the general and professional attitude toward the control of human fertility, especially during the past three years. Public service provisions in this field and for general marriage counsel are increasing and, in addition to the National Committee on Maternal Health, other groups for scientific study and education have been organized on a national and international scale.

Clinical service under regular medical direction was begun in England in 1921 and in the United States in 1923. In ten years it has spread until now there are well over four hundred centers reported in twenty countries, not only in Europe and North America, but in South America and in Asia and South Africa.

These centers are under the auspices of highly responsible citizens, as attested by the quality of service that is rendered to clients, and by the steadily accumulating body of information on clinical and teaching methods, indications, social, economic and medical conditions, and history of patients, and results. Most American and British clinics keep careful records, and at nearly all of the centers some sort of consistent study is carried on, making the annual reports far from perfunctory, several, indeed, notably those of the Baltimore Bureau of Contraceptive Advice and the Cleveland Maternal Health Association, are important contributions. The Birth Control Clinical Research Bureau in New York City has made the most comprehensive study of its case histories ever undertaken in this field.

Not only are the birth control clinics increasing with astonishing rapidity—as witness the fourfold growth in three years in the United States from twenty-eight services in 1929 to over one-hundred and twenty in 1932—but they are also extending their scope. Birth control is an *emergent* problem, but in caring for this many other conditions are revealed which require attention, especially unhealed injuries of childbirth and inflammatory areas, which left untended might well develop into serious states. Again, women seek relief from in-

voluntary sterility as well as from involuntary conception, and still others ask help in other personal problems of married life affecting husbands and children.

Nearly all clinics, especially those outside of hospitals, feel the pressure of these extra demands and try to respond with increased services, such as follow-up for conditions requiring medical and surgical treatment that must be referred to properly equipped hospitals, while for the rest a number have instituted extra sessions for marital and premarital advice, some with special provisions for husbands. The increasing use of names like "Maternal Health," "Mothers' Clinic," "Women's Welfare Center" indicate this changing function.

MARRIAGE CONSULTATION

While the birth control clinics are thus expanding into health examination and sex education services, other centers for marriage and family advice are starting up in various places under quite different auspices. Since 1923 there have been *Ehe und Sexualberatungsstellen* in Germany and Austria, under the auspices of various organizations, or in connection with movements for social and mental hygiene.

In the United States, within a few years, a still different type of organization has sprung up, mostly in connection with religious and educational institutions and intended for the rank and file of young people, rather than for any special groups of the community. More than sixty such centers have been started here by individual clergymen concerned in their pastoral capacity with cherishing the ideals of marriage and the family, and, in line with the movement for cooperation between religion and medicine, they have usually called upon physicians for help. Some have been the outgrowth of special social hygiene campaigns and still others have been started by social biologists and educators, such as the Institute for Family Relations at Los Angeles, and the special sessions on marriage at the Vassar Institute of Euthenics. Nearly all

these centers, under whatever auspices, have physicians on their staffs or at least on call, as well as psychologists and social workers

The prime object of the marriage consultation centers has seldom been to furnish birth control advice, but here, as well as abroad, experience shows that this is in constant demand by the clients, and most programs have been modified to provide for this, sometimes directly but usually by consultation with local physicians, or with regular birth control clinics

Thus the two types of service are seen to approximate each other, and it seems to be only a question of time when there will be a recognized community provision for a department of *marriage hygiene*, whose function, largely preventive, will extend over a wide range of needs and ages to include sex education for adolescents, engagement and pre-marital and post-marital counsel and examination, with control of fertility as a part thereof

SCIENTIFIC GROUPS NATIONAL IN SCOPE

In England, The Birth Control Investigation Committee was started in 1927 under the chairmanship of Sir Humphrey Rolleston, Regius Professor of Medicine at Cambridge, and with representation from other great universities. This Committee has under way a systematic program of research in technical methods and clinic administration in several university centers. It was in turn the outgrowth of the Society for the Provision of Birth Control Clinics, founded in 1921. In 1931 both organizations amalgamated with other bodies for clinic promotion and educational work in the National Birth Control Association with Sir Thomas Horder as the first president, and a distinguished membership of physicians, scientists, statesmen and other public spirited men and women. The Association is in active touch with other countries and sponsors the occasional technical reports of the International Medical Group for the Investigation of Contraception, which grew out of the World Population Congress called by Mrs Sanger in 1927 in Geneva. Four reports have been issued to date. Address 26 Eccleston St, London SW 1. Mrs Pyke, Secretary, Dr C P Blacker, Medical Director

Another affiliation is with the Birth Control International Information Centre of which Margaret Sanger is President (Gerda S Guy, Secretary-

Treasurer, Edith How-Martin, Director). This conducts no special studies, but acts as a clearing house for the general news from all countries, especially in the social, economic and educational phases, holding weekly luncheons in London for foreign visitors interested in the field. Address Parliament Mansions, Westminster, London, SW 1

In Germany medical interest in the control of fertility has been increasing rapidly. There is an *Informationsburo fur Geburtenregelung*, under Drs Kurt Beck and Max Hodann in Berlin. Address Beethovenstrasse 3, Berlin NW 40. Plans are under way for a comprehensive research program under university auspices, under the leadership of Professor Stoeckel of Berlin and Professor Fraenkel of Breslau. The German Gynecological Society meeting in Frankfurt in 1931 devoted an entire session to contraception.

In France, the newly formed *Association d'Etudes Sexologiques*, with Dr Toulouse, the founder of the French Mental Hygiene movement, at its head and with a gynecologist, Dr Jean Dalsace as Secretary, includes the control of conception, sterilization and marriage consultation in its program, as well as social, legal and psychological aspects of sex. Address 31 rue St Guillaume, Paris

It is curious that the only governments that are officially considering the problems of controlled fertility are those of Russia and Japan. The Soviet regime makes elaborate provisions for instruction and care in contraception and for legal abortion in certain cases, and publishes careful and extensive reports on methods under the auspices of the Government Institute for the Care of Motherhood and Childhood of the Department of Health. Japan has no such formal activities, but the Government sent an official representative to the Zurich Congress on Clinical Contraception in September 1930, and is seriously studying the whole question of contraception and sterilization under the impetus of a grave problem in overpopulation. In China too there is some governmental interest, and in certain parts of India and of Mexico

Birth control information is now reported to be available in more than four hundred localities, in twenty countries, in all parts of the world, and the clinics are increasing so fast that any list is soon outdated. Lists of clinic services are kept up to date at the office of the American Birth Control League, 152 Madison Avenue, New York City

All of the services in the United States and most of those in other countries are under regular medical control, that is examination and care is by physicians, assisted by nurses, midwives and social workers. Even in the few clinics where the work is done by nurses or midwives, physicians are near for consultation. The methods followed are similar in all clinics, being designed primarily to give the woman the control, although there is now a distinct tendency especially in English clinics to include instruction for husbands. Auspices and housing, however, vary greatly.

Separate stations under private auspices run exclusively for birth control advice are the oldest type. Some have their own quarters, others are run in connection with another welfare activity, such as settlements. Examples are the Birth Control Clinical Research Bureau in New York City, the medical centers of the Illinois Birth Control League in Chicago, and the various mothers' clinics and maternal health centers in California, Ohio, Pennsylvania and Michigan, and the English clinics before 1930. These special stations are still the largest in point of numbers of patients and, although there are not so many being set up, they will continue to be the important type of service for some time to come.

Out-patient clinics, either in hospitals or unattached dispensaries, or in public health departments are the most numerous present form, and are generally developed in connection with obstetrics and gynecology or pediatrics. This is theoretically the best form, since the clients can be given complete medical care, but there are practical reasons why it remains limited, except where sponsored by a special committee as in Cincinnati, or administered in a separate division, as in the Los Angeles County Health Department. The hospital service is just beginning in England, and also the incidental giving of advice in public maternity and infant welfare centers.

FAMILY WELFARE AND CONTRACEPTION

For many years social workers have been conscious of the great potential usefulness of controlled fertility in any scheme of family welfare, and State and National Conferences of Social Work have included sessions on the subject, but for obvious reasons few agencies have openly sponsored birth control work. Recently a change has come, and it will not be long before social ser-

vice will have assimilated this particular principle of preventive health work. The following are a few outstanding instances.

Social settlements were the first to open their doors to birth control clinics, beginning with Chicago, where one of the Illinois Birth Control League's six clinics is in Hull House. In New York there are now eight clinics in social settlement houses under the auspices of the New York City Committee of the American Birth Control League.

The Jewish Social Service Bureau of Chicago was the first family agency to provide a comprehensive sex hygiene service, including contraception. Mr. Harry L. Lurie reports on it in the Hospital Social Service Magazine for November 1931, under the title "Adult Sex Hygiene and Family Case Work" (Reprinted in monograph form by the National Committee on Maternal Health, Inc.).

