

January 1933

Twenty Cents

# BIRTH CONTROL REVIEW

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The Vera Cruz Birth Control Law  
Programs and Wishes for 1933

What 7309 "Mothers" Want  
*by Alice C. Boughton*

Book Reviews  
*by C. C. Little and H. J. Muller*

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Thirteenth Annual Meeting - - - January 19th

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# AMERICAN BIRTH CONTROL LEAGUE

## *Thirteenth Annual Meeting*

THURSDAY, JANUARY 19, 1933

Hotel Gotham

Fifth Avenue and 55th Street, New York

### Annual Meeting—11 00 A M

Progress and plans of the national league and of the thirteen affiliated state leagues

Election of Directors

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### Luncheon Meeting—1 00 P M

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*Birth Control and Preventive Medicine*

S HERNANDEZ MENDOZA, author of the Vera Cruz birth control law

*The First State Bureau of Birth Control and Eugenics*

ELLSWORTH HUNTINGTON, research associate in geography, Yale University, co-author of "The Builders of America"

*Birth Selection for Race Improvement*

HENRY PRATT FAIRCHILD, professor of sociology, New York University, president, Population Association of America, *presiding*

*The Public is Welcome at both these Meetings*

There will be a charge of \$1 25 per cover for the luncheon

Use order blank on back cover and make reservations before January 17th

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# Birth Control Review

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## SECTION I

THE YEAR 1932 will be a red letter year when the history of the birth control movement is written. For the first positive governmental action on birth control was taken in December, when Vera Cruz put into effect its law creating a Bureau of Eugenics and Mental Hygiene. The law, printed in part in this issue, is a comprehensive and forthright piece of legislation, in line with the principles of modern preventive medicine and of modern sociology. It shows that the government of Vera Cruz is aware—as no other government has yet shown itself to be—of the relation between government and society, of the state's obligation to its citizens and its function, not only in safeguarding their welfare and bettering their conditions, but in guiding them by eugenic measures toward the goal of race improvement. By passing this law with its thoughtful preamble and practical provisions, Vera Cruz has taken a positive stand, in distinction to other countries—including our own—which have recognized birth control only by restrictive measures or, at best, timid exceptions. Vera Cruz has embarked on a bold experiment. It is to be hoped that she will succeed and that her example will be followed elsewhere.

IN AMERICA, the government has not yet seen its clear duty in making birth control accessible to all, and the tragic results of its *laissez faire* policy are to be seen on every hand. The newspapers are filled with stories of destitution among unemployed families with young children and babies (obviously unwanted) about to be born. One particularly heartbreaking case in New York is that of a distraught young mother of three children, again pregnant, who staged a clumsy hold-up, and is now held in prison awaiting trial. The husband has been out of work for over a year. Who is to blame for this attempt at crime—a desperate woman or society, which neither provides work for the man nor yet adequate relief for the family, and which, despite this, does not give the parents information about birth control so that they may postpone or prevent the conception of a fourth child?

STATISTICS tell the same story of pressing need for birth control. The National Child Labor Committee reports that over two million children between the ages of ten and seventeen are at work, while from ten to eleven million adults are unemployed. National Child Labor Day, observed yearly in January, takes on a sinister significance in the light of these figures. Many children are driven into industry because the adults of their families cannot find work. According to Courtenay Dinwiddie, general secretary of the National Child Labor Committee, "putting children to work at an early age tends to push wages ever lower. Witness the spectacle of the sweat shops which have sprung up in the garment trade of the eastern states during the past year or two, where long hours of rush work alternate with idle periods, where work permit requirements for children are commonly ignored, and wages are too low to deserve the name. The depression increases the pressure upon many children to contribute to family support. This appears to be especially true in the case of the older children in large families."

Child Labor is an economic problem. How it is to be solved at long last, only time will show. Meanwhile, these two million children are surplus material, and poor material upon which to base the next generation. What kind of mothers and fathers can these children make, after years of premature work, after growing up in a topsy turvy world where children labor while adults sit in enforced idleness? Through no fault of their own child laborers are a surplus, and (until we clean up the economic confusion in which we are living) it is logical to call upon birth control to keep this surplus as low as possible. There are those who object to such emphasis on the negative aspects of birth control. It is for them to face the issue of how life is to be made possible for these two million child laborers, for the half a million boys who (according to the recently issued report of the Children's Bureau) are drifting about the country in a fruitless search for work, and for the thousands upon thousands of children who are to bear through life the scars of inadequate care and undernourishment.

**D**ISCUSSING various factors which are influencing population growth in *The Scientific Basis of Evolution*, reviewed in this issue, Dr. Thomas Hunt Morgan writes:

If mutations appear only sporadically, and so far as we can see, without respect to the condition of life in which a given species exists, the first guess would be, I think, that the greater the number of individuals the greater the chance of something new turning up. But, on further thought, it will be seen that the answer is not so simple, for while it might take a longer time for a smaller population to produce favorable mutations, this might be more than compensated for by the better chances of survival when the conditions of life are more favorable for all individuals. If an intelligent appreciation of the importance of sustaining better types after they had appeared should be in force a small group might have an advantage.

The converse picture is that of a society grown so large that only the barest livelihood is possible for most of its members. Here we can fancy that all the energy and thought of each individual are concentrated on keeping alive. It seems unlikely that much concern would be given to the difficult problem of discovering and fostering new types. If

intelligent understanding of the problem is the means by which man is going to direct his future evolution, success seems more likely in a highly organized society limited in numbers.

**T**HIS attitude emphasizes the point of view expressed by Dr. Louis I. Dublin in the symposium of *Programs and Wishes for 1933* printed elsewhere in this issue. Dr. Dublin would "call together in conference the national leaders of the birth control movement and all those interested in the population question in America." Such a conference with its possibility of a resultant unified program is an excellent idea, for the relation between birth control and population control, and birth control and eugenics needs to be thoroughly studied. Dr. Dublin, whose standing as a statistician entitles him to the most serious hearing, would point out to the conference that "the birth rate of the United States was falling so rapidly as to virtually imperil the continued existence of the country," and ask it to "bring this desperate situation to the attention of the whole American people that they may be apprised of what a non-controlled propagandist movement has accomplished and what it may lead the country to." No one can deny the dysgenic effects of birth control as it has been practiced during the last decade and as it is being practiced today. But the solution does not lie in inveighing against the pioneers who first roused an apathetic public. No apter comparison can be found than that of the machine, which is probably at the root of our economic confusion today. In England during the Industrial Revolution men literally destroyed the Franksteins they had created. But today we see this as a futile gesture. We cannot do away with the machine. We must understand it and control it. The propagandists of the birth control movement forced upon the world of science and sociology the recognition of the need for birth control. In so doing they probably, as Dr. Dublin puts it, "placed bundles of dynamite all over the country." It is for the present day leaders of the movement, for physicians and scientists and population experts to understand and control this device discovered by human mind for human need.

# Programs and Wishes for 1933

**I**F I were birth control dictator, I should attempt to operate on a three-point program, as follows

1 Recognition that the propaganda era of birth control activity is approaching its close. The ancient taboos and prejudices are rapidly breaking down, the practice of birth control is spreading into the lower economic strata of the population, and medical advances are neutralizing the arguments against it on hygienic grounds. From now on, birth control should be regarded as an invaluable and indispensable instrument for the intelligent social control of population, both quantitatively and qualitatively.

2 The integration of the birth control and eugenic interests, and the affiliation of all scientific agencies working for the establishment of these two ideals. Birth control and eugenics are by nature closely related, and neither one can attain its complete fulfillment, or render its maximum service to society, without the other.

3 The extension of the birth control idea to include birth release, as well as birth limitation. What is needed is the subjection of the entire reproductive interest of society and individuals to intelligent rational analysis and control. With the approaching stabilization of population in western lands, the need for a general restriction of population growth will soon be ended. The requirements of birth selection will outweigh those of birth restriction. Birth control clinics and practitioners should be just as much interested in helping the right sort of persons to have more children when they want them, as in helping others to have fewer, and they should be just as well equipped to supply the necessary advice and practical assistance.

HENRY PRATT FAIRCHILD,  
*President, Population Association of America*

**I**F I were directing the birth control movement for 1933, I would call together in conference the national leaders in the field and all those interested in the population question of America to take stock of the current situation. I would call their attention to the fact that the birthrate of the United States was falling so rapidly as to virtually imperil the continued existence of the country. I would point out that, under present conditions,

our native fertility was not replacing the present generation and that if a halt were not called, every previous estimate of early stabilization would need to be revised at a lower level. Gains from immigration are over probably for a long time. We are losing over 100,000 a year through excess emigration. With the present tendency of the birth rate unchecked, we will arrive at a stationary population in a relatively few decades and, after that, the population will go down decade after decade in a fashion that will send cold shivers down the backs of all who understand what this means and who have any love for their country.

If I were directing the movement, I would ask such a conference to bring this desperate situation to the attention of the whole American people that they may be apprised of what a non-controlled propagandist movement has accomplished and what it may lead the country to, unless proper checks are immediately put in force. It means nothing less than a strong appeal to the intelligent people of the country to realize what is going on. Unless there is a change in the attitude of the people resulting from such knowledge, conditions may soon get out of hand. The birth control movement will have much to answer for unless it can square its accounts with the American people by emphasizing at this very time the need for correctives of its own activities in earlier years. It has placed bundles of dynamite all over the country. It is now high time that it began to bring them back or at least to remove the fuses.

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

**W**HAT progress should I like to see in 1933?

I should like to see the doctors of the country come to realize that contraception is not a dangerous prescription to be meted out warily and only to women who are ill, but something that they should teach freely to every woman who is married or about to be married, in the interest of her health and her children's health and the happiness of her marriage.

I should like to see the social workers wake up to the fact that charity is resulting in the survival and increase of the unfit, and that the only humane and scientific methods of ensuring their de-

crease are birth control and sterilization

I should like to see peace organizations recognize that the prevention of over-population will be more efficacious than the signing of treaties or the reduction of armament

I should like to see the teachers in our schools and colleges realize that the most important ideal for them to inculcate in boys and girls is the ideal of race improvement, and that the only practicable means of race improvement is birth selection

I should like to see all birth control organizations work for birth selection and not merely for birth restriction

I should like to hear as much talk about regulating the production of human beings as I now hear about regulating the production of commodities

I should like to see learned and elderly eugenicists stop declaiming about the impracticability of birth control as a means of reducing the birth rate of the unfit, and open their eyes to the fact that birth control clinics all around them actually *are* reducing the birth rate of the unfit

I should like to see the public educated to take the responsibility for *giving* life as seriously as the responsibility for *taking* life

Finally, I should like to see millionaires and philanthropic foundations competing with each other for the honor of giving most to the American Birth Control League

But I am prepared to be disappointed

ELEANOR DWIGHT JONES,  
*President, American Birth Control League*

**I**N A period of social and economic uncertainty like the present it is interesting to note how clear and self-evident certain principles of a sociobiological nature become. They stand in marked contrast to the foggy and wavering "relief" measures which almost without exception are cases of robbing Peter to pay Paul

Among the established social customs founded on sound biological principles and destined to become a dominant force in the construction of a new and more honest type of democracy is contraception. Its progressive adoption is certain. The question before those interested in the availability of contraceptive information to all who need it is therefore not one of an immediate emergency but rather the development of certain tendencies already clearly defined

1 Encourage the broadening of all birth control clinics to include advice on all other types of

maternal health problems. Encourage all maternal health clinics to adopt the policy of disseminating contraceptive information where needed

2 Continue the work of educating the medical profession, directly by hospital and medical society contacts and indirectly through medical schools

