

February 1933

Twenty Cents

BIRTH CONTROL REVIEW

THE ANNUAL MEETING

Reports ■ Speeches ■ Resolutions

World-Wide Progress Edith How-Martyn

Collegians' Race Suicide... Caroline H. Robinson

The Case for Legislation . . . Holmes M. Alexander

An Ultimate Goal for Birth Control

An open Letter to Dr. Dublin Norman E. Himes

TO THE OFFICERS AND OTHER ACTIVE MEMBERS
OF STATE LEAGUES

THOSE of you who were not at the annual meeting of the League or at the Directors' meeting preceding it will, I think, be interested to hear about some of the recommendations made and the decisions arrived at.

One of the suggestions that the national officers greatly appreciated was that every state league give the national a place on the program of its annual meeting, so that we may have an opportunity to tell the members about our work, and to make them realize that they are also members of the national league.

Another interesting point brought out at the meetings was the progress several birth control leagues are making in developing birth control service throughout their states. They are building up long lists of doctors who will give contraceptive advice to women in rural districts and small towns for which clinical service is impracticable, or are arranging for motor corps to bring such women to the clinics.

The directors this year repeated their last year's recommendation that each state league contribute to the national ten per cent of its years receipts, exclusive of clinic fees, but this year they decided to exclude also all \$3 membership dues which cover a subscription to the REVIEW. They urged that the ten per cent be set aside for the national as soon as the money is received. The leagues which have paid this percentage to the national during 1932 are Michigan, Massachusetts and Connecticut. The New York City Committee, although under no obligation to contribute anything to the national, gave ten per cent of their receipts and also generously financed the first month of the organizing of the New York State Federation.

The directors adopted a resolution recommending to the national and state leagues a uniform minimum membership rate of \$2 without the REVIEW and \$3 with it. Last year's experiment of crediting towards a state's quota one half the amount of the REVIEW subscriptions sent in by it was not successful, and will not be continued.

The representatives of the state leagues were glad to hear that the subscription to the REVIEW for members has been reduced from \$1.33 to \$1.00. The subscription for non-members will still be \$2.

One of the new Directors asked "What does the national do for the state Leagues?"

In the first place, the national as a rule organizes the state leagues (only two or three of them have

been formed by local initiative). This means that it sends a field worker into the state and keeps her there from six to twelve weeks. She interviews large numbers of prominent people, physicians, philanthropists, social workers, clergymen, college teachers, etc., from whom the nucleus of a board for the prospective state league is finally selected. She then gets up an organization meeting with representative speakers and arranges for publicity. This work of organizing new state leagues is by far the most expensive of all the branches of our work. We devote to it more than a third of our funds. After the state league is organized, our field director usually stays on to help secure members and funds for it. Then in a few months time, if the new league is in need of further assistance, she returns and stays until the organization is really on its feet and functioning satisfactorily. We turn over to it all the members that we have in the state, and henceforward the state league collects and retains the dues of every member in its territory, the national receiving no dues and, as a rule, soliciting no contributions from residents in organized states.

Another service we offer state leagues is that of our medical director, Dr. Eric M. Matsner, an authority in contraceptive technique and clinic organization. Dr. Matsner is ready to answer all inquiries on these subjects, and we are glad to send him to state leagues to lecture to medical societies and classes of medical students. We ask well established state leagues to pay his traveling expenses, but on trips to newly organized leagues, we pay one half of these expenses.

Besides the services of our field director and medical director, we offer state leagues the BIRTH CONTROL REVIEW. We cannot afford to give them the REVIEW, but we sell it to their members for less than one-third of what it costs us. We are so convinced of its educational value that we hope all the state organizations will soon come to the same conclusion that we have reached — that it is good business to send the REVIEW to every member who pays as much as \$3 in dues.

We publish also, and sell to the state leagues at cost, a manual of contraceptive technique, written by our medical director, and educational leaflets on every aspect of birth control.

This is what we now do for state leagues. We should like to do more, and we hope that you will tell us how we can be of greater service to you. Won't some of you send suggestions for publication in the March REVIEW?

ELEANOR DWIGHT JONES, President

Birth Control Review


VOL XVII

FEBRUARY, 1933

NO 2

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Published at the first of the month by the American Birth Control League, Inc. 689 Madison Avenue New York City

Single Copies, 10 cents, \$1.00 per year, \$5.50 two years
Canada and Foreign add 15 cents postage per year

Entered as Second Class Matter March 11 1918 at the Postoffice at New York N Y under the Act of March 3 1879

THE annual meeting of the American Birth Control League, which drew together workers from all parts of the country, showed the current trend of the movement in its emphasis on the positive aspects of birth control. Discussion centered on the development of clinical service, on the relation of birth control to preventive medicine, and on the problem of clearing the movement of the charge of being dysgenic. The general sense of the meeting was that, adequately developed, birth control will be a major factor in race betterment and a positive eugenic force. The participation of speakers from Japan and Mexico gave evidence of world-wide unity of aims, significant, too, was the intelligent cooperation of the press in reporting the meeting.