In England the Pioneer Health Centre at Peckham, London, which is conducted along lines of a social settlement, includes contraception among its manifold health services to its community. Drs. Pease and Wilhamson, the physicians responsible, report on the whole venture in their excellent little book *The Case for Action*, published by Faber and Faber, London, 1931.

The New York Association for Improving the Condition of the Poor, oldest of the family welfare agencies in the United States, has now put into action a definite program for securing contraceptive care for its clients, in the interest of the health and welfare of the mothers and children. The statement of its well considered policy included in its "Manual for Nurses" is quoted by Alta E. Dines in the BIRTH CONTROL REVIEW for May, 1932, p. 138.

The birth control services administered on a family case work basis are important out of all proportion to the numbers involved, because of the opportunity to study the psychological factors in instruction and application, and the interrelation of family limitation with other personal and economic factors of family life.

Finally comes the service, again incidental, which is given in centers for marriage consultation or sex advice. Potentially, at least, this is perhaps the most significant, because it is linked up with a comprehensive program for general educational work, designed, not for any special social class of

the community, but for the rank and file of families. The interest of organized religion is the single most powerful factor in this work.

There are now over 120 contraceptive services in over forty localities in 22 states, the earliest and largest being the Birth Control Clinical Research Bureau, started by Mrs. Margaret Sanger as a department of the American Birth Control League in 1923.

The outstanding achievement of the past three years, aside from growth in numbers is the exhaustive statistical analysis of the ten thousand case histories gathered by the Birth Control Clinical Research Bureau. The report on this study made by Dr. Marie E. Kopp, under the supervision of a technical committee headed by Professor Edwin B. Wilson of Harvard, and with several directors of the National Committee on Maternal Health upon it, will be issued shortly in a comprehensive monograph with a Foreword by Professor Adolf Meyer of Johns Hopkins. The study begun in 1928 was made possible by an appropriation from the Bureau of Social Hygiene. Social and economic data as well as medical histories and findings, administrative details and results of care are included,

and will furnish a storehouse of information for students for years to come.

The experience of the Cincinnati Committee on Maternal Health is an example of what may be done in a clinic in a hospital out-patient department. A contraceptive service was opened in the Obstetrical Department of the General Hospital, a city institution, which was also the teaching hospital of the University of Cincinnati in November 1929, and continued till January 1932, when it was moved to the Children's Hospital. In a period of two years and three months, 1000 patients were treated, and services opened in the Christ and Jewish hospitals, to which general practitioners may refer their private patients. The work here was made effective by an active medical committee acting in cooperation with a sponsoring lay group, which made possible the steady referring of patients from social agencies and their follow-up.

Other new clinic services of a noteworthy character are the maternal health centers of Philadelphia and Rhode Island, which, though extra-mural, have been conducted with the fullest kind of support from leading medical men and women, the three hospital services in Detroit and Grand Rapids, and the hospital clinic in St. Louis, Missouri.

Mothers Health Bureaus for Contraceptive Advice

OF THE
NEW YORK CITY COMMITTEE

<i>Address</i>	<i>Organized</i>	<i>No. of Sessions Jan. 1 to Oct. 27 1932</i>	<i>New Patients Treated</i>	<i>Total Attendance</i>
Madison House 226 Madison St.	October 15, 1930	36	114	249
Maternal Aid Association 239 East Broadway	February 10, 1931	36	169	463
Council House 1122 Forest Avenue	April 14, 1931	84	385	604
Christ Church House 344 West 36th St.	May 7, 1931	38	159	272
Union Settlement 237 East 104th St.	February 2, 1932	34	219	421
United Jewish Aid 1095 Myrtle Avenue Brooklyn	March 14, 1932	26	114	196
Totals		254	1,160	2,205

Book Reviews

THE JOY OF IGNORANCE, by T Swann Harding
ing *William Godwin, New York 1932 \$3 00*

ALTHOUGH there is nothing in this latest of T Swann Harding's onslaughts on contemporary superstitions which bears directly on the subject of birth control, the book contains several chapters of the highest interest to every person interested in that widely-ramified question. Whatever may be one's opinion of Mr Harding's views and his trenchant manner of expressing them, one thing may always be said of everything he writes: it is exciting and provocative. Readers of the BIRTH CONTROL REVIEW who have no previous acquaintance with the work of this chemist turned sociologist will certainly agree with this statement after reading Chapter XIV and XV of *The Joy of Ignorance*—"How You Can Be More Like Me," and "Can Women Become Men?"

Indirectly, of course, "How You Can Be More Like Me," which is in essence a caustic and only too well deserved rebuke to the over-enthusiastic eugenisists, has an important bearing on birth control propaganda. An advocate of contraception needs a clear and detailed knowledge of the actual workings of heredity, since one of the primary objects of birth control is the improvement of the race. The list presented by Mr Harding of heritable dominant traits and conditions, is not likely to arouse desire for uninhibited breeding of human stocks. It is, however, of great importance that we realize the dangers and difficulties of selective breeding. There are enough religious and traditional obstacles in the path of the birth controller without adding unnecessary hurdles built up by his own ignorance of the facts and undue optimism about results. "What the animal or man is," says Mr Harding, "depends upon his training and his environment, what he may become depends upon his inheritance. No breeder today knows enough to know how to control the dominance or recession of mental and emotional traits in stallions. It is rather early to begin to assume that this can readily be done with human beings." On the other hand, he adds that the elimination of pure-bred imbecility "from the breeding human stock seems advisable as a step in improving average human intelligence, but such a step is always and at best only a step."

Even those who agree heartily with this chapter, and who also accept the factual data in the succeeding one "Can Women Become Men?" may disagree with some of the conclusions drawn by the author from these data, and with his ideas on the "new mythology" of sex, which he arraigns as "deceiving only the clever." Because there are general physiological differences between the sexes, and because mental differences are a phase of physiological ones (a viewpoint which I accept), it does not follow (a) that certain mental unlikenesses cited by Mr Harding from student questionnaires are necessarily induced by these differences, instead of being caused by differences in training and environment, or (b) that the end-results of men and women in thought and achievement are necessarily inferior one to the other, even though the activating method may have been differently induced. His own quotations from scientific researchers who happen to be women, and the exact likeness of their achievement to that of others who happen to be men, are sufficient disproof of any anti-feminist reactions from his studies in this chapter. Men and women are not exactly alike, who said they were? But they are both primarily human beings, with the problems, interests, and desires of human beings, and their primary, secondary, or tertiary sexual differences are relatively minor to their fundamental human likeness.

The entire book, even those chapters quite remote from the particular interests of this magazine, is very much worth reading and remembering. Its chief defect is the unfortunate lack of an index, an especial fault in a work so worthy of being consulted as a reference.

MAYNARD SHIPLEY

EUGENESIA Y MATRIMONIO (EUGENICS AND MATRIMONY), by Francisco Haro Garcia, M D
Madrid, 1932

THIS book is another indication of the swelling tide of modern thought in Spain, set free by the Revolution. Its purpose is to discuss a plan or plans for legally requiring a medical certificate before marriage, in order to protect the health and welfare of the married pair and their children, for the future benefit of society and of the race.

The book was written at a time when the governing body of the new state was engaged in revis-

ing fundamental laws, among them those relative to matrimony. It proposes a law providing that a certificate of health must be secured by candidates for marriage, before the marriage may take place. Under this plan, the following defects would stand in the way of securing a certificate for matrimony: mental alienation, epilepsy or nervous weakness capable of extending itself to the spouse or to the descendants, physical impotence for procreation of a patent, perpetual and incurable nature (unless the spouse knows the facts, and, notwithstanding, is willing to enter into the marriage), and such diseases as leprosy, tuberculosis or syphilis in their contagious periods, or if manifestly hereditary (unless the afflicted person submits to sterilization, and the spouse gives consent to the marriage).

The body of the book is taken up with detailed discussion of such questions as pre-matrimonial certificates, views held throughout the ages on the importance of regulating marriage for the purpose of maintaining health of the offspring and spouse or for other reasons, arguments for and against considering different methods of carrying out the general plan of the proposed regulation.

As a work of reference this book will be found very useful, giving as it does the opinions and criticism of all schools of thought in various countries, with an historical background showing briefly but clearly the development of the idea of regulation of marriage on social and eugenic grounds. Especially valuable is the appendix summarizing the existing legislation on pre-marital health in the different countries.