3 Feature the stabilizing effect, socially, of the wider spread of contraceptive information, in that it allows early marriage without fear of unwanted pregnancy and progeny. In this way it discourages extra-marital sex-relationships on the part of those who would like to combine their sex-life with the development of a home

4 Encourage the development of a system of taxation and of economic reward which favors those families that solve their own economic problems without recourse to public funds for their support. Discourage wherever possible the present tendency that pays money to non-productive and idle persons

5 Try to influence the point of view of legislators and others in public life until they adopt, as natural, an attitude which is sufficiently honest and courageous to prevent the irresponsible production of future public charges. This can be largely accomplished by compulsory sterilization of the obviously unfit. As a corollary those groups—religious or otherwise—which insist on breeding unfit individuals when information is available to prevent it, should be made to pay the full expense of upkeep of the unfit so produced

7 Do everything possible to spread contraceptive information under the existing law rather than conduct expensive and often futile campaigns to modify or to replace them. State and federal legislative bodies are today so wrapped up in the problems of incoming or outgoing cash that human welfare has become more than ever secondary to political expediency

C C LITTLE,  
*Director, Roscoe B Jackson  
Memorial Laboratory*

**A**S THE birth control movement under its pioneering directors has made phenomenal progress in the past twenty years, it is indeed a large order to ask one how he would direct the movement during the coming year if he were given the power—and responsibility

It has always appeared to me that there were not enough men actively participating in the birth control movement in this country. Perhaps it was

the necessary and logical development of the early movement here that it should have been directed primarily by mothers in behalf of suffering motherhood. As great and worthy as this cause is, there are a number of other problems in the birth control field which are also of the greatest importance to the peace of the world and the welfare of humanity. Fortunately, these problems have increasingly claimed the attention of birth control leaders. Among them are the international problem of population pressure and war, the eugenic problem of producing a better race of people, the medical problem of producing harmless and effective contraceptives, the religious problem of morals, and the legal problem of legislation. The natural and logical evolution of the birth control movement in this country should, it seems to me, take into consideration these problems, which have been largely in the hands of the male sex. For this reason alone it is not likely that the movement can make maximum progress unless more men are recruited into its ranks.

The original movement must broaden its purpose and make room for men who, as peace advocates, eugenists, medical men, clergymen, and statesmen, have done so little to nurse the movement through its infancy. There are many indications that men are becoming more anxious to join forces and if this is not made too difficult, I believe it would be for the best interests of all concerned.

GUY IRVING BURCH,  
*Secretary, Population Reference Bureau*

**I**F I were directing the birth control movement for 1933, I should move along three lines. The first would involve the continuation of an educational program, not merely through the *BIRTH CONTROL REVIEW*, but through the preparation of syndicated articles for the press of the country, the fostering of articles concerning birth control by individuals who are regarded as experts in the field of sociology, economics, medicine, psychiatry, charities and corrections.

The second lead would be the quiet and continuous organization of maternal health centers, birth control clinics or bureaus for maternal hygiene, or whatever else they may, can and should be called. Thus communal activities would be infiltrated slowly with practical, useful, existent centers of advice and demonstration. This course would benefit not merely those taking advantage of such services, but would enhance the personal interests of

specific supporting groups and would practically educate the public as to the needs and value of such bureaus for contraceptive advice.

The third direction of action would be the promotion of more numerous contacts with members of medical societies and state legislatures, in the interest of securing more active medical support and better legislative understanding of the values inherent in a more widespread knowledge of contraceptive techniques.

The general positive viewpoint to be stressed is the factual existence of birth control organizations and a reasonable knowledge of the facts and methods among the more intelligent members of the general public. Emphasis should be placed upon the hypocrisy and cowardice of public officials, who with negative courage prefer to allow the nullification of present laws rather than to make the essential adjustments requisite in the interest of honesty and justice, and in harmony with the modern philosophy of life.

I believe there would be an especial advantage in creating some legal committee to stimulate the interest and support of the legal fraternity. A large proportion of our legislators come from the legal profession. There would be a gain in encouraging and developing the intelligent assistance of this group in establishing such legal policies as may be requisite in order to strengthen vacillating and constituent-fearing representatives in our legislative halls. The efforts of such a legal group supplementing that of organized physicians should be more effective than the present mode of approach.

There is nothing new in all this. It is only a reaffirmation of what has already been done and a recognition of the fact that great movements are won by popularizing their content, by demonstrating their practicality, and by giving evidence of their profound service to humanity. I believe birth control today should be discussed, not as something to be secured in the future, but as an existent fact as measured in terms of birth rates, existent clinics and in the freedom of press discussions. The widespread public interest that increases from day to day reveals a recognition of what contraception has fostered. The public has developed a vital interest in the well being of man, considered not purely as an animal breeder but as a spiritual being capable of consciously fostering a destiny that reflects creative intelligence.

IRA S WILE, M D  
*Associate in Pediatrics, Mt Sinai Hospital*

# What 7309 "Mothers" Want

*An analysis of 7309 "mothers" letters\* received by the American Birth Control League and by Margaret Sanger from March 1, 1931 to March 31, 1932†*

By ALICE C BOUGHTON

## PURPOSE

The purpose of this study was to analyze for approximately a year the "mothers" letters received by the American Birth Control League and by Mrs Sanger to determine

1 What were the outstanding features of the "mothers" letters?

2 What the differences were, if any, in letters from different parts of the country or from urban and rural districts?

3 Whether there were noteworthy differences between letters received by the League and those received by Mrs Sanger

4 On the basis of the foregoing, to suggest ways to simplify, combine or eliminate any unnecessary work or duplication by the League and by Mrs Sanger

## METHOD

A hundred letters from all parts of the country, rural and urban, were examined. On the basis of this reading, a tabulation sheet was drawn up and tried out on 500 more letters received by the League. This sampling showed that the majority of the letters contained the information sought on the tabulation sheet, and, with a few modifications in the sheet, the total number of letters (7309) were tabulated.

## FINDINGS

### ATTITUDE OF THE WRITERS

The strongest impression left by this analysis of 7309 "mothers" letters was the general attitude of

\* This term goes back to the beginning of the movement when the great majority of all letters received were from mothers appealing for birth control information. It is still used within the movement to cover all requests for contraceptive advice even though such requests are increasingly from men and persons seeking premarital advice.

† This analysis of a year's intake of "mothers" letters by both the American Birth Control League and Margaret Sanger was undertaken on the initiative of the League. The work was done by the writer and the staff of the League and financed by a special contribution from a member of the Board of Directors of the League.

the writers. Whether they were men or women, they assumed that the information was available and could be had for the asking.

This attitude represents a significant change of tone within approximately a three-year period. While no comparative figures are available, Margaret Sanger's *Motherhood in Bondage*, published in 1928, tells the story of the "mothers" letters and gives excerpts from hundreds received by her prior to 1928. The writers of those letters made a personal and emotional plea for the information and gave all manner of reasons to justify an exception being made in their individual cases,—yet within three years such letters have become the exception. Today the usual letter is a matter-of-fact request for information that the writer assumes can be had by any one, on request.

The table on the opposite page shows that 4281 writers out of 7309 gave no specific reason for requesting birth control information. The tone of their letters indicated that they assumed an answer to their inquiries would be forthcoming. They wrote, saying in substance, "Please send me birth control information," while of the 2759 who gave a reason for wanting the advice, the majority did so rather as a polite explanation than as a justification. Furthermore, in connection with this explanation, both men and women commonly expressed their desire for children—but did not want to have them until or unless conditions were right.

### WHO WROTE THESE LETTERS

1 *Men and women* The first interesting fact about the "mothers" is that approximately one-sixth of them are fathers. (See table on opposite page.) While no figures are available before 1931 on the number of inquiries, either absolute or relative, received from men, it is the impression of those who have handled or been familiar with the "mothers" letters for the past several years, that letters from men have recently increased noticeably. This assumption of increase seems reasonable as it would correspond with the increasing space



**Total Number Of "Mother's" Letters Received By The American Birth Control League And Mrs Sanger  
For The UNITED STATES  
Mar 1, 1931 To Mar 31, 1932**

	MEN And WOMEN Applying			MEN Applying				WOMEN Applying				REASONS From BOTH			
	TOTAL	Sanger	League	Well Off	Not Well Off	Wed	Not Wed	Well Off	Not Well Off	Wed	Not Wed	Health	Economy	Both	Not Given
U S	7,309	4,206	3,103	1149	80	953	283	5013	1067	5448	625	648	1546	834	4281
Ala	50	30	20	4	0	5	0	27	19	44	1	3	8	7	32
Ariz	31	13	18	7	0	8	0	17	7	21	2	5	3	4	19
Ark	50	22	8	2	0	1	1	11	17	28	0	0	6	6	18
Cal	370	141	229	66	5	55	17	267	32	275	23	29	86	13	242
Col	51	23	28	14	0	13	1	32	5	37	0	5	3	9	34
Conn	202	128	74	20	4	21	3	153	25	166	12	15	53	28	106
Del	10	5	5	3	0	3	0	7	0	7	0	0	1	0	9
DofC	47	40	7	15	0	14	1	30	2	27	5	3	9	7	28
Fla	64	33	31	15	1	14	2	45	3	44	4	7	12	7	38
Ca	87	38	49	14	3	14	3	56	14	64	6	7	12	16	52
Ill	426	307	119	55	6	52	8	283	82	341	25	47	84	54	241
Iowa	160	96	64	25	4	27	2	106	25	121	10	19	35	25	81
Ind	243	179	64	28	4	28	6	149	62	203	6	27	45	39	132
Idaho	28	14	14	5	0	5	0	13	10	21	2	3	7	3	15
Kan	95	45	50	23	1	17	7	57	14	67	4	6	11	10	68
Ky	223	58	165	39	2	36	7	146	36	176	4	16	31	27	149
La	41	24	17	6	1	7	0	26	8	32	2	3	6	9	23
Me	48	25	23	6	0	6	0	36	4	39	3	1	8	9	30
Mass	241	120	121	49	0	42	8	176	16	175	16	41	109	14	77
Md	67	33	34	17	0	16	1	47	3	43	7	6	13	7	41
Mich	238	133	105	37	4	30	13	158	39	172	23	25	47	22	144
Minn	141	84	57	28	2	23	9	93	18	99	10	10	25	17	89
Miss	34	22	12	9	0	4	3	16	9	25	2	3	5	5	21
Mo	130	71	59	21	1	16	6	83	25	99	9	9	18	19	84
Mont	95	52	43	7	1	6	2	67	20	63	4	9	25	11	50
Neb	116	89	27	11	0	6	4	89	16	102	4	16	14	13	73
N H	38	26	12	5	1	7	0	29	3	30	1	3	10	7	18
N J	308	153	155	37	0	31	6	248	23	243	28	18	77	23	190
N M	19	14	5	1	0	1	0	14	4	18	0	2	3	0	14
N Y	1052	553	499	182	9	94	96	767	94	578	284	66	257	95	634
N C	92	56	36	23	0	14	9	49	21	66	3	5	21	14	52
N D	55	40	15	13	1	13	1	34	7	39	2	5	8	4	38
Ohio	415	192	223	73	6	59	14	269	67	320	122	31	96	39	249
Okla	87	59	28	7	2	7	2	57	21	69	9	6	21	13	47
Ore	81	41	40	11	0	8	2	67	3	62	9	4	10	7	60
Penn	637	432	205	87	8	84	21	441	101	506	26	62	121	79	375
R I	66	49	17	7	1	5	3	47	11	54	4	3	15	10	38
S C	27	18	9	0	0	0	0	18	9	27	0	3	3	8	13
S D	45	30	15	10	0	8	3	30	5	31	3	2	12	2	29
Tenn	100	64	36	19	1	18	1	63	17	78	3	5	12	19	64
Texas	398	275	123	61	4	61	4	252	81	327	6	54	71	49	224
Utah	54	12	42	6	0	6	0	39	9	48	0	10	11	11	22
Vt	25	15	10	3	0	2	1	20	2	20	2	1	3	5	16
Va	95	54	41	15	1	13	3	65	14	71	8	7	20	12	56
Wash	125	63	62	24	1	18	5	92	8	94	8	17	30	14	64
W Va	114	94	20	5	3	6	1	72	34	99	8	8	32	22	58
Wis	172	112	60	32	3	27	7	119	18	125	13	12	32	19	109
Wyon	29	25	4	1	0	1	0	25	3	26	2	8	5	4	12
Nev	7	4	3	1	0	1	0	5	1	6	0	1	1	0	5