WHILE clinics are multiplying and state leagues functioning, restrictive laws still exist and block the progress of the movement. The federal laws governing mail, common carriers and importation still class birth control with obscenity. They conflict with state laws, confuse physicians and hamper medical research. Two recent instances of this are at hand. Dr Robert S Sweet of Long Beach, California, reports the confiscation by the Collector of Customs of pamphlets from England, labeled "Pamphlets

on Birth Control," and Dr Hannah M Stone reports that a package, containing samples of a new contraceptive device, invented in Japan and sent to her for testing, has been detained. It is good news that the Birth Control Bill (S 4436), sponsored by Margaret Sanger's National Committee on Federal Legislation, has reached the Senate Judiciary Committee, and that a vote will be taken on February 6th or the Monday following. All readers of the REVIEW are urged to support this bill.

CATHOLIC activity has taken a new turn with the publication of a pamphlet advocating a "new" method of birth control. Various versions of this pamphlet have appeared simultaneously on the Continent, in Czechoslovakia, Holland, Poland and other countries, and English and American editions have just been issued. The pamphlet is titled *Periodical Abstinence in Marriage*, and *The Rhythm of Sterility and Fertility in Women*, and is attributed to different authors. But all versions have, apparently, the "approval of the Holy Father." That they advise family limitation through reliance on the so-called "safe period" will undoubtedly have tragic results in thousands upon thousands of cases, for scientists do not yet completely understand the complex factors controlling ovulation and fertility. But that the Catholic Church grants the necessity for family limitation and permits a method other than complete abstinence has far-reaching implications. It is idle to speculate on what determined this change of policy. Is it a recognition that Catholics will avail themselves of some kind of birth control, and that for the Church to forbid them this is to risk disobedience? The step from advocating a faulty method to permitting a scientific one may be long, but, logically it will be taken at last. By fortunate coincidence Dr Matsner's *Outline, The Technique of Contraception*, has just been issued by the League. It provides the physician with a survey of reliable methods

World-wide Progress

By EDITH HOW-MARTYN

Director, Birth Control International Information Centre

PROGRESS in birth control all over the world has been very marked during 1932. The movement had been gathering impetus for several years. But recent economic disasters, unemployment, the emergence of more liberal views have helped the spread of birth control enormously. Still more gains can be looked for in 1933.

The outstanding events of the last year are not necessarily the most conspicuous. **Chief** importance must be given to the idea of birth control, though in a tentative and restrained form, appearing in a report issued by the League of Nations at Geneva. This was naturally hailed by birth controllers as a great victory, as indeed it was. It was recognized by the Papists as a great danger to their anti-birth control teachings, as indeed it is.

The kind of surreptitious **intrigues** in which Roman Catholics are so **experienced** was immediately started, with the result that, at the meeting of the Assembly in September, the **Irish** delegate, acting as the **cat's paw** of the autocrat of the Vatican, demanded the recall of the report. The expert Committee, composed entirely of medical members representing five nationalities, fortunately refused to alter their medical conclusions at the bidding of the representative of an insidious and ceaseless despotism. The wording of the report was softened as a conciliatory gesture, and there the matter rests for the moment so far as the League is concerned. What is the public going to do about it? What are the happy mothers of the world going to do about it? Will they rally to the defence of mothers too poor, too ignorant and too downtrodden to resist becoming victims of repeated unwanted pregnancies? **Millions** of mothers lose their lives every year through falling victims to outworn **religions** customs or to the lack of medical nursing and general **attention**, such as is **given** to cattle on every well-managed farm. Will Margaret **Sanger's** appeal and work for a conscious, happy motherhood find fresh enthusiastic adherents to fight this **Roman** Catholic menace making itself felt all over the world?

Soviet Russia, though it has not apparently developed any new contraceptives, retains its posi-

tion as the first country in the world to make motherhood voluntary, **and** to recognize its supreme importance to the community. Marriage and divorce, economic customs, domestic habits and age-long superstition have all been scrapped in the interests of the welfare of mothers and children. In Soviet Russia the production and care of the next generation take precedence of all but the most necessary economic developments. The prejudice aroused by the economic experiments of Soviet Russia have hitherto prevented due appreciation being given to the enormous and interesting social and cultural expansion of **services** which is taking place. **If** they can be maintained, their influence will spread and Soviet Russia will become a source of information and **experiment** of **incalculable** value, especially to Asia.