KATE HOLLADAY CLAGHORN

THE BALANCE OF BIRTHS AND DEATHS,

VOL. II, by Robert R. Kuczynski. *The Brookings Institution, Washington, D C 1931 \$2*

THE first volume* of Dr Kuczynski's studies of the vital statistics of western nations dealt with Western and Northern Europe. In that volume he reached the conclusion that fertility was already so low that the populations of those areas could not be said to be reproducing themselves. The fact that their births still exceed their deaths he found to be entirely due to the age distribution, that is, the presence in the middle age registers of an undue proportion of their numbers. On the

basis of present fertility, marriage and death rates, he showed that 1000 girl babies born today would not in the course of their lives bear 1000 girl babies to replace themselves. He concluded that even if mortality should decrease more than now seems probable, the populations of the British Isles, Germany, France and Scandinavia would soon begin to diminish, unless there was a revival of fertility.

In this second volume Dr Kuczynski extends his method to the nations of Eastern and Southern Europe. He discovers that the conclusions of Vol. I may be extended to the countries of Central Europe, such as Latvia, Esthonia, Austria, and western Czechoslovakia, that eastern Czechoslovakia, Poland and Lithuania are increasing, but slowly, that Bulgaria is the only country of southeastern Europe where the birth rate has fallen sharply, though statistics are very incomplete, that Russia's reduced mortality rates gave her as great an increase in 1926-27 as thirty years earlier, and that Spain and Portugal appear to be increasing about as rapidly as before the war.

The author foregoes any and all discussion of the causes of the situation which his facts disclose. He has been at great pains, however, to uncover and evaluate the statistical materials relating to birth and death rates in a number of countries about whose demographic movement little has been known. His text covers only 64 pages, but his appendices and notes cover a full 100 and constitute a critical compendium. Nothing is said in this volume regarding the method of computing the number of probable future mothers, Volume II must therefore be read with Volume I at hand. While the results show that the decline of the birth rate is not restricted to nations of west European culture, they also suggest that the balance of power, in so far as it rests on numbers, is undergoing persistent change in favor of eastern Europe. Another decade may, however, bring about a more marked downward trend in Russian fertility.

As for those nations of central Europe not now reproducing themselves, they thereby reveal their affinity to the nations west of them and the conflict between our civilization and fertility. One may, according to his predilections, see in these data a new war, or a new conflict of cultures with increasing threat to the dominance of the West, or the beginning of a new era of population control in which emphasis will be laid on quality, both biological and social, rather than on quantity. From the

*See review of Volume I, by Guy Irving Burch in September, 1931, issue.

sociological viewpoint, one seems warranted in supposing that the decline in fertility will continue so long as those social conditions producing it continue to operate in present directions. These conditions include industrialism, urbanism, ethical-utilitarian individualism (which may flourish under socialism as well as under capitalism), the decline of religious authority and birth control. Certainly the rewards of parenthood are none too great, if it becomes entirely voluntary—as it should in a civilization seeking to free the individual from irrational compulsions, we may be compelled to devise special means to maintain the desire for children.

F. H. HANKINS

MARRIAGE AT THE CROSSROADS, by Dr Wilhelm Stekel, translated by Allan D. Garman. *William Godwin, New York* 1931. \$2.00

THERE are probably many worse books on the perennial marriage "problem" than this latest effusion of Stekel, the omniscient psychoanalyst (no, the reviewer has not been analyzed), but for the moment their titles do not come to mind. Let us roam through the pages, picking out gems of thought here and there.

"Monogamy will always remain the ideal of civilized man" (p. 15). Then it follows that many of us, the reviewer included, are not civilized. So be it! But how to square the statement just quoted with this: "When the easily purchased object is lacking, man then directs his aggression on the wives and daughters of his neighbors" (p. 20). Apparently civilized man falls short of the ideal now and then. "Sociologists assume that before the introduction of marriage a condition of promiscuity existed" (p. 21). Being a sociologist of sorts myself, I disown the soft impeachment, not even Briffault maintains that anything approaching promiscuity, strictly defined, can be found in the record of any culture, taken as a whole. "Peoples, too, have an occult memory which we might, with Semon, call the 'collective mnemne'" (p. 24). Unless a few blatant mystagogues are included among the scientists, it can be said categorically that no reputable scientist—ethnologist, social psychologist, psychiatrist—accepts the fantastic theory set forth above. Bluntly stated, it is sheer bosh. In speaking of birth control, our oracle guards himself against attack on the basis of any single phrase, but the net conclusion to be derived from his lucubrations on the subject is that birth con-

trol is highly uncertain—"pregnancy will come about in spite of the measures employed" (p. 152)—and that the couple therefore "stands face to face with the weighty decision, whether to have an abortion performed or to resign themselves to the situation" (p. 152). How often have we been confronted with the asinine practice of discussing birth control and abortion in the same breath!

These are harsh words. In justification, we close with a quotation that reveals the delicacy of the author's sentiments and the profundity of his psychological insight.

"When I was learning to drive, I was continually forced to reflect on woman's resemblance to an automobile. There are countless tricks and niceties to be learned. And how difficult the beginning. My instructor prescribed the speeds, drew the brake when I failed to do so at the proper time, blew the horn, turned the steering wheel—and from him I copied the fine points.

"But in love there is no instructor. Each husband must try to get through with his car, alone. The one will spoil everything at the very start, and must continually go into neutral, another never knows when to draw the brake, a third drives too fast. What wonder if the car skids and the driver is hurled out of his seat?" (p. 40).

And what wonder if reviewers wax discourteous? Good books on this subject are badly needed, but they must be good books. One volume by a Van de Velde or a Bloch is worth a truckload of psycho-analytic peurileties.

HOWARD BECKER

OUR PROPHETS, ESSAYS ON ANGELL, INGE, SHAW, WELLS, RUSSELL, LUDOVICI, by R. B. Kerr. *Published by the author, Croyden, England* 1s.

FORTUNATELY this little book, less than one hundred pages in length, can be read at one sitting, for it is so fascinating one cannot lay it aside. It contains appreciations of Norman Angell, Dean Inge, Bernard Shaw, H. G. Wells, Bertrand Russell and Anthony M. Ludovici, and the author is to be congratulated on his success in compressing so much valuable material into so small a compass.

Dean Inge, in discussing transmissible taints, says "Prof. Karl Pearson gives a pedigree of inherited cataract. A blind woman had two daughters blind at forty. Of her five grandchildren only one

escaped, the other four were blind at thirty. Of her fifteen great-grandchildren, who can be traced, twenty were already of feeble sight at seven and some lost the sight of both eyes. A pedigree of deaf mutism drawn by the same author shows twenty-two cases in three generations. In this family there were four marriages between two deaf mutes with the disastrous results which were to be expected. In one workhouse sixteen feeble-minded women had 116 idiot children. The conclusion is inevitable. Persons with a definite transmissible taint ought not to be allowed to procreate. Many high-minded men and women already accept this duty and act upon it, the reckless must be restrained by the state."

Mr. Kerr adds that sterilization now offers a simple solution and calls attention to the fact that Dean Inge is a strong advocate of birth control, from the point of view that it will limit the number and improve the quality of the race. He credits Dean Inge with having helped the birth control movement more than any other single individual.

Bertrand Russell scores the late age at which marriage is consummated today—the average age is over 27 for men and nearly 26 for women. He says "Nature has fixed puberty as the age of sexual maturity and nature's decree is strictly followed by all animals and by the colored races of men. To defy nature in such a matter is to invite an explosion." Early marriage plus scientific birth control information would seem to be the solution.

According to H. G. Wells, all people might enjoy the comforts as well as the necessities of life if we had rigid control of population. World peace and world economic control are also indicated.

Read *Our Prophets*. It is worthwhile.

MORRIS LYCHENHEIM

EX-PRIEST AND THE RIDDLE OF RELIGION, by L. H. Lehmann, S. T. L. *Agora Publishing Company, Flushing, New York* 1932 \$2.50

THE present reviewer admits to a certain misgiving as he sat down to review this book, *Ex-priest and the Riddle of Religion*, by L. H. Lehmann, S. T. L., recently a priest of the Roman Catholic Church. He expected a torrential outpouring of vituperation, the naturally dammed up venom of many years of repression in the Roman priesthood. But, to his surprise, he found here a man, not only scholarly in his attainments, but keen

and vigorous in his insights. No one can read this book without realizing that the author knows exactly what he is talking about, and can put his facts into plain English. Born and brought up in Ireland, within the portals of the Roman Church, he studied for its priesthood in Rome. Vivid are the pictures he paints of life there as a budding priest. He knows the strong points of the old Mother Church of all the Christian branches. He knows her weaknesses, or rather the way in which she, through her knowledge of human weaknesses, builds her huge organization and holds her members to an old world attitude toward life.