*Well off* (Privileged) *Not well off* (Under privileged)—Persons were classed as under privileged only if the letter or its contents seemed to indicate that economically they were or might become wards of the community

*Wed* (Married)—Persons listed under this heading asked for birth control information either specifically by name or indirectly through description. That is the writer would recount her circumstances and ask for help. It was assumed that the writer was married when reference was made to length of marriage husband wife children etc

*Not Wed* (Premarital)—Letters were so listed only when writer made specific mention of engagement or intention of marriage

*Reasons from both men and women* (Health Economic Both

*Not given*—The specific contents of each letter determined into which of these four categories it should go

Since the number of reasons given were limited to three in the analysis those which did not come under the regular classification (definite reason given) were listed under the heading "Not Given". For example the writer might state "our family is just right now" or "I am urgently in need of advice". In neither case has a definite reason been given—although the implication is that there are already as many children as can be properly taken care of from an economic or health standpoint or both

See pages 26 and 27 for Tables on Mothers Letters, for Urban Centers and Rural Districts

given to birth control in the public press and the increase in the number and authority of the organizations which endorse or sanction birth control

*2 Privileged and under-privileged* Persons were classed as under-privileged only if the letter or its contents seemed to indicate that economically they were or might become wards of the community, that is, through ignorance, poverty or unemployment such health services as they needed would have to be at community expense. Separating the inquiries into two groups—privileged and under-privileged—was arbitrary and based upon the total impression given by each letter. It took into account paper, writing, spelling, vocabulary, etc.

As was to be expected, letters from the privileged far outnumbered those from the under-privileged, the percentage being 84 as against 16. In this connection, it is interesting that over 93 per cent of inquiries from men were from the privileged group, while but 82 per cent of the women's inquiries were from this same group. This large proportion of letters from the privileged accounts at least in part for the "taken-for-granted" character of the letters as a whole. The under-privileged letters were naturally much less self-assured, in fact, in many instances the writer was desperate. It was from this group that the case-histories came. But the impression made by the letters from both privileged and under-privileged groups was one of responsible and earnest and, in some cases, desperate desire for birth control information.

This impression is borne out by Mrs. Sanger's experience. She corresponds with her "mothers" and it is seldom that they do not return her form with the information she requests. Though the League does not enter into correspondence beyond answering the original inquiry\*, its experience also strengthens this impression. For it is reasonable to suppose that the "mothers" letters are written by people not unlike those who come in person for information. They are of all types and kinds and of both sexes, but this they have in common: a serious and decent attitude and a genuine wish for information.

*3 Young married people* Eighty-eight per cent of the inquiries were from married people who

wanted contraceptive advice. While there was no exact way of telling, the letters indicated that probably the majority came from young couples with but two or three children. They stressed their need of advice in order to raise their children according to the standards of living to which they themselves have been accustomed. The phrase "another child before two or three years would be a tragedy" occurs repeatedly.

Another large group of inquiries came from newly married women, who, because of present conditions, were obliged to continue working to help establish a home. They wished to postpone rearing a family until in an economic position to do so.

*4 Engaged couples* Twelve per cent (908) of the total inquiries were for premarital advice, and 31 per cent (283) of these writers were men, whereas in the married group the number of inquiries from men was less than 15 per cent.

Premarital requests almost without exception came from the privileged class and from persons of a high degree of intelligence.

Invariably, and whichever the group, both men and women expressed their desire for children when they were ready for them. In the premarital cases generally, information was requested for a contraceptive which could be relied upon *not to produce sterility*.

#### WHERE THE LETTERS CAME FROM

*1 City and country* The letters were also sorted into urban and rural groupings, 58 per cent were urban, and 42 per cent rural. This is a high proportion of rural even taking into account the fact that some letters were counted as rural that came from small villages near big cities. Again it indicates how wide-spread is the demand for birth control information and the extent to which the knowledge that birth control information exists has penetrated sparsely settled parts of the country, and communities remote from the large centers.

A further examination discloses that of the total number of men seeking information 67 per cent were city dwellers whereas among the women only 56 per cent lived in cities. This is logical as the town is usually more sophisticated than the country.

*2 From the nation* The letters came from every state in the Union, from all the big cities and from hundreds of rural communities. Letters from Canada, Mexico, South America, etc., were not included in this tabulation.

\*In May, 1931, three months after the beginning of the period covered by this study, the League began to send letters to all its correspondents asking them to fill out an enclosed questionnaire, stating whether they had found the service satisfactory.

It was first thought that there might be differences in the nature of letters received from the several parts of the country. In general, however, this did not prove to be the case. Differences were between educated or uneducated, privileged or under-privileged people, or differences in the facilities for obtaining contraceptive information.

#### DIFFERENCES BETWEEN LETTERS RECEIVED BY THE LEAGUE AND BY MRS SANGER

More people from the South requested information from Mrs Sanger than from the League. This may be due to the fact that during the past few years Mrs Sanger, or her representative, has lectured widely throughout the South. These lectures could easily have prompted women to make a personal appeal for help to another woman, this may also explain why Mrs Sanger receives more requests from the under-privileged than does the League.

Another characteristic of the letters received by Mrs Sanger is the confusion in the minds of many writers between abortion and birth control. No obvious reason for this can be given but the inference may be drawn that because the name of Margaret Sanger has been identified with the movement from its beginning, more women of the under-privileged group have solicited information from her personally.

It is also interesting and important to note that to many writers the League and Mrs Sanger are one and the same. Contents of the letters indicate this as well as the fact that letters for Mrs Sanger are addressed to the League and letters for the League are received by Mrs Sanger.

\* \* \*

Recommendations made by Miss Boughton as a result of this analysis, together with a report of action taken by the League and Mrs Sanger, will appear in an early issue of the REVIEW. *Editor's Note*

## The Vera Cruz Birth Control Law

VERA CRUZ has the distinction of being the first state to enact birth control legislation on a comprehensive and practical scale. The bill, drafted by Dr Salvador Mendoza, lawyer and sociologist, president of the drafting committee of the civil code of Vera Cruz, was adopted in the regime of former Governor Adalberto Tejeda. It became effective as a law through its publication in the *Official Gazette of the State of Vera Cruz* on December 1, 1932. It is worthy of note that the present Governor Gonzalo Vasquez Vela is also an enthusiastic supporter of the new birth control legislation. The preamble reads:

Adalberto Tejeda, Constitutional Governor to the Free and Sovereign State of Veracruz-Llave, to its inhabitants be it known:

That by the authority bestowed upon him by Article 7 of the Law number 121, enacted on the sixth of July, 1932, and

*Whereas*, recognizing that it is of the greatest importance to public and social interests to better the human race and therefore to promote all measures leading to the elimination of such defects as shall be considered incurable and transmissible by heredity, and which might yield to scientific treat-

ment under governmental direction, the Legislature of this State was pleased to enact Law No 121, the sixth day of July in the year 1932, creating thereby under the jurisdiction of the Health Department, the service of Eugenics and Mental Hygiene of the State of Veracruz-Llave, and

*Whereas*, the above mentioned law provides in Articles five and six a program of scientific prophylaxis to safeguard future generations against diseases, or defects, physical or mental, which are transmissible by heredity, the regulation of such program to be under the administrative authority of the Chief Executive of the State, through the action of the Health Department, according to the text of Article 7 of the above mentioned law, and

*Whereas*, the results of medical, sanitary, biological and psychological research attest beyond doubt the possibility of introducing practical eugenic measures to improve the future progress of human reproduction, thereby producing eventually a better race as a whole, by diminishing the probabilities of race degeneration or decay, and

*Whereas*, it is a fact confirmed by experience and statistics that the dissemination of birth control information now being done spontaneously and freely by individual initiative, with no official in-

tervention by the State, has resulted in the lowering of the birth rate among the higher and more privileged classes of the community, as evidenced by the fact that a marked and deliberate curtailment of offspring exists in direct proportion to the better learning or position of the individual, while it can be observed that less socially desirable types reproduce themselves with no restriction and often even to obvious excess, and thereby an undoubted degeneration of the species is taking place, and therefore to meet such emergency society must take urgent action inspired by the highest motives, and

*Whereas*, the methods of birth control accepted by science, as well as the eugenic practices already referred to, have been disseminated amongst the favored members of the present social and economic order, while such scientific information has been kept out of reach of our lower classes because of the inadequacy of the Law and the neglect of a public duty, and

*Whereas*, regardless of the problem of over-population and the proper means of dealing with it, it shall always be a paramount duty of the government to eliminate any danger of degeneration, or even any hindrance to improvement which might arise as a serious menace to the future of the human race, and specially so if such a danger threatens imminently the less privileged members of society, and

*Whereas*, in advanced countries sterilization of human beings is already legal in the case of individuals suffering from hereditary infirmities of idiocy, mental defectiveness, etc., including in certain instances incorrigible criminal types, and it is advisable to introduce legal sterilization, at least for the most typical cases as defined by scientific knowledge, into the regime of the State of Vera Cruz, and

*Whereas*, sterilization properly administered in the interest of eugenics should be considered a measure not only to safeguard the general interest of the race, but also to benefit the home, and the family, and even to protect the sterilized individuals themselves who in many instances especially among females, incur from the abnormal reproductive function serious pathological troubles endangering life, and

*Whereas*, the State of Vera Cruz has developed satisfactorily a policy of social control which comprehends a diversified program to deal with prostitution, of which official regulation has been abol-

ished, sexual education, which is already obligatory within the State, compulsory treatment of venereal disease, and other similar eugenic regulations, abolition of saloons, and restrictive regulation of alcohol, establishment of health requirements for marriage as provided by the new Civil Code, and in general a complete sociological program for the betterment of the race, it is fitting and proper to extend the scope of these concurrent measures and so initiate a direct approach to the problem of birth control within the State, according to the essential principles of eugenics and under the inspiration of the higher social responsibility,

*Now therefore*, in accordance with the foregoing, the following regulations are hereby promulgated and ordered

The most important of the seventeen provisions of the law are

*Article 1* According to the provisions of Articles 5 and 6 of the Law No 121, enacted July, 1932, the Bureau of Eugenics and Mental Hygiene under the jurisdiction of the Department of Health of the State of Vera Cruz shall deal with the study and treatment of the subject of eugenics as follows Birth Control, sterilization in cases where the reproduction of the species is socially undesirable, and, in general to deal with all phases of social control affecting the reproduction of the species, and the preservation of the same against any causes contributing to its degeneration

*Article 3* The Bureau of Eugenics and Mental Hygiene shall establish in the state such clinics as it shall consider necessary to provide scientific instruction and proper treatment in the matter of Birth Control and contraception, sexual education and hygiene, and related subjects The service rendered by these clinics shall be free of charge

*Article 6* Sterilization shall be practiced within the state subject to [certain] provisions

*Article 9* The sterilization of subjects whose reproduction shall be proscribed, shall be applied in such a manner as to give no ignominious or infamous reputation, and by no means and in no case shall sterilization be applied as a punishment or social stigma, nor shall such sterilization ever involve the loss of any civil or political right on the part of the subject

*Article 16* The Bureau of Eugenics and Mental Hygiene shall maintain official relations and promote an exchange of scientific information for the purpose of carrying out its work in the best possible way

# An Interview With Julian Huxley

By JAMES RORTY

"UNTIL science has discovered better contraceptive techniques, the birth control movement can progress but slowly toward its fundamental objective, the making of a better race. And science goes haltingly in a society where, for every dollar given to scientific research in the field of population control, thousands are spent by disingenuous advertisers of 'feminine hygiene' products, working in the shadow of legal and social taboos."