Recently birth control clinics have been opened in South **Africa**, Canada, Poland, India, Japan and **Hawaii**, and still more added to the numerous clinics already in existence in the **United States**, Germany and England. Poland is of special interest as its first birth control clinic was opened in September, 1931, and a recent report states: "We hope to open five birth control clinics in the provincial towns, in Lwow and Cracow this winter. We have in Warsaw a dozen private **clinics** advertising consultation for women who desire to prevent pregnancy. Our little clinic plays its part far beyond the two little rooms which it occupies."

In Czechoslovakia a **Birth Control Society** has been established. The work received an impetus from Margaret **Sanger's** recent visit, and her pamphlet *Family Limitation* has been translated and is being circulated by the indefatigable birth control worker, Mme. Molinkova-Popprova.

Spain, in freeing itself from an effete monarchy and a corrupt church, has **embarked** upon an extensive program of social reform. There is now freedom of discussion for the sexual reform movement and it has found a remarkable champion in a young student of law and medicine, Hildegart, who, though not yet twenty years of age, has already published several books advocating birth control. **sterilization** and other reforms. She has

also written a history of the Malthusian movement which includes an account of recent events

Personal inquiries about birth control have been made at the London office of the Birth Control International Information Centre by visitors from Egypt, West Africa, South Africa, India, Burma, China, Finland as well as from other European and American countries, and by correspondence from Bermuda, Mexico, Japan and New Zealand among other places not included in the above. New York, Germany, Holland and other long-established centres of birth control activity have similar experiences, so the exchange of information is very active

There has not been much appreciation of the importance of birth control among governments, in spite of their failure to deal with unemployment or to stem the tide of economic depression. England stands almost alone in permitting the expenditure of public money by Public Health Authorities in giving birth control information to women on medical grounds. France and Italy stand almost alone in making discussion and propaganda for birth control and the sale of contraceptives illegal. It is

significant that women have no voting power in either country and that in Italy the free expression of all opinion is very restricted

Research work to discover a cheap, safe and aesthetic contraceptive continues actively in the United States, Britain, Germany and Soviet Russia

The medical profession is at last beginning to take its proper position in the birth control movement, for the public will be cheated of what it may rightly expect until contraception is included in all courses for medical training. The public must demand this service and turn to those medical practitioners who will supply it

Who can doubt the final outcome? Human beings will at last be in complete control of their own fertility. Within limits they will be able to people the world with the children of desire. The results will be of intense interest, though probably very different from what many of our Utopians picture. There is much to accomplish before the goal is reached. All who want to help should link up at once with one of the numerous birth control organizations

An Ultimate Goal for Birth Control

By NORMAN E. HIMES

AN OPEN LETTER TO DR. LOUIS I. DUBLIN

THE statement by Dr. Louis I. Dublin in the January issue of the REVIEW, under "Programs and Wishes [for the Birth Control Movement] for 1933," calls for analysis and criticism. Let us overlook the fact that in wishing the League well he wishes it out of existence, and hasten to state Dr. Dublin's case before criticizing it. The gist of his argument runs as follows: Brakes should be applied to the American birth control movement because it is predicted that a few or several decades hence — the estimates vary — the United States will have a stationary, or even possibly a slightly declining population. The birth control movement should emphasize "the need of correctives of its own activities in recent years," for "conditions may soon get out of hand." Dr. Dublin is alarmed. The birth rate is falling so rapidly, he claims, as virtually to "imperil the continued existence of the country." In a few decades we shall be in such a "desperate situation" as will

"send cold shivers down the backs of all who understand what this [a stationary population] means and who have any love for their country."

This statement is nonsense — nonsense on stilts. It is highly probable that we shall have a stationary or even slightly declining population in several or even a few decades. But what of it? The fundamental assumption that a stationary population necessarily implies national and social decay, or even that it will be accompanied by a lack of progress is certainly unproved and probably false. The statement shows a striking disregard of many facts of history.

First, many great civilizations of the past seem to have had, as nearly as one can judge in the absence of census data, a virtually stationary population.

Second, recent growth in numbers is a new phenomenon, in extent it is unique in history. All economic historians agree that nothing like it ever

happened before. We know the reason—the Industrial and Agricultural Revolutions, and the social factors associated therewith. Dr Dublin's error consists in failure to recognize or admit the abnormal (i.e., unusual) nature of rapid increase and the normal nature of stationary numbers. It seems queer that a statistician should commit the fallacy of extrapolating such a trend without recognizing that the slackening off in rate is merely the establishment of a new equilibrium—an adjustment that many forces make inevitable. A tyro might easily make this error, but one hardly expects the social thinking of a great statistician to be completely vitiated by it. That Dr Dublin is not acquainted with these facts is hardly the fault of the American Birth Control League and of an "uncontrolled birth control movement." On the contrary, I should consider it rather an excellent argument for the need of the League's work in high places.