This is certainly clear in the chapter on "Romanism and Sex," which will be of great interest to readers of the BIRTH CONTROL REVIEW. Dr. Lehmann is well aware of the terrible consequences and harm that come to individuals from the suppression of this God-given urge of sex. He reveals the morbidity into which this sex attitude brings the young candidates for the Catholic priesthood with cold scientific precision, and shows how, with proper understanding and direction, a healthy sex attitude could just as easily be developed.

Dr. Lehmann's analysis of how the Roman Catholic Church simply carries on the legal conception of life in ancient Rome, his understanding of the fact that the whole Roman system hangs together like some mediaeval tower that would tumble, were one stone removed, together with his grasp of philosophic and scientific problems in this twentieth century combine to make this a book that thinking people cannot afford to miss.

GEORGE MAYCHIN STOCKDALE

Books Received

- LOVE AND SEX EMOTIONS, by William J. Fielding *Dodd, Mead Company, N. Y.* \$2.50
- MATERNITY HANDBOOK, by the Maternity Center Association, New York *G. P. Putnam's Sons, N. Y.* \$1.00
- THE AUTHORIZED LIFE OF MARIE C. STOPES, by Aylmer Maude *Williams and Norgate, Ltd., England* 5/- net
- THE NORMAN RECONSTRUCTION PLAN, by Fredrik Norman *Alexis Dufour, Paris* \$1.00
- THE STORY OF SEX, by Helena Wright, M.B., B.S. *Vanguard Press, N. Y.* \$2.00
- WHY MARRIAGE? by S. L. Katzoff, M.D., L.L.B. *The Institute of Domestic Relations, San Francisco, Calif.* \$1.00

Maternal Health Center, Newark, N. J.

Excerpt from "Maternal Health and Contraception, A Study of the Social Data of 2,000 Patients from the Maternal Health Center," by Hannah M Stone, M D and Henriette Hart This is the second a series of detailed reports on clinics presented by the REVIEW

THE Maternal Health Center of New Jersey was inaugurated by the New Jersey Birth Control League. This league was organized in 1927 by a group of representative New Jersey women for the purpose of promoting birth control activities in the State of New Jersey. From the very outset the League realized that the most concrete form its work could take would be the establishment of a center in New Jersey, where birth control information could be made available to women who would be entitled to receive it under the existing legal statutes.

GROWTH AND MAINTENANCE OF THE CLINIC

The Maternal Health Center has grown steadily during the four years of its existence. This is well illustrated in the summary below, which gives the number of patients, of visits and of sessions for each of the four years.

The cost of maintaining a contraceptive clinic will depend upon the location and type of clinic, the amount of volunteer assistance obtainable, the extent of follow-up work, and other factors. The average cost per patient will vary of course with the number of patients and will naturally be higher during the initial period of the clinic's activities.

	<i>First Year</i>	<i>Second Year</i>	<i>Third Year</i>	<i>Fourth Year</i>
New Patients	510	800	1,300	1,729
Visits	923	1,780	3,203	3,801
Clinic Sessions	99	176	214	308
Cost per patient	\$15.16	\$12.50	\$10.00	\$8.25

SOURCE OF PATIENTS

From what sources was the clientele of the Center obtained? This question is of considerable importance in deciding upon the need of a birth control clinic and in judging the reaction and response of the community to the service it is rendering. Every patient applying for advice was asked by whom she was referred and this was noted on her chart. Table I gives a summary of the sources of reference of the patients.

TABLE I
Sources of Reference

<i>Source</i>	<i>Number of Patients</i>	<i>Percent</i>
Hospitals	175	8.8
Clinics	183	9.2
Physicians	366	18.3
Board of Health	20	1.0
Social Agencies, Nurses	344	17.2
Patients	432	21.6
Friends	346	17.3
N. Y. Clinic or League	88	4.4
Lectures, Literature	41	2.0
No Record	5	.2
Total	2000	100.0

It will be seen that more than one-half of the patients in this series were referred by physicians, hospitals, clinics and social service agencies. Obviously, then, the Center fills a very definite hiatus in the medical care of the community. We may expect that ultimately the various hospitals and public health institutions will provide contraceptive services for those in need of this advice. Until that time, however, it is clear that the extramural clinic has a definite function and place in the community.

RELIGION

In view of the fact that the attitudes of the several different religious bodies towards the question of birth control are at great variance, it will be of interest to note the religious affiliations of the patients who applied for advice. It was deemed advisable to include a record of the patient's religion on her chart because of its social significance and because it was felt that the religious belief of a woman may have some bearing upon her reproductive history and upon her reactions and attitudes towards the use of the contraceptive prescribed. Table II summarizes the religious affiliations of the 2,000 patients in this series.

TABLE II
Religious Affiliations

<i>Religion</i>	<i>Number of Patients</i>	<i>Percent</i>
Protestant	1,077	53.8
Catholic	574	28.7
Jewish	332	16.6
Other	4	.2
None	6	.3
No Record	7	.4
Total	2,000	100.0

To what extent these figures coincide with the general distribution of religious preferences in the city of Newark and surrounding communities it is difficult to state. The figures obtainable from the United States Census Bureau cover only 62% of the Newark population, and do not present a sufficient basis for an adequate comparison.

REPRODUCTIVE STATUS

The reproductive histories of the patients represented in this study constitute a very interesting chapter in the analysis. The data recorded on the clinical histories offer many illuminating figures concerning the social and biological aspects of human fertility.

The total number of pregnancies of the women in this series was 8,314, an average of 4.2 pregnancies per patient. Only 30 patients had never been pregnant at the time they applied for advice.

The distribution of the pregnancies as shown in Table VII is of particular interest. They ranged from one to as many as twenty per patient. Over 85% of the patients had had two or more pregnancies, and nearly 50% had had four or more each at the time they came for consultation. This again indicates that the average woman who received treatment at the Center was well advanced in her reproductive life.

TABLE VII
Distribution of Pregnancies

<i>No of Pregnancies</i>	<i>No of Patients</i>	<i>No of Pregnancies</i>	<i>No of Patients</i>
None	30	Eleven	31
One	263	Twelve	25
Two	382	Thirteen	13
Three	344	Fourteen	7
Four	272	Fifteen	3
Five	184	Sixteen	2
Six	149	Seventeen	5
Seven	93	Eighteen	1
Eight	89	Nineteen	0
Nine	58	Twenty	1
Ten	36	No record	12
Total			2,000
Total number of Pregnancies		8,314	
Average number of Pregnancies		4.2	

From the point of view of the relation of contraception to maternal health and maternal welfare, one of the most important points to determine is—how many of the pregnancies that are initiated actually come to term and result in live offspring. Our data on this point show that of the 8,314 pregnancies, 6,537 or 78.6% came to term, while the

remaining 1,777 or 21.4% terminated prematurely either in miscarriages or abortions. The ratio, therefore, of miscarriage and abortions to pregnancies in this group was 1 to 4.7, and the ratio to confinements 1 to 3.7.

PLANNED AND UNPLANNED PREGNANCIES

From a social, as well as from a medical point of view, one of the most valuable results of adequate contraceptive knowledge is the conscious control it gives to the woman or to the couple to plan pregnancies and to space the births of their children. It is obvious that without the use of contraceptive measures constructive planning for the coming of children cannot take place along with a normal marital relationship, and many unwanted pregnancies are bound to occur. It must be emphasized, however, that the term unwanted pregnancy merely implies that the woman did not plan for it or desire it at the time it occurred, it does not mean that she might not have planned one or wanted one six months or a year or so later. The mere fact that so many artificial interruptions of pregnancies are resorted to indicates in itself that a large number of pregnancies are distinctly unwanted and accidental. The larger number of unintentional pregnancies, however, are not interrupted but are permitted to go to full term, even though it may sometimes mean a hazard to the mother or a serious encroachment on the resources of the family.

Could it be determined with any degree of accuracy how many of the pregnancies that ordinarily take place are really intentional and how many are merely the result of a casual sexual relationship in marriage, and hence unplanned for and often unwanted? It was with this object in view that a place was provided on our revised history chart for recording the number of pregnancies which were intentional and the number which were unintentional. We have summarized 1,000 records on this point, although not all of these 1,000 histories fall within the series of this report.

These patients were asked in detail concerning the history of their individual pregnancies. Particular emphasis was placed upon the question as to how many of these were intentional and how many unintentional. It was realized, of course, that it is often difficult for a patient to reveal the intimate details of her life in this respect. Often she will consciously distort or omit some pertinent point, and then again, with the passing of years,

she will herself have forgotten some of the facts involved in a particular pregnancy. Nevertheless an attempt was made to go into this question with the patient as thoroughly and as tactfully as possible, and we believe that the data gathered represent a fairly accurate cross-section of the reproductive life of at least these 1,000 women.