This was the comment of Professor Julian Huxley, distinguished English biologist, who returned to England last week after a brief lecture tour in this country.

One of the most important gains for the English birth control movement, according to Professor Huxley, was achieved last year, when a ruling was procured whereby Welfare Clinics receiving government support are permitted to give birth control instruction to their patients. They do not, however, sell contraceptive equipment.

Important contraceptive research work is being done in England under the auspices of the International Birth Control Committee. Current work by Drs. Baker, Florey and Carleton at Oxford is concerned with the study of spermicides, and with the mechanism of coitus. The results thus far, while encouraging, promise no easy solutions. Other interesting work is being begun on spermatoxins and hormones. The present scale of contraceptive research and the funds at the disposal of scientists engaged in this work are wholly inadequate, compared to the importance and urgency of the problem.

"Bringing too many children into the world these days is like bringing them into a dark alley," said Professor Huxley. "With our present organization, or rather disorganization of social and economic life, we cannot handle our populations either here or in England. However, the population will begin to go down in England in less than fifteen years, in the United States in about forty years."

Asked whether he thought the rapid extension of birth control clinics in America, with a liberalization of existing laws, and financial support from state and federal treasuries would help to deal

with the problems of destitution arising from the depression, Professor Huxley pointed out that the time is too short.

"We shall either pull out of the current economic crisis in two or three years or we shall be facing a general economic and social collapse. Of course, the available clinical resources are utterly inadequate both here and in England. But it is doubtful whether a large-scale extension of contraceptive clinics could be put into effect soon enough to exert any very substantial influence on the situation. Particularly is this true when we remember that with respect to birth control the 'unteachables' are always with us, and that thus far we have not discovered contraceptive techniques which can be successfully used with this class."

Concerning the moral problems arising out of the rapid dissemination of birth control information, Professor Huxley is rather optimistic.

"Before birth control was generally known and practiced, especially by our upper and middle class populations, we operated pretty much on a fear-morality of a very dubious quality. The removal of this fear does not necessarily mean that young people become libertines. On the contrary, my observations both in England and in America convince me that quite possibly an entirely opposite trend may develop.

"It would seem that the post-war generation discovered that promiscuity as a way of life had little to offer in the long run. The new morality which I see developing among the generation of girls and boys now in their teens and twenties is a far sounder morality of choice, regulated by considerations of discipline, personal integrity and good taste. I really think that the moralists, on the whole, have little to fear from birth control.

"The birth control movement's most important present task is to go ahead making birth control an ordinary topic—not something to be talked of in hush-hush tones. Of course, the spread of clinical facilities is also important, and really scientific research. For the long run, exploration of the relations between birth control and eugenics, and between both of these and the politico-economic system is fundamental."

# 121 Centers for Contraceptive Advice

## January, 1933

<b>Alabama</b>	<b>No center</b>	<b>Florida</b>	<b>1 center</b>
<b>Alaska</b>	<b>No center</b>	Miami, Mothers' Health Association	
<b>Arizona</b>	<b>No center</b>	409 B Huntington Bldg—Dr Lydia A DeVilbiss	
<b>Arkansas</b>	<b>1 center</b>	<b>Georgia</b>	<b>3 centers</b>
Little Rock, Arkansas Eugenics Association		Atlanta, Atlanta Tuberculosis Association	
Exchange Bank Bldg—Dr Homer Scott		286 Forest Avenue—Dr Champneys H Holmes	
<b>California</b>	<b>29 Centers</b>	Atlanta, Good Samaritan Clinic	
Fort Bragg, Redwood Coast Hospital, Inc		69 North Avenue—Dr J K Fancher	
Dr Paul J Bowman		Atlanta, Morris Hirsch Clinic	
Hayward, Alameda County Health Department		Dr O H Matthews	
Dr Jane Thorpe		<b>Hawaii</b>	<b>6 centers</b>
Los Angeles County, Los Angeles County Health		Honolulu, Maternal Health Clinic	
Department (16 centers)		1464 Emma Street—Dr Ellen Leong & Dr Tzu P Chou	
Dr J L Pomeroy		Honolulu, Palama Settlement	
Los Angeles		810 Vineyard Street—Dr Joseph W Lam	
215 East Adams St—Dr Etta Gray		Honolulu, Queen's Hospital	
Los Angeles, Cedars of Lebanon Hospital		P O Box 614—Dr Ellen Leong	
4833 Fountain Avenue—Dr K K Meitzler		Kaneohe, Plantation Hospital	
Los Angeles, Jewish Dispensary		Dr C Chinn	
244 Bunker Hill Avenue—Dr Nadina Kavinoky		Waimanalo, Plantation Hospital	
Los Angeles, East Los Angeles Emergency Hos-		Dr C Chinn	
pital		Waipahu, Plantation Hospital Maternal Health	
1011 Goodrich Blvd—Dr J G Foster		Clinic	
Los Angeles, Mothers' Clinic		Dr Nermod & Dr Chandler	
130 South Broadway—Dr Etta Gray		<b>Idaho</b>	<b>No center</b>
Oakland, Birth Control League of Alameda Co		<b>Illinois</b>	<b>9 centers</b>
5027 Genoa St—Dr Ann Martin		<i>One of these centers does not wish its address made public</i>	
Pasadena, Pasadena General Hospital Dispensary		Chicago, Chicago Heights Clinic	
38 Congress St—Dr Irene Hunt & Dr Nadina Kavinoky		Dr Lucia E Tower	
Pasadena, Pasadena Mothers' Clinic		Chicago, Illinois Birth Control League	
92 No Madison Avenue—Dr Emmeline Banks		203 No Wabash Avenue—Dr Rachelle Yarros	
San Francisco, Canon Kip Eugenics Clinic		Chicago, Illinois Birth Control League	
246 Second Street—Dr Louise E Taber		1347 No Lincoln Street—Dr Olga Ginsburg	
San Francisco, Maternal Health Clinic		Chicago, House of Social Service	
526 Oak Street—Dr Adelaide Brown		734 W 47th Street—Dr Olga Ginsburg	
Santa Ana, Mothers' Clinic of Orange County		Chicago, Mary Crane Nursery—Hull House	
Health Department		818 Gilpin Place—Dr Lucia E Tower	
Court House Annex		Chicago, Jewish People's Institute	
<b>Colorado</b>	<b>1 center</b>	3500 Douglas Blvd—Dr Olga Ginsburg	
Denver, Colorado General Hospital		Chicago, Jewish Social Service	
4200 East 9th St—Dr T D Cunningham		1800 Selden Street	
<b>Connecticut</b>	<b>1 center</b>	Evanston, Evanston Medical Center	
New Haven, Family Affairs		746 Custer Avenue—Dr Beatrice Hawkins	
265 Church Street		<b>Indiana</b>	<b>No center</b>
<b>Delaware</b>	<b>1 center</b>	<b>Iowa</b>	<b>1 center</b>
Wilmington, Delaware Birth Control League		Marengo, Osteopathic Clinic	
1019 Pine Street—Dr Verna Stevens		Dr Margaret M Spence	
<b>Dist. of Columbia</b>	<b>No center</b>	<b>Kansas</b>	<b>No center</b>
		<b>Kentucky</b>	<b>No center</b>
		<b>Louisiana</b>	<b>No center</b>

**Maine** No center  
**Maryland** 1 center  
 Baltimore, Bureau of Contraceptive Advice  
 1028 North Broadway—Dr Bessie I Moses  
**Massachusetts** No center  
**Michigan** 7 centers  
 Battle Creek  
 41 No Washington St—Dr Bertha L Selmon  
 Detroit, Harper Hospital  
 3925 Brush Street—Dr Geo Kamperman  
 Detroit, Mothers' Clinic  
 1601 Blaine Avenue—Dr Max Wershow  
 Detroit, Woman's Hospital  
 432 Hancock Avenue East—Dr Palmer Sutton and  
 Dr Mary Campbell  
 Grand Rapids, Blodgett Memorial Hospital  
 Dr D M Morrill  
 Grand Rapids, City Health Department  
 City Hall—Dr J F Failing  
 Royal Oak, Maternal Health Clinic  
 111 So Troy Street—Dr Palmer E Sutton  
**Minnesota** 2 centers  
*One of these centers does not wish its address made public*  
 Minneapolis, Minnesota Birth Control League  
 223 Walker Bldg—Dr Eleanor Hill  
**Mississippi** No center  
**Missouri** 2 centers  
*One of these centers does not wish its address made public*  
 St Louis, Maternal Health Center  
 396A North Euclid Avenue  
**Montana** No center  
**Nebraska** 1 center  
 Omaha, University of Nebraska  
 42nd St & Dewey Avenue—Dr J Kay Keegan  
**Nevada** No center  
**New Hampshire** No center  
**New Jersey** 3 centers  
*One of these centers does not wish its address made public*  
 East Orange, Health Department  
 No Arlington Ave & New St—Dr Dorothy Lottridge &  
 Dr Ruth B Thomas  
 Newark, Maternal Health Center  
 868 Broad Street—Dr Hannah M Stone  
**New Mexico** No center  
**New York** 24 centers  
*3 of these centers do not wish their addresses made public*  
 Brooklyn, Long Island Medical College Hospital  
 Amity and Pacific Streets  
 Brooklyn, Methodist Episcopal Hospital  
 7th Street & 7th Avenue  
 New York, Berwind Maternity Clinic  
 127 E 103rd Street—Dr Ira J Hill  
 New York, Birth Control Clinical Research Bureau  
 17 W 16th Street—Dr Hannah M Stone  
 New York, German Polyclinic Hospital  
 137 Second Avenue