Third, Dr Dublin's assumption is not in accord with the "weight of authority." The overwhelming majority of American economists and sociologists disavow it. On that ground alone it hardly deserves serious refutation. To be sure, a few competent investigators of population problems accept it. Kuczynski may, but, while his statistical work is excellent, some of his inferences in the *Balance of Births and Deaths* are sensational, unwarranted and unsound. Professor Raymond Pearl has fallen into a similar error in concluding fallaciously (through analogies between human and lower populations) that a human population, to be healthy, must be growing in numbers. This is also nonsense, but it is less objectionable since it does not set itself up as the sole basis of American population policy. Pearl's statement proves only the unfortunate result which ensues when biologists, untrained in economic and sociological theory, discuss sociological matters. Gini, the Italian demographer, holds a somewhat similar view, but many of his population theories have no standing among American economists and sociologists.

In support of my view I have space for only one quotation. The report of the President's Research Committee on *Recent Social Trends*, just issued, says: "In the past there has been a widespread belief that a rapidly growing population was one of the essential conditions of general progress. While rapid growth of population undoubtedly has contributed to past progress, the slowing up of growth in the future need not be accompanied by gradual

stagnation" (Vol. I, p. 49). If this were not the consensus of modern enlightened academic judgment, it is safe to say it never would have survived the rigorous criticism to which the manuscripts of each chapter were submitted. Not only need a stationary population not spell stagnation, it has a score of advantages which cannot be treated here.

The Dublin statement is shot through with many fallacies. Here are a few: (1) that the cessation of birth control propaganda would prevent, or even materially delay, the advent of a stationary population, (2) that since knowledge of contraception brings the assumed evil of a stationary state, we should wipe out education in birth control. There is no balanced recognition in the statement that even if the birth control movement brought the "evil" of a stationary population, it might be worth the price on account of its other social benefits.

Dr Dublin, almost alone, is alarmed. And how does he aim to avert the alleged evil? By alarming others. May I respectfully suggest that sober public policies on crucial issues are seldom wisely weighed and chosen in an atmosphere of alarm? Why this public campaign of hysteria? Dr Dublin has put on armor to lay a ghost, and the armor is full of holes.

One might have expected a demographer who had fallen into these obvious logical errors to have approached his subject with scientific spirit, with humility. But all the science inherent in the statement is comprised in the prediction, the rest is pseudo-science. Instead of humility we find a promiscuous and somewhat uninformed attack on the leaders of the birth control movement, past and present. Dr Dublin then turns propagandist himself. But his is a different purpose: he aims to deliver the nation from what he misguidedly considers a great evil.

Dr Dublin's attitude is a mixture of seventeenth century Mercantilism, nineteenth century nationalism and sentimental patriotism, combined with twentieth century Rotarian boostism—an attitude hardly calculated to resolve any modern problem.

What he expects of the birth control movement and of the American Birth Control League in particular is not clear. Would he have it disband? Would he have it adopt the policies of Mussolini? I gather that Dr Dublin thinks that it is time to call a halt to education in birth control. And all for the reason that we may have a stationary popu-

lation in the future' Are the benefits of birth control in promoting public health, in reducing poverty, in alleviating economic distress to be given up because of this imagined evil? The American people have decreed otherwise, as have all the peoples of northern and western Europe, and it would seem that they have made the wiser choice

I wish to affirm it as my sober judgment that the birth control movement—whether conceived as an organized movement embodied in such an organization as the League, or as a spontaneous, unplanned, uncoerced drift of individuals in the direction of voluntary parenthood—will not have accomplished its task until every adult man and woman in the U S A has ready access to the most reliable contraceptive knowledge known to modern science, and this at low cost, its work will not be finished until unreliable, harmful methods are replaced, until the costs (i.e. sacrifices) of childbearing are much more equitably distributed between social classes than is now the case anywhere in the world

To stop short of this is to stand for obscurantism, for keeping the masses in Ignorance, and above all, for inequality of opportunity in access to vital health knowledge Is this what Dr Dublin stands for? If so, will he publicly admit it, and refrain from hysterical, ignorant attacks on birth control? I say that even if the population of the United States should be reduced by half in order to achieve democracy in the sacrifices of childbearing and child-rearing, it would be cheap at the price Such a "price" will not, we may hope, be necessary But it would not be too much to pay

Here is an ultimate goal for the birth control movement I doubt if it can be achieved in two hundred years, perhaps never perfectly But it is, in my judgment, a worthy ideal to strive for In the meantime we need not be disturbed by hysterical alarms