The total number of pregnancies of these 1,000 women was 4,290. Concerning 247 of the pregnancies, no data could be obtained, as the patients refused or were unable to give the necessary information. Of the 4,043 remaining, 1,144 or 26.6% were recorded as intentional or planned pregnancies, and 2,899 or 67.6% as unintentional or accidental pregnancies.

TABLE XIV

*Summary of Intentional and Unintentional
Pregnancies of 1000 Women*

<i>No of Patients</i>	<i>No of Preg</i>	<i>Total No of Preg</i>	<i>No of Inten Preg</i>	<i>No of Unintenl Preg</i>	<i>No Record</i>
15	0	—	—	—	—
481	1-3	1,026	410	596	20
317	4-6	1,547	422	1,078	47
127	7-9	1,001	216	732	53
60	10-20	716	96	493	127
1,000	0-20	4,290	1,144	2,899	247

An analysis of these figures according to the number of pregnancies is given in Table XIV. It clearly indicates that the number of unintentional or unwanted pregnancies increased as the total number of pregnancies of the patient increased. In families of one to three pregnancies the ratio of the unintentional to the intentional was about 60 to 40, or 1.5 to 1. When the number of pregnancies was seven or more, the ratio increased to approximately 80 to 20, or 4 to 1.

For any number of therapeutic reasons, further childbearing, temporarily at least, may become inadvisable for any woman. Clearly, if she is to continue normal marital relations, she must resort to some measures for the prevention of conception. The choice of a measure is primarily a medical problem, and requires medical advice and guidance. Until the opening of the Maternal Health Center, there was no clinic in New Jersey to which a woman could apply for this information and treatment. The Maternal Health Center, by providing these women with adequate medical care for the control of conception, has met a very definite need in the health service of the community, and has contributed materially toward the preservation and conservation of maternal health.

RELIGION AND REPRODUCTION

Does the religious affiliation of a woman affect her reproductive history? The data contained in our records throw some light upon this interesting question.

TABLE XI

Analysis of Reproductive Data, According to Religious Affiliations

	<i>Protestant</i>		<i>Jewish</i>		<i>Catholic</i>		<i>Total*</i>	
	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>
<i>Total Number of Patients</i>	1,090	54.5	330	16.5	573	28.7	2,000	100.0
<i>Pregnancies Came to Term</i>	3,336	78.6	869	70.8	2,347	82.6	6,563	78.6
<i>Living Children</i>	2,985	70.3	809	65.8	2,104	74.0	5,909	70.9
<i>Dead Children</i>	301	7.1	39	3.3	214	7.5	554	6.6
<i>Still Born</i>	50	1.2	21	1.7	29	1.1	100	1.2
<i>Pregnancies Terminated Prematurely</i>	906	21.4	359	29.2	495	15.4	1,177	21.4
<i>Spontaneous</i>	376	8.9	80	6.5	264	9.3	724	8.5
<i>Therapeutic</i>	47	1.1	25	1.9	13	.5	85	1.1
<i>Physician</i>	167	3.9	145	11.9	59	2.1	384	4.6
<i>Midwife</i>	73	1.7	16	1.3	32	1.1	121	1.5
<i>Self-Induced</i>	243	5.8	93	7.6	127	4.4	463	5.6
<i>Total</i>	4,242	100.0	1,228	100.0	2,842	100.0	8,340†	100.0

*The total also includes 11 children: 4 spontaneous and 13 abortions performed by physicians among the women of no religious affiliation or whose affiliation was not recorded.

†The difference between this figure and the total number of pregnancies is due to 26 twin births.

News Notes

UNITED STATES

THE National Committee on Federal Legislation for Birth Control has once more established headquarters in Washington in the Methodist Building, Room 309, 100 Maryland Avenue, N E, Washington, D C Work has already been started to capitalize the great progress made during the last session of Congress The first objective will be to obtain a favorable report from the sub-committee of the Senate Judiciary Committee before which the Hatfield Bill S-4436 is still pending The major effort will be made to have this bill passed by the Senate before the coming March The work in the House of Representatives will also be continued The time seems more propitious than ever before to obtain real and lasting results

DELAWARE The Birth Control League of Delaware, at its annual meeting, elected officers for the coming year as follows president, Mrs William S Bergland, treasurer, Mrs Harold G Irons, secretary, Mrs Edwin H Thomas, chairman of the clinic committee, Mrs George Elliott, Jr

Mrs F Robertson Jones met with the board of directors and others active in the league at a luncheon in Wilmington on November 29th Plans for the coming winter and for closer cooperation between the local and the national league were discussed

NEW JERSEY Miss Dwight Morrow was hostess at a tea given by the Englewood Committee early in November, for the benefit of the Maternal Health Center David Morton of Amherst College gave readings from his own and contemporary poetry to two hundred guests

A house warming at the headquarters of the New Jersey Birth Control League, 42 Park Place, Newark, was held on November 8th Mrs Margaret Sanger and Dr Hannah Stone were the guests of honor

Miss Henriette Hart, executive director of the New Jersey Birth Control League, spoke over station WEVD on Monday, November 21st on *Prejudice and the Law*

The New Jersey Birth Control League is organizing a speakers bureau Speakers equipped to talk on birth control as well as clubs and meetings wishing speakers should communicate with Miss Hart

NEW YORK The first meeting of the New York Federation for Birth Control was held at the Hotel Onondaga, Syracuse, on November 29th The business session at eleven o'clock was followed by a luncheon and a special meeting for physicians in the afternoon Reverend J H Applebee gave the address of welcome, Mrs George C Barclay of New York, president of the Federation, discussed organization plans At the luncheon, Professor Henry Pratt Fairchild of New York University spoke on *Dependency and Birth Control*, Mr Warren Winkelstein presided *Modern Contraceptive Technique* was discussed by Dr Eric M Matsner, medical director of the American Birth Control League, at the special meeting for physicians Dr Matsner was introduced by Dr E S VanDuyn

Officers of the New York Federation for Birth Control are president, Mrs George C Barclay, New York City, vice-presidents, Mrs Chauncey J Hamlin, Buffalo, and Mrs O'Donnell Iselin, New York City, secretary, Mrs Frederic Cromwell, New York City, treasurer, Mrs C Shelby Carter, New York City, board of directors, Dr James A Corscaden, Dr Richard N Pierson, Mrs DeWitt B Macomber, Mrs Dexter Perkins, Dr Gertrude McCann, Mrs Isaac Adler, Mrs Allan Stebbins, Mrs Charles W Weis, Jr, Mrs Thomas S Lamont, Mrs Mary C Draper, Mrs Laurence G Payson, Mrs F Huntington Babcock

Patrons of the Syracuse meeting were

Mrs Frederick R Hazard, Mrs William F Canough, Mrs Jerome D Barnum, Mrs Claude A Duval, Mrs Horace A Eaton, Mrs Harold Stone, Dr E S VanDuyn, Dr Nathan L Sears, Dr T H Halsted, Dr H Burton Doust, Dr N R Chambers, Dr Albert A Getman, Dr George M Retan, Rev Bernard C Clausen, Rev Ray Freeman Jenney, Rev W Waldemar W Argow, Mrs Donald S McChesney, Mrs R S Burlingame, Mrs Martin H Knapp, Mrs Harold Edwards,

Mrs Winthrop Pennock, Mrs Moses Winkelstein, Mrs Alexander Mason, Mrs O Howard Cobb, Mrs David L Lipsky, Mrs Lieber E Whittic, Professor Thomas W Crafer, Professor Herbert A Shenton, Professor William M Smallwood, Mr Warren Winkelstein, Dean Paul Shipman Andrews

PENNSYLVANIA The Pennsylvania Birth Control Federation and the Southeast Pennsylvania Birth Control League held a joint annual meeting and election of officers, followed by a luncheon at the Warwick Hotel, Philadelphia, on November 30th Dr Lovett Dewees presided at the morning meeting. Regret was expressed that he was retiring as president although he remains on the board as a vice-president and chairman of the doctors' committee. Dr Stuart Mudd succeeds Dr Dewees as president of the state federation and Dr Joseph Stokes, Jr continues as president of the Southeast Pennsylvania Birth Control League.

Reports were given from the various leagues and clinics throughout the state. Mrs A C Martin, executive director, gave a most interesting report of the year's activities including an extensive trip through the state this fall, and stated that the sentiment for establishing clinics had increased phenomenally.