New York, Harlem Branch, Birth Control Clinical  
 Research Bureau  
 2352 Seventh Avenue—Dr Hannah M Stone  
 New York, N Y Infirmary for Women & Children  
 32 E 15th Street—Dr Celia Ekelson  
 New York, Lenox Hill Hospital Dispensary  
 Park Avenue & 76th Street—Dr Eric M Matsner  
 New York, Medical Center  
 Broadway & 167th Street—Dr V G Damon  
 New York, N Y Nursery & Child's Hospital  
 161 W 61st Street—Dr C E Heston  
 New York, Sydenham Hospital  
 Manhattan Ave & 123rd Street—Dr Anna Spiegelman  
 New York, Union Health Center  
 131 E 17th Street—Dr Ben Zion Liber  
 New York, Woman's Hospital in State of N Y  
 141 W 109th Street  
*Sponsored by the New York City Committee  
 of the American Birth Control League*  
 Brooklyn, United Jewish Aid Societies  
 1095 Myrtle Avenue—Dr Lena Levine  
 New York, Bronx House  
 1637 Washington Avenue—Dr Anna Samuelson  
 New York, Christ Church House  
 344 W 36th Street—Dr Helen Miller  
 New York, Council House  
 1133 Forest Avenue—Dr Naomi Yarmolinsky  
 New York, Madison House Society  
 226 Madison Street—Dr Elizabeth Pisssoort  
 New York, Maternal Aid Association  
 239 E Broadway—Dr Rose C Boyer  
 New York, Union Settlement  
 237 E 104th Street—Dr Anna Spiegelman  
 Port Chester  
 367 No Main Street—Dr Cheri Appell  
**North Carolina** 1 center  
 Asheville, Refer to Mrs Ellsworth Lyman  
 Cedarcliff Rd, Biltmore Forest—Dr Louise Ingersoll  
**North Dakota** No center  
**Ohio** 8 centers  
*One of these centers does not wish its address made public*  
 Cincinnati, Christ Hospital  
 2125 Auburn Avenue—Dr Elizabeth Campbell  
 Cincinnati, Committee on Maternal Health  
 Children's Hospital, Eeland Ave, Avondale  
 Dr Grace M Boswell  
 Cleveland, The University Hospitals  
 2065 Adelbert Road—Dr Marion Douglass  
 Cleveland, Maternal Health Center  
 1021 Prospect Avenue—Dr Ruth Robishaw  
 Cleveland, Mt Sinai Hospital  
 1800 E 105th Street—Dr Moses Garber  
 Columbus, Mothers' Health Clinic  
 145 E State Street  
 Delaware  
 151 Oak Hill Avenue—Dr Christine K Sears  
**Oklahoma** No center

**Oregon**                      **No center**  
**Pennsylvania**           **11 centers**

Bethlehem, Maternal Health Center  
 26 E 3rd Street—Dr Carl Games  
 Chester, Delaware County Birth Control  
 319 E Broad Street—Dr M Lambich  
 Easton, Maternal Health Committee  
 Old Y W C A Bldg, 131 So 4th St—Dr Carl Gaines  
 Lancaster, Maternal Health Committee  
 Dr Wilhemina Scott  
 Philadelphia, Central City Branch  
 1402 Spruce Street—Dr Sophia Nabut  
 Philadelphia, Kensington Clinic  
 3114 Frankford Avenue—Dr Esther F Cohen  
 Philadelphia, Maternal Health Center  
 6800 Market Street—Dr Lovett Dewees  
 Philadelphia, Reed Street Settlement  
 714 Reed Street—Dr Katherine Johnson  
 Pittsburgh, Allegheny Co Birth Control League  
 804 Wabash Bldg—Dr Amelia M Caprini  
 Reading, Berks County Birth Control League  
 Homeopathic Hospital—Dr Margaret Hassler  
 Wilkes Barre,  
 70 S Franklin Street—Dr Samuel Buckman

**Porto Rico**                      **1 center**

Santurce, Maternal Health Center  
 No 0 Ernesto Cerra Street—Dr Ramon Lavandero

**Rhode Island**                      **1 center**

Providence, Rhode Island Birth Control League  
 163 No Main Street—Dr Robert Whitmarsh

**South Carolina**                      **No center**

**South Dakota**                      **No center**

**Tennessee**                      **1 center**

Nashville, Tennessee Birth Control Bureau  
 2204-21st Avenue South

**Texas**                      **No center**

**Utah**                      **No center**

**Vermont**                      **No center**

**Virginia**                      **3 centers**

*One of these centers does not wish its address made public*

Roanoke,  
 Refer to Mrs David Persinger—Box 635  
 Richmond, Medical College of Virginia  
 Hospital Division—Dr H H Ware

**Washington**                      **No center**

**West Virginia**                      **No center**

**Wisconsin**                      **2 centers**

*One of these centers does not wish its address made public*

La Crosse, Osteopathic Clinic  
 Linker Building—Dr Lillian B Tracey

*Since some of these centers restrict admission, further information should be obtained from the American Birth Control League, or from the center, before applying for advice*

## Clinical Service in Germany

By EMILY B H MUDD

**I**N THE United States we have grown from one clinic in 1923—the Birth Control Clinical Research Bureau of New York—to the present list (increasing monthly) of 120 functioning centers for contraceptive advice. In addition, hundreds of private physicians are caring for patients in their own offices. The marriage advice bureaus give evidence of similar growth.

What is the situation in other countries? In France, where the population has been stationary for many years, where the fear of foreign invasion is ever present, and where nationalism is developed to an extreme, a reactionary measure was railroaded through the legislature in 1920, making the giving of contraceptive information a grave offense with heavy punishment by fine and imprisonment. In Italy, strongly nationalistic, committed to a policy of expansion, with powerful influence from the Roman Church, birth control is not only prohibited but prizes are offered by the government to the parents of the largest families. The situation in Russia has been excellently covered by Dr Hannah Stone in an article in the November BIRTH CONTROL REVIEW. In Denmark there is one large active clinic, run and financed by a private physician, and propaganda to liberalize the laws in regard to birth control and abortion. In Sweden, I am told, there are no public clinics as knowledge of good contraceptive methods through government and medical channels seems to be so general as to make clinics unnecessary. Germany, with its policy of expansion frustrated by the war, and in spite of its political upheavals of the last few years, has been a leader in grappling with these problems.

My knowledge of German clinics is based on visits to clinics in different parts of the country, interviews with some "key" individuals and information picked up through reports and general impressions. This article is by no means an attempt at a detailed or scientific report of the work being done in Germany. Dr Marie Kopp is at present making such a detailed study of Marriage Advice Clinics under the Oberland Foundation.

Birth Control and Marriage Advice Clinics in Germany are sometimes completely separate bureaus, sometimes cooperative and sometimes one unit. They are sponsored and financed by the state and city Boards of Health, women's organizations, political organizations, religious groups, private



groups and even in certain cities by the large and powerful *Krankenkassen*, which are similar to the English health insurance organizations. Sickness insurance is obligatory for anyone belonging to trades below certain income levels in Germany, therefore the giving of contraceptive information as a routine procedure by such groups has excellent eugenic possibilities.

Clients coming to these bureaus fall, in general, into three groups: the young unmarried—for problems of family adjustment, parent-child relationships, specific information in regard to sex hygiene or perversions and questions relating to venereal disease, those contemplating marriage for any of the former questions and specific information in regard to the choice of a mate and hygiene of marriage, including choice of occupations, budgeting, and birth control, the third group, already married—for perhaps any of the reasons already listed and, in addition, help in problems of divorce. Divorce sought by a woman in Germany is made very difficult economically, because all of a woman's dowry and property belongs after marriage legally to her husband and is forfeited in case of divorce. Thus young women are advised to have a legal document drawn up before or after marriage giving them the right to their own property in case of divorce.

#### A MODEL CLINIC

In regard to these progressive activities Berlin is to Germany what California is to the States. I went south through western Germany from Cologne, under the shadow of the great Catholic Cathedral and in the midst of the industrial section where economic depression has been continuous for years, where poverty glared at you from the faces of miserable parents and many children, where prostitution stalked the streets by day and night, and where there was no such thing as a birth control clinic under any auspices, to democratic Frankfurt am Main where the heritage of social progressiveness has been handed down from the Middle Ages, and where the large proportion of intelligent and successful Jews minimizes the power of reactionary groups. There I saw the most poised and adequate handling of the question of Marriage Advice, Birth Control, and Abortion which it has been my privilege to find or hear of, outside of Russia.

A day in such a clinic, supported entirely by the city, the *Krankenkassen* and other public funds,

made me realize the largeness of conception and execution which obtain there. A woman doctor, a woman social worker, two wooden desks, chairs, and an otherwise bare shabby room on the second floor of an old building in the congested section of the city. A poor woman enters, a careful history is taken bringing forth facts typical of our clinic patients in this country: ill health, number of children, no work, etc. She is immediately referred to a local physician for treatment. All patients are referred for treatment to other physicians. In this manner no jealousy has been aroused in the medical profession and all but a few doctors in Frankfurt have been educated in scientific methods of contraception in order to be on the approved list of the clinic for receiving patients. The *Krankenkassen* or the city Board of Health pays the fee when the patient belongs to them and cannot pay herself. Next a young woman, presumably an unmarried student is given a card to a physician. On questioning the doctor in charge in regard to her policy of taking unmarried patients, her answer was, "Illegitimate children help no one. Do you think if I tell her she must stop going with her boy friend she will stop? No indeed. If she is already in this situation she must have knowledge of venereal disease and adequate protection."

The next patient, a gaunt hopeless looking woman, obviously pregnant. My heart sank for I knew in this country what would happen to her in spite of her husband in the insane asylum, her two feeble-minded children and one epileptic child, her own deep melancholy which had led to an attempted suicide. We would express sympathy, perhaps horror, tell her to be sure to return after the birth of her child, explain that we could do nothing after life has begun, and firmly close the door behind her, carefully shutting our eyes to the only alternative for a desperate woman, self-inflicted abortion or an illegal abortionist, either liable to lead to infection and perhaps death. But in Frankfurt, where the laws in regard to abortion are the same as in Pennsylvania, the assent of three or even two physicians making the operation legal, after her history was learned she was sent with a card to a good hospital where an abortion with sterilization could be performed under the best conditions or, if sterilization was not thought necessary, birth control methods given her before she returned home. All part of the day's routine. This session was followed by a two-hour session for Marriage Advice clients.

## Book Reviews

THE SCIENTIFIC BASIS OF EVOLUTION,  
by Thomas Hunt Morgan *W W Norton and  
Co, New York 1932 \$3 50*

A BOOK by Dr Morgan is always a notable event. Standing as he does at the head of living experimental biologists, with a brilliant record as an investigator, teacher, and organizer of research, his opinions on the experimental aspects of genetics and of evolution are concise and authoritative.

In *The Scientific Basis of Evolution* the first three chapters deal with the fundamental biological principles which provide the fabric on which evolution rests. Naturally the emphasis is on the physical basis of heredity and the importance of the chromosomes and of the elements of which they appear to be composed—the genes.

Chapters four to nine, inclusive, are more general in nature. Variability and artificial selection are first discussed. The complete inability of selection to create variation *de novo* or to do more than sort out existing genetic combinations is brought out. Adaptation and natural selection form the subject matter of chapter five. The fact that natural selection is largely negative in that it eliminates unfit forms rather than perfecting the more detailed phases of fitness, is emphasized. Adaptation then becomes rather an incidental by-product of natural selection.

A chapter on mutation follows. Here the ground becomes firmer again as the amount of experimental data increases. The frequency of mutation—the creative phase of variation—and the stability of genes are discussed.

Next comes a consideration of sexual selection and hormones. Darwin's theory of sexual selection is critically examined and, quite properly, found wanting. The role of sex hormones in determining the development of secondary sex characters is described. The chapter is one of the most interesting and best organized.

The following two chapters present critical evidence which to a large degree successfully show the inadequacy and erroneous premises of two old theories of evolutionary relationship. The Recapitulation Theory, which held that the embryonic development of the individual repeated in its course the history of the development of the race,

and the Theory of the Acquired Characteristics longingly sighed after by many educators and sociologists but utterly unsupported by biological evidence.

In the last three chapters Dr Morgan goes further into the realm of philosophical discussion than is his wont. "The Social Evolution of Man," "Evolution as a Response to 'The order of Nature'," and "Mechanistic and Metaphysical Interpretations of Biology and of Evolution" are the topics considered.