Three additional comments on Dr Dublin's "Program" follow Editor's note

TO THE EDITOR

I believe that a conference such as Dr Dublin suggests in his article in the January REVIEW would be interesting and possibly fruitful I feel, however, that his major premises which demand an increasing population are entirely false There is no evidence at the present time that there are too few people On the contrary there is an obvious and extremely unpleasant group of facts that show

that we have altogether too many people This nation, in my opinion, would be much more unified and happier if instead of having one hundred and twenty million people we had fifty million Our industry is built on the supposition that the population will continue to grow and buy new goods in ever increasing numbers The present instability and upset in the social order is, in my opinion, the direct contradiction of the truth of that supposition

C C LITTLE

Bar Harbor, Maine

TO THE EDITOR

Dr Louis I Dublin is surely wrong in assuming that if a country's birthrate falls so low as to cause a decline in the number of its inhabitants the fall will remain and "imperil the continued existence of the country" A decline in numbers would replace diminishing returns by increasing returns, and the resulting abundance would release the parental instinct and raise the birthrate He is again wrong, I submit, in supposing that "gains from immigration are over probably for a long time" I cannot believe that the United States will not soon be prosperous again and a magnet, if it should wish, to millions of young Europeans who desire a higher standard of living and a brighter outlook for parenthood than their overcrowded motherlands can provide

B DUNLOP, M D

London, England

TO THE EDITOR

What is the idea of printing in the BIRTH CONTROL REVIEW, which is supposed to contain articles aiding and favoring the movement, such a rabid and one-sided attack as the article in the January Issue, signed by Dr Louis I Dublin?

Why did you not point out the fact that there are 20,000,000 persons out of work in the United States, most of whom, due to the use of "labor saving" machinery, will never have work again, that owing to the great increase in the number of charity cases, 50 per cent of our medical practitioners are working for nothing, that overpopulation is heading us straight into communism

If you must print such articles as that of Dr Dublin, for Heaven's sake print a convincing reply, or the REVIEW will be a tool of the enemies of our cause

CHARLES F HUTCHINS

Los Angeles, Calif

The Annual Meeting

FOR a clear, concise and stimulating picture of the birth control movement today, and its plans for the future, we recommend attendance at an annual meeting of the American Birth Control League. The meeting this year was held on January 19, at the Hotel Gotham, New York City. At the morning session delegates from six state leagues reported on the work of their organizations. Excerpts from these reports are given below. Mrs. F. Robertson Jones, who presided, spoke of the steady growth of state leagues and clinics, particularly of the newly opened clinic in Porto Rico, and of the Grand Rapids clinic financed by the city and housed in the City Hall. In summing up the progress of the movement for 1932, Mrs. Jones said: "There are now 14 state birth control leagues working with the American Birth Control League to promote scientific, eugenic birth control. The total number of clinics in the United States, Hawaii and Porto Rico is 122. Some of them are connected with hospitals and settlements, some are Independent, all are directed by physicians and most of them offer advice free of charge to those who cannot afford to pay. The work of the American Birth Control League is not spectacular or militant in any way. We are just quietly educating and organizing—educating people to see the social and eugenic importance of birth control, organizing them, state by state, to extend the knowledge of contraceptive technique among doctors and to make this knowledge available to the poor in clinics, so that they may limit their children to those for whom they have health and means of support."

Dr. Eric M. Matsner, medical director of the League, spoke of the changing attitude of doctors toward birth control and said: "Present economic conditions make birth control imperative. But the movement is handicapped by opposition due to the misunderstanding of doctors and organized medicine, and hampered by state and federal laws. Undeserved criticism has been aimed at the League on the ground that it is fostering a dysgenic movement. Organizations such as ours, in bringing information to all the people, will make birth control in the future a eugenic factor in our social planning. The younger doctors are eager for birth control information, and medical schools are ask-

ing the League for speakers. The doctor of tomorrow must think in terms of preventive medicine and positive health, rather than the cure of disease. He will correlate economics and sociology with medicine and will come back to his old place as the family counselor. Particularly will preventive medicine of the future deal with basic factors, with eugenics and heredity."

The editor of the REVIEW pointed out that two new groups have been reached during the year—a growing radio audience, through weekly radio talks over WEVD, arranged by the REVIEW, and Negro physicians and laymen, through the special Negro number and its subsequent publicity. In addition to a consideration of the Negro and birth control, three other special topics were taken up: Child Welfare, Social Work and State Leagues. Plans for 1933 include a Sterilization Number for April and special issues devoted to Unemployment and Eugenics.