The business meeting was immediately followed by a luncheon. The program committee, in response to an ever-increasing interest in sterilization, felt that the time was ripe to give our members the opportunity of hearing of the need for sterilization in this state and how it is being met. The newly elected president, Dr Stuart Mudd, presided at the luncheon and in his address upon the *Future Trend of the Eugenic Movement* stressed the growing importance of sterilization of the unfit as a means toward human betterment. Dr W A Whitney, chief physician of the Elwyn Training School for the Feeble Minded, also spoke on this subject. Mrs F Robertson Jones, president of the American Birth Control League, spoke on the *National Aspects of the Birth Control Movement*. Mrs Emily B H Mudd, counselor of the Philadelphia Marriage Counsel, presented a survey she had made of some of the more important European clinics.

MRS GEORGE A DUNNING, Sec'y
Penna Birth Control Federation

RHODE ISLAND The Rhode Island Birth Control League held its annual meeting on November 3rd, at the clinic, 163 North Main St., Providence. Mrs Henry Salomon, president, reported that the steady increase of patients necessitated the opening of the clinic office every day but Saturday from 9 30 A M to 4 30 P M for appointments, leaving the original consultation hours the same on Thursday and Friday from 10 30 A M to 12 30 P M. Public response to the clinic has far exceeded the expectation of the Committee on Contraceptive Advice.

Reports from all committees were read and accepted. Officers for the coming year were elected as follows: president, Mrs Henry Salomon, vice-presidents, Mrs Ashbel T Wall, Jr, Mrs A Livingston Kelley, Mrs Robert H Whitmarsh, treasurer, Mrs Raymond Ostby, assistant treasurer, Mrs Thomas K Chaffee, directors, Dr Paul Appleton, Mrs Latimer W Ballou, Dr Edward S Brackett, Mrs William Adams Brown, Mrs Frederick C Brown, Dr Bertram H Buxton, Mrs Harold Cohen, Mrs Leonard Colt, Mrs Harold P Corson, Mrs Thomas A Francis, Mrs Hovey T Freeman, Miss Esther T Green, S Foster Hunt, Mrs Robert L Knight, Rev Wm Appleton Lawrence, Mrs Norman A MacColl, Mrs Frank C MacCardell, Mrs C Gordon MacLeod, Mrs Charles C Marshall, Mrs M Foster Peck, Mrs Mauran S Pearce, Mrs Alfred K Potter, Mrs Arthur H Ruggles, Mrs Eric Stone, Dr Eric Stone, Mrs Henry A Whitmarsh, Dr Robert H Whitmarsh.

Beginning with two meetings held on November 2nd, in Providence and Westerly, the League plans to run a series of informal talks to groups of from 15 to 75 people in private houses, clubs and parish-rooms throughout the state. It is planned to hold at least two meetings a month from now until April. Mrs C Gordon MacLeod and her assistants will be the speakers and will talk on the history of birth control, its present world status, its value as a welfare measure.

The complete organization of the state will be undertaken through its five counties, Providence, Newport, Washington, Bristol and Kent. Providence is already the headquarters of the League. The other counties will have committees in each principal town, the chairmen of these committees will automatically become members of the Board of Directors of the League, while the secretaries will serve on the general Membership Committee.

American Birth Control League

152 Madison Ave , N. Y. C.

Affiliated State Organizations

CONNECTICUT BIRTH CONTROL LEAGUE

79 Trumbull Street New Haven
Dr A N Creadick, *President*
Mrs E B Reed, *Secretary*

DELAWARE BIRTH CONTROL LEAGUE

1019 Pine Street Wilmington
Mrs William S Bergland, *Chairman*
Mrs George A Elliot, Jr, *Secretary*

ILLINOIS BIRTH CONTROL LEAGUE

208 N Wabash Avenue, Chicago
Mrs Benjamin Carpenter, *President*
Mrs Effie Jeanne Lyon, *Executive Secretary*

INDIANA BIRTH CONTROL LEAGUE

4205 Washington Blvd Indianapolis
Mrs Lee Burns, *President*
Mrs Theodore B Griffiths, *Secretary*

MAINE BIRTH CONTROL LEAGUE

Cape Elizabeth Portland
Mrs Deane Small, *President*

BIRTH CONTROL LEAGUE OF MASSACHUSETTS

18 Joy Street, Boston
Mrs Oakes Ames, *President*
Miss Caroline L Carter, *Executive Secretary*

BIRTH CONTROL LEAGUE OF MICHIGAN

1222 Lake Drive S E Grand Rapids Michigan
Mrs Morton Keeney, *President*
Mrs Frank Stone, *Secretary*

MINNESOTA BIRTH CONTROL LEAGUE

228 Walker Building Minneapolis
Mrs G C Shafer, *President*
Mrs H B Wilcox, *Secretary*

MATERNAL HEALTH ASSOCIATION OF MISSOURI

5088 Washington Ave St. Louis
Dr R J Crossen, *President*
Mrs Albert E Taussig, *Secretary*

NEW YORK BIRTH CONTROL FEDERATION

152 Madison Ave. New York
Mrs George C Barclay, *President*
Mrs O'Donnell Iselin, *Secretary*

PENNSYLVANIA BIRTH CONTROL FEDERATION

1700 Walnut Street Philadelphia
A Lovett Dewees, M D, *President*
Mrs George Dunning, *Secretary*

RHODE ISLAND BIRTH CONTROL LEAGUE

168 N Main Street, Providence
Mrs Henry Salomon, *President*
Mrs Robert J Beede, *Secretary*

VIRGINIA BIRTH CONTROL LEAGUE,

300 Avenham Ave South Roanoke
Mrs Robert B Adams, *President*

TENNESSEE A birth control clinical service has been opened in Nashville, under the direction of Susie D Kirtland Sessions are held every week day, and the clinic is financed by voluntary contributions

ENGLAND

THE annual general meeting of the Society for Constructive Birth Control was held in London on October 25th The annual report noted a remarkably busy year, especially in the increased attendance at the clinics Dr Marie Stopes, who presided, was re-elected president and most of the other officers remain as before, Lord Marley being added to the list of vice-presidents, and Mr Richard Acland to the executive committee The main paper of the meeting was on *Birth Control and Political Economy* by Captain Pitt-Rivers and was read by Mrs Pitt-Rivers in his absence The audience was representative of all classes and many countries, including three American visitors

The British Section of the World League for Sexual Reform held a meeting on the general subject of *The Laws Concerning Abortion* at the London School of Hygiene, November 3rd The speakers were Mme Bertly Albrecht, Paris, Miss Stella Browne, Mrs Janet Chance, Mrs Dora Russell and Dr Norman Haire



THE process of human childbirth is commonly pronounced to be a natural, harmless function, but accoucheurs know that, while this may have been the original intention of nature, the modern woman can seldom be brought through the ordeal without some physical damage to her body, that often she cannot be got through alive, and that frequently the shock to her nervous system leaves permanent injury The pains of labor may be natural, but are they physiologic? Are they harmless? Everywhere else in the human organism, pain is a symptom of disease At any rate the modern woman cannot stand pain It leaves its mark, and therefore it is the bounden duty of the obstetrician to reduce the suffering as much as possible within the limits of safety of mother and child

DE JOESPH B DE LEE

Letters

ERRORS CORRECTED

TO THE EDITOR

I have read with great interest the article in the November issue entitled, *The Legal Status of Contraception*, by Louise Stevens Bryant. I noticed, however, several errors in fact, which I felt should be called to your attention. On page 263 Dr Bryant says, "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)," and then she goes on to say, "No other law, national or state, mentions this." This statement is not accurate in that not only is there another section of the Criminal Code (U S C 396, Title 18, Ch 9), which refers specifically to contraception by prohibiting both information and supplies from transportation by common carriers and express, but also section 305 (a) of the Tariff Act of 1930 prohibits the importation into the country of contraceptive supplies.

Dr Bryant makes a statement in this same paragraph, "Oral advice is not specifically prohibited anywhere." In seven states the giving of oral information "stating when, where, how, or of whom, or by what means any of the articles or things hereinbefore mentioned, (refers to articles for prevention of conception) can be purchased or otherwise obtained or are manufactured or published," is prohibited. It is true that in five of these states, medical exceptions exempt physicians from the law, but in two states where the Statute reads as quoted, namely, Mississippi and Pennsylvania, there are no exceptions specified.

In the tabulation on page 264, the District of Columbia is listed as having no limiting Statute. This is incorrect. Sections 311 and 312 of the Penal Laws refer to "any territory within the jurisdiction of the United States" which of course includes the District of Columbia. This section prohibits the sale or publication of any information regarding prevention of conception and even prohibits the possession of any article whatever for the prevention of conception. It is, in fact, the strictest Statute on the subject that exists.