As might be expected from his past published opinions on eugenics and on sociological matters Dr Morgan's attitude is discreet and conservative. It is also eminently fair to all sides of any problem discussed. It has the impersonal and judicial qualities of the experimentalist. It carries into the realm of what must be to some extent conjecture a certain seriousness of approach which may not especially appeal to those who have had more contact than he with the applied phases of sociology. Such a conclusion as "Before we determine how far to make use of the methods that genetics has placed in our hands in regulating the characteristics of the human race, it would be necessary to determine first what standard to adopt—whether, for example, to work toward a homogeneous, average, mediocre, stable group, or whether to work for as great a variety of types as possible" will appear to many eugenicists and sociologists as being altogether too literal-minded. Practical considerations, immediate needs and the obvious impossibility of omniscience to plan for the remote future make the establishment of a long-time standard as urged by Morgan too "experimental" and "idealistic" in its conception, too unconscious of the time factor which, in human experience, has always prevented any one generation from pledging the succeeding ones to a continuance of its program of reform.

The obvious practicality of preventing insane, feeble-minded and habitual criminals from breeding is sufficient to occupy the present generation in the elementary but essential pursuit of preventing actual social degeneration. The judicial and conservative approach to the social application of biological principles is again shown in the closing paragraph of the tenth chapter.

It is conceivable that when man undertakes to direct the evolution of his race he may blunder

badly. It might even be asked why he should meddle, since nature unassisted has brought about the social evolution of man. Why not trust natural processes to do all that is possible under the circumstances? This may or may not be good advice. But let it not be forgotten that man by his ideals as well as by his blundering and selfish lack of consideration, is now determining his future by active interference for good or evil with the course of nature. He may not be able to map out his future, but he has shown at times an astonishing power to interfere with what is taking place.

In the chapter on "Evolution and the Order of Nature" the philosophical position of Bergson, Henderson, and Lloyd Morgan is considered. The metaphysical aspect of their approach is criticized and the conclusion reached that

Modern biology rests its case on the assumption, sometimes amounting to a conviction as the result of wide experience, that the properties of living things are the outcome of their chemical and physical composition and configuration. This is not the same as saying that all the properties of living things can be explained by the known laws of chemistry and physics, for the kinds of reactions that take place in living matter are as much dependent on the kind of system involved as are the reactions of non-living matter in different systems.

To the reviewer this paragraph seems to be an example of the extremely interesting phenomenon that a man's God is often—if not always—a reflection of his own personality. An out and out experimentalist cannot admit a metaphysical deity, on the other hand, he must preserve for his particular field of science some claim to a vital relationship with ultimate truth. In both these matters Dr Morgan has been faithful.

The final chapter of the book is an interesting discussion of the limitations of science and of metaphysics. Out of a critique of the views of J. B. S. Haldane, Eddington, Smuts, Whitehead and others comes the conclusion—more by implication than by acknowledged confession—that metaphysics cannot explain experimental biology nor can mechanism explain the intangible truths of the spirit. Because Dr Morgan is so honest a scientist and has spent so much of his life in close application to a veritable gold-mine of fascinating material he feels that "a puzzled frame of mind" results from trying to include biology and metaphysics under the same roof. It has always seemed to the reviewer that no

puzzlement nor confusion need result. If it be admitted that lower forms of life *experience* but never *understand* higher forms, and if it be admitted that the spiritual is "higher" than the natural then it may be agreed that man's intellect, so obviously biological, *may* experience the spiritual but can never grasp, contain, understand, or explain it. Efforts to do the impossible may be interesting, at times even touched by a transitory light of genius, but they will never be convincing or successful.

C. C. LITTLE

**HUMAN HEREDITY**, by Erwin Baur, Eugen Fischer and Fritz Lenz. Translated from the German by Eden and Cedar Paul. Macmillan, New York 1931. \$8.00.

THE fact that this is the best work on the subject of human heredity which has yet appeared emphasizes only the more strongly the need for more extensive and intensive research and for more scientific methods of reasoning in this vitally important field.

The book begins with an exposition of the general principles of heredity by Professor Erwin Baur, the leading geneticist of Europe engaged in active work at the present time. Despite the points of disagreement noted below, we would commend this section of the book highly, along with everything else that has issued from Baur's pen. We must, however, take exception to Baur's acceptance of the unproved conjecture that part of the inheritance in man and animals is probably non-Mendelian, and still more do we object to the claims, unsupported by critical work, that alcohol and other chemical influences have already been shown to cause injurious mutations in the hereditary material, and that both inbreeding and cross-breeding may also cause such mutations. These opinions regarding mutations, mentioned more or less casually by Baur, are later considerably elaborated and emphasized by Lenz, who gives an impressive list of substances—alcohol, nicotine, lead, iodine, mercury, etc.—which he dignifies with the formidable appellation, "idiokinetic influences." It must be repeated (and the great majority of American geneticists will agree with me in this) that there is no sound evidence for the belief that any of these substances cause heritable changes. The most thorough experiments—those of Hanson and Heys on the genetic effects of alcohol on rats, and of Colin, working under Wright, on the genetic ef-

fects of lead on guinea pigs—have given entirely negative results. The claim that such agents probably injure the germ plasma is likely to result in unwarranted fears and misapplied birth control on the part of the many who have been exposed to the various chemical influences mentioned.

More specifically valuable for the student of human heredity are Lenz's excellent section on "Methodology," and the two hundred and forty page chapter in which he performs the important service of gathering together a great store of data relative to the inheritance of various human defects. It is not his fault that the data are very unequal in trustworthiness and genetic significance, but the critical geneticist, reading these pages, will realize more than ever what a stupendous task still confronts the investigator in this field.

Only by utilizing an army of genetically trained physicians and psychologists (something as yet non-existent in this country), and by having, at the same time, the active cooperation of various public institutions (such as hospitals, schools, orphanages, etc.) on a large scale, as Levit has begun to do in Russia, can we make important progress in this study. This is (1) because individual human families are so small that we have to compensate by studying numerous families, and extensive pedigrees, (2) because so many different genes cause superficially similar characteristics that expert physical or psychological diagnosis and refined genetic analysis, working hand in hand, become essential, and (3) because the effects of environmental and of hereditary agents overlap so much, and are commonly so alike, that very special and cumbersome methods are often required to differentiate between them, when this can be done at all. The more unusual the characteristic, the less applicable do these objections become, and the more convincingly does the mode of recurrence of the trait in a family indicate the true course of its heredity. Hence much of Lenz's material deals with rare abnormalities, and here he is on his safest ground. Unfortunately, such traits are usually the least important for humanity in general.

It is regrettable that the remainder of the book is not on the same level of scientific accuracy as the portions noted above. As they stray further and further from the fields in which rigorous genetic investigations have been conducted, and venture into psychology, anthropology, history and sociology, Fischer and Lenz rapidly become less and less

scientific, and we soon find them acting as mouth-pieces for the crassest kind of popular prejudice. Throwing overboard their previously admitted principle that environment as well as heredity is of immense importance in the development of human characteristics, particularly those of a mental nature, they readily accept all the superficially apparent differences between human groups as indicative of corresponding genetic distinctions. Intelligence quotients, which are not known to be strongly influenced by training, serve as their courts of highest appeal. In addition, they twist the records of history and anthropology so as to favor the preconceptions born of their own egotism.

Some quotations from Lenz may be appropriate here.

"Great women" endowed with "greatness" in the sense of outstanding creative faculty are practically unknown. A person whose mental hereditary equipment is a good one can be recognized with great probability when his forehead, his nose, etc., are of a particular shape. Criminals very often exhibit characters which remind us of Neandertal man or of other primitive races. Average specimens of the Mongoloid races greatly excel the average Negro in mental equipment. [But] brilliant thinkers, inventors, and investigators—men of genius as we know genius in Europe—can hardly be said to have existed among the Mongols. It is indisputable that the population of southern Europe is less well equipped mentally than that of northern Europe, and the population of eastern Europe than that of western Europe both by temperament and character, and also in respect of rational endowment, the Mediterranean occupies an intermediate position between the Nordic and the Negro. The near Eastern race has been selected to excel, not so much in the control and exploitation of nature, as in the control and the exploitation of man. On the whole it is indisputable that in the domain of mental life, too, they [the Jews] are more prominent as intermediaries and interpreters than in the primary work of production. I do not think it would be an exaggeration to say that in respect of mental gifts the Nordic race marches in the van of mankind.

What a curious coincidence, that Lenz and Fischer should both be Nordics! Fischer, for his illustrations of racial types, chooses in the main prepossessing looking Nordics and disreputable specimens of other races. He writes of races in exactly the same vein as Lenz, and asserts that racial dif-

ferences in mental endowment "are among the most influential [factors] in determining the course of a nation's history" According to these authors, nearly all the great advances of mankind, whether among Greeks, Romans, or even Hindus, were due to Nordic blood (though recent findings show that Hindu civilization long antedated the time of the Aryan conquest, and it is obvious that in Europe civilization in general advanced from the South-east, in fact from southern Asia, towards the North and West) As to the crossing of human races, it may sometimes be harmless, especially if the races are closely allied, but "injury to the constitution may also result from hybridization" (Fischer), and "the crossing of Teutons and Jews is likely, as a rule, to have an unfavorable effect" (Lenz)

The mere statement of views like those quoted above should be, for intelligent and fairminded general readers of the present day, sufficient condemnation of them Suffice it to say that there is not one iota of evidence from genetics for any such conclusions, and it is too bad to have them issued with the apparent stamp of genetic authority They form just the sort of ground which reactionaries desire, on which to raise a pseudo-scientific edifice for the defense of their system of sex, class and race exploitation Indeed, Hitler is said to have studied the Baur-Fischer-Lenz book very seriously, and to have been won over to it, while Lenz has recently written an article favoring Hitlerism

Captivated by the above fallacies, Fischer and Lenz lose sight of what are really the most important possibilities opened up by the study of human heredity Hence, Lenz settles down into the position that "degeneration is the central problem of racial hygiene, and the prevention and the overcoming of degeneration are its main objects" The prevention of degeneration is laudable enough in itself, but how weak-kneed, negative, and uninspiring as the major ideal for eugenics! What a concession to the champions of mediocrity and the *status quo* Quite in line with this is his fallacious contention, which has so often been disproved, that the geniuses of the past have been in large measure of psychopathic heredity and that "a population consisting exclusively of geniuses would certainly be little fitted to survive" No doubt the geniuses sometimes make it uncomfortable for the Hitlers But in that direction lies biological progress

H J MULLER

THE AMERICAN BIRTH CONTROL LEAGUE,  
INCORPORATED  
152 MADISON AVENUE NEW YORK CITY  
Telephones—BOgardus 4 0286-0287

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#### BIRTH CONTROL REVIEW

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charge upon request

# News Notes

## BIRTH CONTROL LEAGUE OF MASSACHUSETTS

### *Activities and Program*

- 1 Educational Work
  - A To develop and organize on sound eugenic and medical principles interest in birth control
    - a By meetings, interviews with various groups, as doctors, lawmakers, women, etc
    - b By publicity, by printed articles on birth control and by circulation of literature
  - B To continue the educational results of the Doctors' Bill
    - a By contacts with senators, representatives and officials
    - b By teaching birth control as a living issue to be studied in Women's Clubs
- 2 Medical aid by Private Offices
  - A Enlarge our list of doctors giving information
  - B Inform social agencies throughout the state
  - C Help women to get treatment by
    - a Verbal information
    - b Money to pay doctors
  - D Further lectures on methods by Dr Eric M Matsner
  - E Co-operate with prenatal work
- 3 When possible to do so, to establish centres where contraceptive aid can be given
- 4 Organization
  - A Increase membership
  - B Develop local committees
- 5 Legal
 

To get better interpretation of statutes stressing the fundamental and inalienable rights of the family to birth control information
- 6 The Secretary travels the length and breadth of the state calling upon doctors to ascertain their views on birth control, addressing women's clubs, meetings of farmers' wives, talking with social workers and others in close touch with people's lives. Already we have the backing of a large portion of the medical profession, of the Federation of Churches, of educators, phil-anthropists, and countless parents, who recognize birth control as fundamental to the welfare of the community

## BIRTH CONTROL LEAGUE OF MICHIGAN

The different committees of the League have been actively engaged in educational work. Talks were given before the Auxiliary to the Oakland County Medical Society, the Home Relations Club of the Detroit Y W C A, the Public Health Nurses of Jackson, the Board of the Saginaw General Hospital, and before women's clubs, church and other groups in Battle Creek, Jackson, Lansing, Grand Rapids, Clinton and Ann Arbor. Miss Elsie Wulkop, Mrs Morton Keeney, Mrs Dorothy Parker, Mrs Robert Breakley and Miss Mackenzie spoke at these meetings.