The six state leagues represented at the meeting reported as follows: *

Connecticut Birth Control League

Our immediate interest is to amend the unique law against the use of contraceptives which prevents the organizing of clinics. Our legislature is now in session and our bill has been presented by the State Medical Society under most favorable auspices. The bill provides that the present blanket prohibition against contraceptives shall not apply to licensed physicians, nor patients acting on the advice of such doctors, "when in the opinion of such physician pregnancy would be detrimental to the health of the patient or to the child of such patient."

There are a hundred and sixty-nine towns in the state of Connecticut and most of them have two representatives in the House, whether the towns have populations of five thousand or a hundred and fifty thousand. Obviously, this introduces a large, conservative, Yankee agrarian element into the

*Reports of the work of the eight remaining state leagues not present will appear in the March issue of the REVIEW.
Editor's Note

House For **eighteen** months we have conducted an **educative** campaign throughout the state. One hundred of the towns are organized with a town committee, **chairman**, doctors, clergymen and pledged voters. We have four thousand pledged members in the state. Of these about one hundred and fifty have paid **their** dues or made **contributions**, and this shortage of funds has hampered our work. At the peak of our efforts we were forced to release all of our officestaff and abandon all of our **activities**. But as the **election** approached there was a renewal of **interest**. We find a wide-spread, **mild interest** but great **hesitancy** in expressing these **convictions** firmly. **This** is true among the **physicians** although we got a unanimous vote of the House of Delegates of the State Medical Society. **Physicians** as a rule are interested in **specific** cases but not likely to lead a crusade.

It is only **fair** to speak of the **magnificent** work accomplished in **Greenwich** and the efficient **organization** in Hartford. In both instances it proves our statement that privileged classes avail themselves of modern **information** while the **under-privileged** are **denied** it by our **restrictive** law. With the help of the doctors, we **anticipate** maternal welfare stations **involving** prenatal care, **prenuptial** advice, **infant** welfare, etc., as well as contraceptive **advice** when necessary. If the members of the American Birth Control League who have relations, friends or acquaintances in **Connecticut**, would remind them of the importance of making some contact with our State League at this critical juncture, it would be of **material** assistance.

A mass **meeting** in support of the **bill** has been arranged by the Hartford Committee of the Connecticut League at Bushnell Memorial Hall, Hartford for February 24th. Prominent speakers and **authorities** on birth control will **participate**.

A N CREADICK, M D, *President*

Birth Control League of Massachusetts

Last **Spring** the legal committee of the Massachusetts League made a thorough analysis of the laws of the 48 states with a **detailed opinion** of the Massachusetts law. This was published in the April, 1932, REVIEW under the title of *Permission vs Prohibitum*. It is the **opinion** of Mr Murray F Hall, of the firm of Goodwin, Proctor & Hoar, member of the **Committee**, that "A physician is **justified in giving** contraceptive **advice** for the pur-

pose of **saving** life, safeguarding health or preventing **disease**. He may **give** such advice whenever the **condition** of the patient would warrant the performance of the **therapeutic** abortion \$ she were pregnant or would justify a **sterilization**. He may give such advice whenever from the **condition** of the **patient** a contraceptive **is** medically **indicated**. The physician's advice and service **given** for the purpose of saving life, safeguarding health, or **preventing** disease though involving the **ancillary** purposes of **preventing** pregnancy do not violate statutes the purpose of which is to protect the public health and safety." Copies of **this opinion** have been widely **distributed** among the doctors, clergymen and laity.

Since the **rendering** of this opinion an increasing number of **physicians** are giving **advice** to their patients. Requests for **advice** which come to the Massachusetts League are referred to **physicians** by entirely legal methods. **This** phase of the work has grown **rapidly during** the past year.

The educational work of the League by circular letters, lectures before women's clubs, church groups, etc., and personal calls **is being** continued, and the present **campaign** for members is **directed particularly** toward the younger alumnae of the women's colleges of Massachusetts.

Especial emphasis has been placed **this year** on work with physicians. Lectures on contraceptive technique **given** by doctors who are **especially qualified** in this line have been arranged for **medical groups**. It is **encouraging** to learn that for the first **time in its** history, the Harvard Medical School listed a lecture on contraceptive technique in **this year's** senior work in **obstetrics**.

Many members of the Massachusetts League were keenly interested in the **campaign** to amend the federal laws. At the **time** of the **hearings** in Washington the membership was **circularized** and telegrams and letters were sent to the House and Senate Committees. Forcible messages were also sent to the President on the **occasion** of the demand by the Catholic Alumnae that Governor Beverley of Porto Rico should be censured for **his** advocating **birth control** as a way of checking **overpopulation**.

A **representative** of the League is constantly in touch with **legislative activities** at the State House to inform us of the **filing** of any new **bill** which might affect our work and of any opening which makes it **advisable** to renew **legislative activity**.