Lastly, on page 265, it is stated that both Bills which were introduced last year, H R 11082 and

S - 4436, were reported unfavorably. It is true that H R 11082 was reported unfavorably. However, this report was admittedly based on the facts that the major provisions of the Bill did not belong under the jurisdiction of the Committee reporting, and no report was made on the merits of the Bill. S-4436 is still pending before the subcommittee of the Senate Judiciary Committee, and no report has yet been made either favorable or unfavorable. Action may still be taken on both Bills until the short session adjourns on March 4th, 1933.

I believe it is important to correct these inaccuracies because there is already so much confusion concerning the legal status of contraception. Indeed the more one studies the laws and their variations, the more obvious becomes the necessity for some change and simplification.

ALICE H PALACHE, *Exec Sec'y*

*National Committee on Federal
Legislation for Birth Control*

CLARIFIES THE SITUATION

TO THE EDITOR

I want to compliment you and the BIRTH CONTROL REVIEW on obtaining and publishing such a clear and ably thought out article as the one by Dr Charles H Garvin on the "Negro Doctor's Task," which you published in November. I am sure this article will do much to clarify the situation of many colored people with reference to the subject in which you are so deeply interested.

HERBERT J SELIGMANN,

Director of Publicity

*National Association for the
Advancement of Colored People*

THE PROVIDENT HOUSEHOLDER PAYS

TO THE EDITOR

How are we to carry out President Hoover's child welfare program? How are all children going to be given secure homes, moral and spiritual training, an education preparing them for life when they arrive in families already economically overburdened and to parents wearied and hopeless with the struggle? I see our poverty stricken Whites and Negroes here in the South, living in their tumble-down cabins swarming with children. I feel

encouraged as I read, "for every child the right to grow up in a family with an adequate standard of living and the security of a stable income" For surely President Hoover has some plan whereby their living standards may be raised, their children warmly clothed for the coming winter, their sickly bodies strengthened

Heaven will provide! Only in this case Heaven seems to be the government (the glibness with which we use that word) and the government is the tax-payer, and the tax-payer is none other than the provident householder who through birth control information, surreptitiously gleaned when the government isn't looking, regulates his family according to his income These are the people who must shoulder the burden and with ever-increasing taxes pay for the ever-increasing horde of miserable, hungry, poverty-stricken little children

MARIE B CARNAHAN

Summerville, S C

STUDY THE NEGRO BIRTH RATE

TO THE EDITOR

The Negro in America is not unlike other races in that he has kept pace in developing a keener appreciation for the finer things of life Notwithstanding his primitive environment and his lack of opportunity during his period of servitude, since emancipation his development along cultural, economic, and intellectual lines has been steady and unwavering

With a broader field of operation, his interest in the material things of life began to develop Natural instincts aroused in him a desire for better opportunities for his offspring With the advent of each succeeding generation the desire has increased to the extent that in the more favored localities the standard of living and educational attainment of the Negro is on a par with other races

On the other hand, the Negro's opportunity to earn and accumulate has not progressed in direct proportion Emerging from his period of servitude, the Negro entered upon his existence radically changed in every respect Where once his intrinsic value as a slave constituted a tangible asset, under the new arrangement he automatically assumed the role of competitor—in that his labor and skill as an artisan were thrown on the market in active competition with other races The result was inevitable Being farthest down the scale economic-

ally and socially, it was his lot as a race to be the poorest paid, enjoy fewer opportunities, and to endure the keenest of discrimination

Thus the equation is thrown out of balance The changed status of the Negro has brought about responsibilities that tax to the utmost his ability to earn Avenues for gainful occupation are slowly but surely closing against him Once large families were reared with comparative ease—but present standards did not then obtain

With the family budget demoralized—with children deprived of an opportunity to live clean, healthy, normal lives—poverty, illiteracy and crime are inevitable It would, therefore, appear that the proper control of the birth rate among Negroes should be given greater consideration and study than that of any other race

C C SPAULDING, *President,*

North Carolina Mutual Life Insurance Co

Durham, N C

TOO VITAL TO DROP

TO THE EDITOR

I had concluded to drop the League this year, as one of several organizations to which I pay dues, but your work is so vital that I am impelled to stay, even at a sacrifice

D O LIVELY, *National Director,*
China Famine Relief, U S A

HELPFUL HINTS

TO THE EDITOR

Your readers may be interested in our "Suggestions to Chairmen"

Clubs and Organizations to be approached for Ready-Made Meetings Women's Clubs, College Women's Clubs, League of Women Voters, Republican Clubs, Business and Professional Women, Council of Jewish Women, Church Groups, Parent-Teachers Association, The Grange, Masons, Eastern Stars, Service Clubs, (Kiwanis, Rotary, Lions, etc), Junior League, D A R , Colonial Dames, Garden Clubs, Country Clubs, Bridge Clubs, Sewing Groups

Membership Cards and pencils should be passed immediately after the Speaker refers to the voters signatures at the end of his or her talk Ushers or workers should collect as many signatures at that psychological time as possible, as well as what a person feels he or she can afford to give Be sure and secure the signatures whether they can give or not

CONNECTICUT BIRTH CONTROL LEAGUE

A Medical View of Birth Control

By SAMUEL ROTHENBERG, M D

EVERYONE is aware of the progress medical science has made in the last half century, especially in the prevention of disease. Many diseases such as typhoid have almost been eradicated. However, man still dies of smallpox—not to the same degree as when this disease decimated whole countries—but he *does* die and he shouldn't. The means of prevention are at hand and readily accessible to all mankind. Diphtheria carries off its victims year after year when as a matter of fact but few should perish. Malaria and yellow fever show a rather high death rate though the Panama Canal was built through an infested area with but comparatively few casualties. Babies are allowed to sicken and die from milk-borne and water-borne diseases in spite of the fact that the methods of prevention are very simple and effective. All of the above conditions, and many more, are readily preventable. We seem, however, to be careless concerning the prevention of disease. We are too much the creatures of custom and superstition to accept a change in our habits even at the cost of life itself. This applies especially to things medical where old time tradition plays an important role. It is sad that so many lives are put in jeopardy because of the neglect of simple rules of prevention.

Just so, a great many babies are born, some alive and some dead, which should never have seen the light of day. Many mothers die during pregnancy and childbirth who should never have been allowed to become pregnant. The means of prevention, simple and effective, are at hand, but are not used often enough.

When birth control is advocated laymen and physicians often think that it is wholly a social or economic measure. But aside from such considerations it has important medical aspects.

There are many conditions where it may be advisable that conception should not occur. In a considerable number of cases of pregnancy presenting abnormalities it is customary to do abortions. This operation, however, is fraught with much danger as its mortality and morbidity rate may be very high. Furthermore, abortion necessitates the *killing of an embryo*, whereas birth control prevents having one to kill.

Every woman should have a periodical physical examination, especially one contemplating marriage, because of the possibility of fertilization. In such cases a careful examination may reveal much of importance. In many women inequalities in the pelvic dimensions (pelvic deformities) are found. All obstetricians recognize the dangers of such anatomical anomalies. These deformities arise from bone diseases (rickets), constitutional conditions, or traumas. Here the prevention of conception by the commonly advised methods finds a ready application. It is a prophylactic measure which should be adopted unless the individual is willing to accept a Caesarian section or other operative procedure in order to have a baby.

During pregnancy and labor the heart and kidneys have extra work to perform. A normal heart and many abnormal ones—when adequate physiological compensation has been established—can weather the storm very well. But in the case of a woman with a diseased or weakened heart or kidneys or both (for the conditions are often associated) the strain upon these organs may be entirely too great and cause much damage. In such cases, after examination by a physician there can be no question of the efficacy of prevention. The risk run by a woman with heart or kidney disease is too hazardous to allow her to become pregnant.

It is a well-accepted fact, based on large experience, that pregnancy should not occur or continue in a tuberculous woman. In fact, early abortion is advised in such cases. However, this operation often of itself has a deleterious effect upon the patient. It is far better that conception be prevented. There is no doubt that birth control is of the greatest value in the case of a tuberculous woman.

Diabetes is another disease in women of child-bearing age that is badly influenced by pregnancy and labor. This is especially so in younger women. Control of conception should be exercised in diabetes.

Syphilis and gonorrhoea present many problems during pregnancy. The physician is conscious of the danger of infection of the child. When gonor-

rhoea is present in a woman, he realizes the danger of secondary infection of the pelvic organs such as the fallopian tubes and ovaries and much can be done to improve conditions if pregnancy does occur, but until recovery from these diseases has taken place there should be no pregnancy. It is a simple matter to prevent conception until these venereal diseases have been eradicated by thorough treatment.

Birth control can be profitably used in cases where there has been a difficult previous labor with disastrous results to mother or child or both, in order to prevent a recurrence. In such cases it might be wise to consider sterilization. The same may be true in forms of feeble-mindedness. The experience in California and Michigan where sterilization is legalized and sanctioned under certain conditions demonstrates the value of the positive prevention of pregnancy by this method. However, although the operation is not considered dangerous and the mortality rate from it is small, it finds many objectors.