Detroit has organized a committee, with Mrs James McEvoy as its chairman, for the purpose of raising funds for the clinic at Harper Hospital. This committee also hopes to raise \$500 per month to meet its quota for the budget of the state league and other clinical work in the city. At the present time all the clinics except Harper Hospital carry their own budgets.

## NEW JERSEY BIRTH CONTROL LEAGUE

A Round Table Conference on *Problems of Adult Sex Education and Family Limitation* was held at the New Jersey Conference of Social Work in Trenton on December first, under the auspices of the New Jersey Birth Control League. Mr H C Lurie, director of the Bureau of Jewish Social Service, lead the discussion and Miss Henriette Hart acted as chairman. The general feeling was in favor of expanding present clinical service to include marital advice. Help in marital adjustment as well as sex instruction for engaged couples has been found necessary. Miss Hart reported that about 20 per cent of patients at the Maternal Health Center needed psychiatric help as well as physical care.

## NEW YORK STATE BIRTH CONTROL FEDERATION

### *Tentative Plan for Organization*

#### COUNTY

#### *County Committees*

To organize birth control centers and to raise funds for this purpose through county membership and county contributions

Fifteen (15%) per cent of receipts (except clin-

ic fees) to be given annually to New York State Federation

#### STATE BOARD

Associations may be formed to include one or more counties

Board to be made up of representatives from county Birth Control Committees

State Federation to receive membership dues only from unorganized counties

State Board to give fifteen (15%) per cent of its total receipts to the National

#### NATIONAL

President of State Federation to be member of Board of American Birth Control League

Each county to elect one or more delegates according to the membership to attend the Annual Meeting Each delegate to have full voting power

#### ONONDAGA COUNTY BIRTH CONTROL LEAGUE

Following the conference held at the Hotel Onondaga, Syracuse, on November 29th, Dr E S Van Duyn accepted the Chairmanship for the Onondaga County Birth Control League Dr Van Duyn is a prominent Syracuse surgeon and Surgeon-in-Chief at the University Hospital

The first meeting of the Onondaga County Birth Control League was held at the home of Dr E S Van Duyn, 607 James Street, on December 16th At this meeting a constitution was adopted, and an Executive Committee of nine was elected, a Board of Directors of twenty-seven, and a Medical Advisory Board of eighteen outstanding Syracuse doctors were also elected

Dr Elting is endeavoring to have a clinic established at the Albany Hospital, and working to that end he has asked Dr Matsner to speak before the Board of Governors of the hospital in January He will also arrange to have Dr Matsner speak to the senior medical class of the Albany Medical School

The officers of the Onondaga County Birth Control League are as follows chairman, Dr E S Van Duyn, 1st vice-chairman, Mrs Martin H Knapp, 2nd vice-chairman, Mrs Stewart F Raleigh, secretary, Mrs C H Sanford, Jr, treasurer, Mrs Moses Winkelstein, executive committee, Dr Nathan Sears, Mrs Reuben Jeffrey, Mrs Howard Lewis, Mrs O H Cobb

The Medical Advisory Board members are Drs Nathan P Sears, Glen A Wood R D Severance,

A B Siewers, N R Chambers, T H Halsted, H Burton Doust, Albert A Getman, Gordon Hoople, E C Reifenstein, George E Gibson, L DeMello, A C Silverman, G B Andrews, G C Goeway, R S Farr, T F Laurie, George M Retan

#### NEW YORK CITY COMMITTEE

Dr Eric M Matsner addressed a Parents Association meeting at Public School 55 on *Contraception and its Contribution to Human Progress*, on December 20th It is noteworthy that there was no protest against the meeting being held in a public school auditorium

All the clinics sponsored by the New York City Committee report increased attendance A settlement house on the lower East side, which refused to consider the idea of a center two years ago, has recently offered to cooperate in establishing one

#### PENNSYLVANIA BIRTH CONTROL FEDERATION

Five new contraceptive clinics have been opened during the past year, bring the total number up to eleven In addition, several localities are ready to open clinics as soon as they receive help from headquarters

The officers elected at the annual meeting, November 30th, 1932, are as follows president, Stuart Mudd, M D, vice-presidents, Lovett Dewees, M D, James H S Bossard, Mrs Stanley Bright, Carl E Gaines, M D, Rev N B Groton, Rabbi W H Fineshriber, H R M Landis, M D, Jay F Schamberg, M D, Joseph Stokes, Jr, M D, Owen J Toland, M D, Norris W Vaux, M D and H C Westervelt, M D, secretary, Mrs George A Dunning, treasurer, Samuel Emlen

The following motion, made by Mrs Imogen Oakley and seconded by Mrs E Y Hartshorne, was passed unanimously

I move that it is the sense of this meeting that we, the members of the Pennsylvania Birth Control Federation, believing as we do in the sterilization of the unfit as a very necessary factor in social betterment, hereby resolve to cooperate in every possible way to further this important eugenic movement in Pennsylvania

It was also moved and unanimously carried "That we express to Mrs A C Martin, executive director, and to Mrs Eleanor W Keller, office secretary, our deep appreciation of their untiring devotion to our Cause, and our gratitude to them for their faithful services in carrying on the work "

## Birth Control in Tennessee

By CHRISTINE SADLER

**W**ITH the opening of the Tennessee Birth Control Bureau in Nashville, on November 1st, 1932, an encouraging start was made toward the development of birth control in the South and a new epoch for the movement was inaugurated in Tennessee. The Bureau, under the direction of Mrs. Susie D. Kirtland, marks the fruition of more than a decade of effort. While the fight is not completely won, the seed has been carefully sown and the harvest is beginning to appear.

In the establishment of the Bureau, Mrs. Kirtland obtained the assistance of three of the best young physicians in Nashville, Dr. Albert Sullivan, Dr. R. S. Duke, and Dr. Anna M. Bowie. Dr. Bowie is medical director of the George Peabody College for Teachers, the largest teachers' college in the South. Dr. Sullivan and Dr. Duke are prominent practicing physicians. Mrs. Kirtland's patients are referred to these doctors for examinations, and return to her for instructions. She keeps detailed records of each case, and maintains contact as long as necessary.

The Bureau was established at 2204-21st Ave., South, in one of the best sections of Nashville. It is in the school center, not far from Vanderbilt University, but its doors are not closed to the poorest in the city. Regardless of how extensive the birth control work may become during the next decade, Mrs. Kirtland declares that all the clinics she establishes will be in good parts of the city, out in the open.

That the work will grow there is no doubt. Welfare workers, nurses in the city health department, ministers, attorneys, judges—every type of citizen—have expressed sympathy with the work, and many have praised it openly.

"It is still hard to induce people in the South to sign their names to anything regarding birth control," Mrs. Kirtland explains. "They are for it, practice it, believe it is right, but they are still hampered by tradition and—if they are office holders—they face the prospect of being turned out of their jobs for open participation in a birth control movement. Some of our most loyal friends are in the health departments and the welfare agencies, but they fear having their names listed as sponsors."

But everyone is not afraid to boost the movement. Almost revolutionary in its importance to

the work was the statement made recently in Nashville at the Tennessee Conference on Child Health and Protection by Dr. Julius Mark, Rabbi of the Vine Street Jewish Temple and an important leader in the city. As one of the principal speakers on the three-day program, Dr. Mark declared he was glad to see the birth control movement starting openly in Tennessee. He endorsed birth control, pointing out its advantages for the child.

One of the first signs of growth of the Tennessee Bureau will be the establishment of a second clinic for the Negroes. "It would not be fair for the white people to have the Bureau unless we also do something for the Negroes," Mrs. Kirtland says. "They are greatly interested in it. Some of the leading doctors among them are promising their aid and some of the faculty members at Fisk University have long been outspoken in the matter. I hope for an early beginning of the work with Negroes."

Why did Mrs. Kirtland—an established teacher of piano—become interested in birth control? After the birth of two children within two years, 23 and 24 years ago, she began to look upon childbirth with a feeling of great dread. She was energetic enough to investigate for her own benefit, but at that time she had no idea of how far she would be drawn into the movement. But after she learned enough for herself, she was not satisfied.

"I knew there were hundreds of other women whose attitude was similar to mine but who did not know how to protect themselves, and I felt a strong desire to share my knowledge with my sisters in misery. I finally decided to prepare myself for the task by a thorough study of anatomy, diseases of women, obstetrics, venereal diseases, etc., under the guidance of a competent physician. As a result I became well grounded in the fundamentals of the work."

Mrs. Kirtland says she owes much to Margaret Sanger for literature and for her letters of encouragement, and she is also greatly indebted to the late Dr. James F. Cooper, who gave her valuable encouragement. As a final preparation for the opening of the Tennessee Bureau, Mrs. Kirtland went to New York to study every phase of the work in the Clinical Research Bureau.

Typical cases treated at the Bureau follow:

*Mrs. M.* Married at 12 years, September 2, 1928. Husband 17 years of age. Baby, still-born, June, 1929. Second baby, September, 1930. Twins, February, 1932, one born dead. Wife frail and weak. All this before she was 16 years of age.