Mas H M GOODWIN, *Treasurer*

Birth Control League of Michigan

The cooperation of the medical profession throughout the state is one of the outstanding features of the work in Michigan. Seventy physicians are on the State Advisory Committee, three are members of the State Board, and eight physicians have spoken before medical groups and other organizations. At the Michigan State Medical Society meeting, held in Kalamazoo last September, Dr. Matsner spoke before the Division of Gynecology and Obstetrics to a capacity house. A resolution was passed by the society as a whole asking that a committee be appointed to study birth control in Michigan. Dr. Campbell of Grand Rapids, a member of our Executive Committee, is chairman of this committee. The Division of Gynecology and Obstetrics also appointed a committee to make a separate study during the year. Four County Medical Societies have endorsed birth control.

Questionnaires were sent to all the secretaries of the County Medical Societies, with a letter stating the aims of the Birth Control League of Michigan and its wish to cooperate with the medical profession. Eighty-eight replied, the majority asking for further information and expressing their willingness to cooperate. A list of members of the Kent County Medical Society, qualified and willing to give contraceptive advice has already been compiled and is used in referring cases. We plan to compile similar lists for every county.

Last year there were four clinics in Michigan, there are now nine. The following data is a report as of January 1, 1933:

Name	In existence	Sessions per wk	No of Patients
Mothers' Clinic	5 yrs	3	2500
Harper Hospital	23 mos	2	1228
Woman's Hospital	21 mos	1	674
Maternal Health Clinic, Grand Rapids City Hall	8 mos	1	140
Blodgett Hospital	1 yr	1	215
Royal Oak Maternal Health Clinic	11 mos	1	170
Battle Creek Clinic	6 mos	1	47
Jackson Clinic	6 mos	2 per mo	29
Butterworth Hospital	6 mos	1	10
Total			4,913

So far, with the exception of the clinics in Battle Creek, Jackson and Royal Oak, the League has had to take no financial responsibility for clinical work. The Mothers' Clinic is financed independent-

ly, up to now the clinic at Harper Hospital has been taken care of by a grant of money from eastern philanthropists, the clinics at Woman's Hospital and Blodgett Hospital were also assisted by the same eastern philanthropists, but now the responsibility for supporting them is being taken by the Woman's Board. The clinic at Grand Rapids City Hall is tax supported, and the small amount of work which has been done at Butterworth Hospital has come into the regular outpatient department budget. In Battle Creek and Jackson, rooms for the clinics are given rent free, and in Royal Oak space is made available by the County Health Department and all the doctors and nurses donate their services.

The committee in Ann Arbor has been working for eleven months and it has been found expedient there to use existing social agencies rather than to have a birth control clinic. Ann Arbor is therefore taking patients to doctors who have for years been giving contraceptive information. Necessary

supplies have been bought by the committee from a local druggist, and ninety-five patients have been cared for. Special emphasis is being placed on sterility and several cases have been treated with success.

One other city in Michigan is following somewhat the same arrangement, but because of the committee's fear of adverse publicity they have not joined the State League and do not wish to have their name mentioned. In this city there is a list of twenty-five doctors which is kept on file at the Library, the Y W C A, the Y M C A, the City Department of Health, the social welfare agencies and by members of the committee. Cases are taken to the various doctors by the nurse who also does the follow-up work. Supplies are bought by the gross by the committee and given out as needed to the doctors.

During the past year about fifty groups have been addressed, including such organizations as the Wayne and Oakland County Medical Society Auxiliaries, Parent-Teacher Associations, Church Organizations, and various women's groups, and the State Conference of Social Work in Grand Rapids.

The Birth Control League of Michigan helped to secure about three hundred letters addressed to Representative J. C. McLaughlin asking his support of the Federal Birth Control Bill. A large percentage of this number was from physicians and ministers.

MRS. MORTON KEENEY, President

New York State Birth Control Federation

The New York State Birth Control Federation was founded in **Rochester** in June, 1932. An organization by **counties** was considered most practicable. The Federation now **consists** of five **counties**. **Monroe County** with headquarters in **Rochester**, **Onondaga County** with headquarters in **Syracuse**, **Nassau County** with headquarters in **Oyster Bay**, **Kings County** with headquarters in **Brooklyn** and the **New York City Committee** (**New York County**) with headquarters in **New York City**. For the coming year the counties will pay ten per cent of their total receipts, excepting clinic fees, to the State Federation. The **Federation**, in turn, will give fifteen per cent of its total receipts to the national league.

With the exception of **New York City**, all county organizations are so young that they have not yet established any clinics. They are at present securing the cooperation of influential physicians and public spirited citizens with the objective of having adequate local backing for clinics.