Hereditary deafness, albinism and *retinitis pigmentosa* occur in a significant percentage of people. Sterilization is sometimes advocated in such cases. But birth control is as effective and much simpler if it can be successfully applied.

These are some of the instances where birth control is of great value, there are many others. There has been much criticism of the high infant and maternal mortality rate in the United States. Certainly the death rate is entirely too high and something should be done about it. The proper selection of those who should have children, when, and under what conditions of health or disease, together with good prenatal care can do much to lessen the toll paid by the women who bear our children.

Birth Control—a Balance Sheet

By RAY ERWIN BABER

WHEN a meritorious idea once gets loose in the world there is no recalling it. It heeds not entreaty, and threats merely hasten its course.

A search down the pathways of time reveals the starting place of many such ideas, and a glance about us today shows some of them still spreading inexorably over the earth. At times their advance is retarded by stubborn opposing customs, but their march is not stopped. Thus has it been with

democracy, power machinery, popular education, the emancipation of women, and a host of other ideas that have forged to the front in the face of powerful opposition. These are now fixed in the history of mankind's thought, they can never be recalled, but may be overcome. How? Certainly not by prejudice and hate—those sorry blunderers who follow impotently in the wake of every advance—but only by the substitution of an idea of greater merit.

Is birth control such an idea? Will it come to rank among the great ideas of the world? Let us be slow to answer. It has honest friends who see its faults and honest foes who see its merits, as well as proponents and opponents so blinded by prejudice that they can see only one side of the question. Today birth control holds the spotlight not only of public attention, but of public concern, for it has incalculable power for either social benefit or harm. Thus far is it friend or foe? Let us strike a balance sheet and see how it stands on the ledger of human welfare. Then maybe we can judge it.

* * *

Let us now see where we stand. From the point of view of health there is little question. The great saving in maternal life and the vast benefits to mental and physical health accruing from voluntary parenthood far over-balance any injury to those who still use condemned methods. From the social and economic standpoint the case is almost as strong. Birth control is not *the one* solution of all economic problems, but it will do its full share in the struggle with standard of living, unemployment, child labor, and similar questions. The social loss resulting from some of the élite stepping below the survival line should not be minimized. Both upper and lower classes need educating on the proper use of birth control. But to leave the birth rate of the lower classes unduly high accentuates the difficulty. We need not birth selection *instead* of birth control, but birth selection *and* birth control. In the moral and religious realm emotion is likely to befog vision. But when considered rationally, birth control emerges as a moral gain. Which is more immoral: a limited increase in extramarital relations, or a million abortions a year, the artificial limitation of births, or the ghastly toll of war caused by population pressure, for a mother to use contraceptives, or let her brood increase far beyond the limit of her physical or financial ability? To those whose religion is

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truly social there can be but one set of answers to these questions

Birth control is inevitable It is not a theory to be accepted or rejected in principle, but a fact already accepted in practice The question is not *whether* man will use it, but *how* he will use it It can no more be stopped than can the rising tide For years this knowledge has been available to the educated and the wealthy, but the ignorant and the poor have been able to get little reliable information But the demand is increasing with an insistence that will not be denied, coming now from all parts of the world Commercial exploitation, caring for nought but profit, menaces the social gains of the movement Shall we turn to our physicians for leadership, or put our trust in the specious claims of mail order houses? Shall we rely on science or quackery?

Here within man's grasp is power immeasurable How will he use it? He can close the gateway to life if he will, and sit in darkness awaiting the end Will he thus destroy himself? Not so long as life is worth living Such action would give the lie to his resolute upward march from the very dawn of intelligence Another course seems more probable He may guard the sacred gate, admitting only those for whom a birthright is waiting Such would make possible a new physical and spiritual stature, and would grant humanity what would constitute a new charter of freedom

From THE FORUM, November, 1932

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Unless the medical profession, particularly those engaged in public health work, and the volunteer and official health and welfare agencies concentrate on and actively engage in a eugenical program of birth control and sterilization, it is inevitable that a larger and larger proportion of the population will contain more and more dysgenic elements

This is a condition and not a theory, it is something which is the concern of every thinking citizen

LYDIA ALLEN DE VILBISS, M D

POPULATION INCREASE IN THE TWENTY-FIVE LARGEST CITIES

1930 CENSUS REPORT

City	Total per cent Population increase	White	Negro
New York	23.3	20.7	114.9
Chicago	25.0	20.4	113.7
Philadelphia	7.0	2.4	63.6
Detroit	57.9	51.3	194.0
Cleveland	13.0	8.5	108.7
St. Louis	6.3	3.5	34.0
Boston	4.4	3.9	25.8
Baltimore	9.7	5.9	31.2
Pittsburgh	13.8	11.6	45.7
Los Angeles	114.7	96.3	149.7
Buffalo	13.1	11.3	200.7
San Francisco	25.2	21.4	57.5
Milwaukee	26.5	25.1	236.5
Washington, D. C.	11.3	8.3	20.1
Newark	6.7	1.4	129.0
Cincinnati	12.4	8.6	59.0
New Orleans	18.5	14.6	28.4
Minneapolis	22.0	22.1	6.3
Kansas City, Mo.	23.2	21.9	25.6
Seattle	15.9	15.9	14.1
Indianapolis	15.9	14.5	26.8
Jersey City	6.2	4.8	57.2
Rochester, N. Y.	10.9	10.6	69.7
Portland, Oregon	16.9	17.1	0.2
Denver	12.2	9.3	18.6

Sociologists and Birth Control

By HANNIBAL G. DUNCAN

HOW do sociologists regard birth control? Judged on the basis of sixty-five textbooks examined, we can say that they have generally ignored it. An examination of eighteen texts in principles of sociology shows that fourteen do not mention it in their indexes, one devotes about a page to it, and three attempt to discuss it. Professor F. H. Hankins is responsible for the treatment in two of these — *An Introduction to the Study of Society* and *An Introduction to Sociology*, by Davis, Barnes and others, and the writer in his *Backgrounds for Sociology* for the other. No mention is made of birth control in the twelve books on social psychology, the eight on educational sociology, or the six in social work. Two of the nine dealing with social problems, two of the six devoted to rural sociology, and one of the three in

social theory mention the subject, but none actually discuss it. On the other hand, all three books on population problems consider it.

It appears to the writer that there may be four reasons for this omission. Classified according to increasing importance these are first, many teachers of sociology have graduated from the pulpit and some have brought with them a theological distaste for the subject. Second, a small group appear to appreciate the importance of birth control in social relationships, but feel that it is not within their field. Third, birth control, rightly or wrongly, has been highly seasoned with propaganda. Sociologists are still smarting under the accusation that their subject is unscientific. Consequently, striving to be scientific themselves, they have shunned subjects that savor of propaganda, and have hesitated to align themselves with movements which might cause them to be regarded as promoters or propagandists. Fourth, the *mores* of the masses have been against a discussion of birth control, and many sociologists have hesitated to discuss it for fear of losing their positions.

It appears to the writer that the sociologists will ultimately be forced to recognize the birth control movement, regardless of their past attitudes. Birth control has crept into a great many more phases of social relationships than the sociologists have apparently been willing to admit. Lawyers have wrangled over the subject of obscene literature which Anthony Comstock confused with birth control, and both Protestant and Catholic groups have studied birth control as it has pushed through our custom-crushed institutions. Birth control has lost much of the propagandist quality which characterizes many new movements, has gathered to itself some outstanding leaders of remarkable ability in different walks of life, and has taken its place in the foreground to such an extent that many of the old social forces are disturbed and confused. How, then, can the sociologists ignore it?

Statisticians may collect data on the increase and decrease of population, number of poor and wealthy, paupers, married, children per family, criminals, and the like, but when it comes to interpreting this data, the sociologists are forced to take birth control into account. There is an economic basis to most of these problems. Specialists in population have followed the economists more than the sociologists in utilizing birth control in interpreting their data.

The American Birth Control League

ITS AIM

To promote eugenic birth selection throughout the United States so that there may be more well born and fewer ill born children—a stronger, healthier and more intelligent race

ITS PROGRAM

To acquaint physicians with the best contraceptive technique

To refer applicants for contraceptive advice to physicians qualified to give it

To promote the organization of birth control clinical service in every center of population

To amend laws which obstruct the proper dissemination of birth control knowledge.

To conduct an educational campaign with the cooperation of physicians, clergymen, teachers and social workers, in order that those who are physically and mentally sound may use birth control not to limit their families unduly but to space the births of their children, and in order that those who are physically or mentally unsound may use birth control to have fewer or no children

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