*Mrs K* Aged 37 years Large goiter Husband 46 Neither can read nor write Woodcutters Seven living children, 2 dead, 2 miscarriages Oldest child 17, youngest 1 month Two oldest children had had only eleven days of schooling Mother worn out physically from childbearing and poverty Very nervous Doctor warned her against pregnancy, but "his only advice was to be careful"

*Mrs X* Aged 18 years at marriage First baby 9 months after marriage Second, 21 months later Third, 16 months later Fourth, 26 months later After second birth, had rheumatic fever, which left her with chronic heart trouble Doctors all told her "if she ever had another child it would kill her but gave no advice at all"

An attractive leaflet announcing the opening of the clinic asks for financial support in a clear and telling way

#### IF YOU BELIEVE

In intelligent direction rather than haphazard chance—

In prevention rather than cure—

In common-sense rather than sentimental theories

In scientific knowledge rather than ignorance, superstition and prejudice—

#### THEN YOU SHOULD

Support the cause of Birth Control in one or both of the following ways

- 1 By your financial contributions to the Birth Control movement
- 2 By actively endorsing and furthering efforts to make Birth Control information available to all who need it

## Letters

### CASE HISTORIES

#### TO THE EDITOR

I have always wanted to make a suggestion to the other clinics in this country and I have wondered whether the REVIEW is the channel through which it might come We have found that one of the most effective pieces of publicity we have undertaken is through the acknowledgement of donations We send out letters of thanks for all contributions over \$5, summarizing one case and assigning additional case numbers according to the amount given For example, a \$100 gift will receive the summary of one case and nine other case numbers, summaries of which are forwarded to the donor if he desires The following is a sample of the letter we send

In the name of the Citizens' Committee on Maternal Health, I wish to thank you for becoming a member to help carry on the work of the Committee We are applying your contribution to cases number 1024 and 1026 Case 1926 is a white woman aged 18 who was married at 16 and has two living children ranging in age from two years to one year This family of four lives in one room for which they pay \$6 50 a month The husband has been unemployed for ten months A check-up of the family history shows they have been receiving assistance from the Associated Charities

I am sure you will agree that under present economic conditions, families of this type are in crying need of our services Thank you for helping to carry on this important piece of work

CAROLYN BRYANT, *Executive Secy,*  
*The Committee on Maternal Health*

*Cincinnati, Ohio*

#### PRAISE FOR THE FEDERAL COUNCIL

#### TO THE EDITOR

Your readers may be interested in reading a letter which I have sent to Bishop Francis J McConnell, President of the Federal Council of Churches of Christ in America

"I would like to extend my profound compliments to the Federal Council of Churches on their courage in reiterating their practical stand on the subject of birth control No greater boon could be conferred on the rank and file of the membership of churches

"Can anyone at this time contend that the size of the family is not an economic question? Overproduction is fatal in every sphere of economics Children are no exception to the rule and any hysterical contention to the contrary ameliorates economic difficulties resting on large families not one whit Millions in Europe are reported to have reached the age of twenty-five and never been able to secure employment Great Britain has adopted the theory that for many years to come unemployment will be an ever present problem of large proportions So it will be here for mechanization of industry will continue to displace people We shall continue to have a major problem in giant figures caring for our own unemployed, especially of middle and old age To add to this burden by an uncontrolled birth rate is stupid and suicidal to those living and a cruel injustice to the unborn"

ROBERT J CALDWELL

*New York City*

Total Number Of "Mother's" Letters Received By The American Birth Control League And Mrs Sanger  
For The URBAN CENTRES Of The United States  
Mar 1, 1931 To Mar 31, 1932

	MEN And WOMEN Applying			MEN Applying				WOMEN Applying				REASONS From BOTH			
	TOTAL	Sanger	League	Well Off	Not Well Off	Wed	Not Wed	Well Off	Not Well Off	Wed	Not Wed	Health	Economy	Both	Not Given
U S	4,271	2,232	2,039	768	48	622	197	3054	401	2950	502	360	894	378	2639
Ala	18	7	11	4	0	5	0	13	1	12	1	0	0	1	17
Ariz	24	10	14	7	0	8	0	13	4	14	2	5	3	3	13
Ark	11	4	7	2	0	1	1	8	2	10	0	0	2	0	9
Cal	261	99	162	49	3	42	10	188	21	189	20	22	56	10	173
Col	32	15	17	10	0	9	1	20	2	22	0	4	1	3	24
Conn	143	89	54	11	4	13	3	109	18	116	10	10	31	15	86
Del	4	2	2	2	0	2	0	2	0	2	0	0	0	0	4
DorC	47	40	7	15	0	14	1	30	2	27	5	3	9	7	28
Fla	46	22	24	11	1	10	2	33	1	31	3	4	11	4	27
Ga	31	17	14	7	2	6	3	18	4	20	2	1	4	3	23
Ill	225	144	81	29	2	25	6	163	31	180	14	22	41	23	139
Iowa	59	29	30	9	1	9	2	46	3	42	6	9	10	8	32
Ind	145	104	41	21	2	19	5	93	29	119	2	21	26	21	77
Idaho	9	5	4	1	0	1	0	3	5	7	1	0	3	0	6
Kan	52	21	31	17	0	14	3	33	2	32	3	1	6	4	41
Ky	76	13	63	15	0	12	3	58	3	60	1	4	14	2	58
La	21	10	11	4	1	5	0	14	2	14	2	0	2	3	16
Me	21	11	10	3	0	3	0	17	1	16	2	1	5	3	12
Mass	170	91	79	37	0	30	8	123	10	118	14	28	75	19	58
Mi	40	19	21	13	0	12	1	25	2	23	4	4	5	3	28
Mich	184	99	85	30	3	25	10	124	27	130	20	18	39	14	114
Minn	83	38	45	20	1	16	6	57	5	55	6	5	12	8	58
Miss	11	3	8	5	0	3	0	6	0	6	2	0	1	1	6
Mo	75	34	41	13	0	11	2	53	9	57	5	9	9	11	46
Mont	39	23	16	2	0	1	1	32	5	35	2	2	11	3	23
Neb	51	39	12	4	0	2	2	42	5	47	0	7	6	6	32
Nev	1	1	0	0	0	0	0	1	0	1	0	0	0	0	1
N H	14	8	6	1	1	3	0	9	3	10	1	2	5	2	5
N J	182	84	98	26	0	22	3	143	13	140	17	7	44	10	121
N M	3	2	1	1	0	1	0	2	0	2	0	2	3	0	14
N Y	770	365	405	145	8	69	83	564	53	247	271	42	199	59	470
N C	34	21	13	10	0	7	3	21	3	22	2	1	6	4	23
N D	21	13	8	7	1	7	1	11	2	12	1	1	0	1	18
Ohio	291	118	173	57	4	42	7	203	33	223	19	22	73	18	178
Okla	36	25	11	2	1	3	0	27	6	29	4	5	6	4	21
Ore	56	31	25	9	0	7	1	46	1	41	7	3	4	6	43
Penn	367	244	143	60	5	63	12	276	46	291	21	39	68	39	241
R I	43	30	13	7	1	5	3	30	5	31	4	2	7	8	26
S C	9	4	5	0	0	0	0	7	2	9	0	2	2	2	3
S D	10	4	6	3	0	2	1	7	0	6	1	1	3	0	6
Tenn	49	25	24	12	1	12	0	34	2	36	1	4	3	7	35
Texas	179	118	61	35	1	34	2	129	15	140	4	21	25	21	113
Utah	22	4	18	5	0	5	0	15	2	17	0	4	4	3	11
Vt	8	4	4	2	0	2	0	6	0	5	1	0	3	1	4
Va	37	24	13	8	0	6	2	28	1	25	4	3	10	2	22
Wash	79	37	42	18	0	12	4	57	4	56	7	6	20	7	46
W Va	34	29	5	0	1	1	0	29	4	28	5	3	10	4	18
Wis	117	42	75	26	2	21	6	79	10	83	7	8	19	14	76
Wyom	11	11	0	0	0	0	0	8	3	10	1	4	1	1	5

Urban—Cities 25 000 population and over and shopping centers for cities of less than 25 000

Total Number Of "Mother's" Letters Received By The American Birth Control League And Mrs Sanger  
For The RURAL DISTRICTS Of The United States  
Mar 1, 1931 To Mar 31, 1932

	MEN And WOMEN Applying			MEN Applying				WOMEN Applying				REASONS From BOTH			
	TOTAL	Sanger	League	Well Off	Not Well Off	Wed	Not Wed	Well Off	Not Well Off	Wed	Not Wed	Health	Economy	Both	Not Given
U S	3,038	1,944	1,094	381	32	331	86	1958	667	2498	123	288	652	456	1642
Ala	32	23	9	0	0	0	0	14	18	32	0	3	8	6	15
Ariz	7	3	4	0	0	0	0	4	3	7	0	0	0	1	6
Ark	19	18	1	1	0	0	1	3	15	18	0	0	4	6	9
Cal	109	42	67	17	2	13	7	79	11	86	3	7	30	3	69
Conn	59	39	20	9	0	8	0	44	7	50	2	5	22	13	20
Del	6	3	3	1	0	1	0	5	0	5	0	0	1	0	5
Col	19	8	11	4	0	4	0	12	3	15	0	1	2	6	10
Fla	18	11	7	4	0	4	0	12	2	13	1	3	1	3	11
Ga	56	21	35	7	1	8	0	38	10	44	4	6	8	13	29
Ill	201	163	38	26	4	27	2	120	51	161	11	25	43	31	102
Iowa	101	67	34	16	3	18	0	60	22	79	4	10	25	17	49
Ind	98	75	23	7	2	9	1	56	33	84	4	6	19	18	55
Idaho	19	9	10	4	0	4	0	10	5	14	1	3	4	3	9
Kan	43	24	19	6	1	3	4	24	12	35	1	5	5	6	27
Ky	147	45	102	24	2	24	4	88	33	116	3	12	17	25	93
La	20	14	6	2	0	2	0	12	6	18	0	3	4	6	7
Me	27	14	13	3	0	3	0	21	3	23	1	0	3	6	18
Mass	71	29	42	12	0	12	0	53	6	57	2	13	34	5	19
Md	27	14	13	4	0	4	0	22	1	20	3	2	8	4	13
Mich	54	34	20	7	1	5	3	34	12	42	3	7	8	8	30
Minn	58	46	12	8	1	7	3	36	13	44	4	5	13	9	31
Miss	23	19	4	4	0	1	3	10	9	19	0	3	4	4	15
Mo	55	37	18	8	1	5	4	30	16	42	4	0	9	8	38
Mont	56	29	27	5	1	5	1	35	15	48	2	7	14	8	27
Neb	65	50	15	7	0	4	2	47	11	55	4	9	8	7	41
Nev	6	3	3	1	0	1	0	4	1	5	0	1	1	0	4
N H	24	18	6	4	0	4	0	20	0	20	0	1	5	5	13
N J	126	69	57	11	0	9	3	105	10	103	11	11	33	13	69
N M	16	12	4	0	0	0	0	12	4	16	0	2	2	0	12
N Y	282	188	94	37	1	25	13	203	41	231	13	24	58	36	164
N C	58	35	23	13	0	7	6	27	18	44	1	4	15	10	29
N D	34	27	7	6	0	6	0	23	5	27	1	4	8	3	20
Ohio	124	74	50	22	2	17	7	66	34	97	3	9	23	21	71
Okla	51	34	17	5	1	4	2	30	15	40	5	1	15	9	26
Ore	25	10	15	2	0	1	1	21	2	21	2	1	6	1	17
Penn	250	188	62	27	3	21	9	165	55	215	5	23	53	40	134
R I	23	19	4	0	0	0	0	17	6	23	0	1	8	2	12
S C	18	14	4	0	0	0	0	11	7	18	0	1	1	6	10
S D	35	26	9	7	0	6	2	23	5	25	2	1	9	2	23
Tenn	51	39	12	7	0	6	1	29	15	42	2	1	9	12	29
Texas	219	157	62	26	3	27	2	123	66	187	2	33	46	28	111
Utah	32	8	24	1	0	1	0	24	7	31	0	6	7	8	11
Vt	17	11	6	1	0	0	1	14	2	15	1	1	0	4	12
Va	58	30	28	7	1	7	1	37	13	26	4	4	10	10	34
Wash	46	26	20	6	1	6	1	35	4	38	1	11	10	7	18
W Va	80	65	15	5	2	5	1	43	30	71	3	5	22	18	34
Wis	55	40	15	6	1	6	1	40	8	42	6	4	13	5	33
Wyom	18	14	4	1	0	1	0	17	0	16	1	4	4	3	7

Rural—Towns that did not appear in the group of less than 25 000 population were listed as rural

In some cases however the inquiry might come from a so-called rural district which was actually within or close to a metropolitan

area For example a letter from Palisades N Y would be classed as rural although within 20 miles of New York City The number of such letters was not significant however and no attempt was made to separate them from the strictly rural group

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