The **New York City Committee** has been functioning for four years. It has seven Mothers' Health Bureaus: four in **Manhattan**, two in **Brooklyn** and one in the **Bronx**. During the past year there were 321 sessions, each session lasting about three hours. 1502 new patients were treated, and there were 1480 return patients, making a total of 2982. The Committee, realizing the value of increasing the number of clinics and also the importance of follow-up work, has two paid workers on its staff: a field worker to promote an understanding of the committee's aims and to develop clinical service, and a social worker, who is undertaking a careful follow-up study of cases advised.

The next meeting of the **Federation** will be held in **Albany** in April. We plan to organize a committee in **Albany County** with headquarters in **Albany**. This committee will specialize in the work of watching inimical legislative activities.

Mrs. **GEORGE C. BARCLAY**, *President*

Pennsylvania Birth Control Federation

In making a report for **Pennsylvania**, I am glad to be able to state that a year ago we had six clinics—we now have twelve. We have been able to

establish six additional clinics despite the fact that the law has not been modified. We attribute our success in launching clinics primarily to the widespread educational work that was done in our state through the legislative campaigns in our attempt to change the law. We feel that the legislative work has great value from this standpoint as it is the one way that we can reach every legislative district in the state.

Less than a year ago a clinic was established by the **South East Pennsylvania League in Kensington**, in the mill district where unemployment is most acute, it has grown rapidly. A large teaching clinic under the **Maternal Health Committee**, organized four years ago, still continues. The **South East League** has also been responsible for the opening of a clinic in **Chester**, and during the year **Lancaster** and **Wilkes-Barre** have established active clinics which were organized through the efforts of headquarters. **Easton**, **Bethlehem**, **Reading** and **Pittsburgh** (older clinics) report a continually increasing volume of patients. **Pittsburgh** has done an outstanding piece of work in the mining district in **Allegheny County**.

We have anticipated the suggestion of the national in regard to contacting physicians in the shopping centers throughout the state who would receive patients in event of there not being a clinic established. We now have physicians in **Harrisburg**, **Lewiston**, **Altoona**, **Johnstown**, **Jeanette**, **Chambersburg**, **Hanover**, **Norristown**, **Doylestown**, **Mahanoy City**, **Erie** and a number of smaller towns. Hundreds of patients have been referred through headquarters to these physicians as well as to the clinics.

It has been most gratifying to our State Board to have the hearty cooperation of all the committees organized by us through the state. I can not stress too strongly the need for constantly keeping in touch with committees after they are organized.

Under the leadership of **Mrs. Dunning**, **Pennsylvania Chairman** of the **National Committee on Federal Legislation for Birth Control**, we had a campaign in **Pennsylvania** last Spring for the **Federal Bill**. We are justly proud of the chart of our **Pennsylvania** organization which was displayed by **Mrs. Dunning** during her testimony and has been embodied in the **Congressional Record** of May, 1932.

Another indication of progress is that the physicians are taking a real interest in furthering the

work Dr Owen J Toland of Philadelphia has received hundreds of letters from doctors throughout the state expressing their desire to change the existing law Another interesting development is the Marriage Counsel service

A C MARTIN, *Executive Director*

Rhode Island Birth Control League

In presenting its second annual report, the Rhode Island League is glad to be able to show at the end of its twentieth month of active work substantial progress, not only in the increasing service rendered by its clinic, but also in state organization and education for birth control

The primary object of all birth control work being, of course, the establishment of clinics for the direct aid of overburdened and suffering mothers and through them of their handicapped children, we shall first report on the progress of our clinic at 163 North Main Street, Providence It has been functioning for seventeen months The following data is a report as of January 13, 1933

New applications	478
Patients advised	382
Follow-up cases	353
Re-opened cases	7

In 111 clinic days an average of 6.5 patients were instructed at each clinic During the first five months, the average was 15.2 new patients per month In the year since that time the average has risen to 26 Of the 382 cases accepted, approximately 75% show serious medical indications for contraceptive advice, and 25% grave social causes The average income of 55% of the patients is under \$15 per week, with families ranging from 1 to 17 children The average age of patients is between 30 and 40 years

A comprehensive survey is now being made by the clinic social worker to determine the exact nature of the conditions dealt with by the clinic The number of patients applying for help will be recorded, together with the number of those accepted with reasons, also the number refused with reasons, the number returning for first follow-up visit, at 1 week, the number returning for second follow-up visit, at 3 months Careful follow-up work at the clinic and in the homes should show percentage of successful cases, and also cause of failures Statistics as to social, medical and psychological con-

ditions will be included This survey is to be completed in May, 1933, and will show just what the clinic has accomplished in its first 22 months of service

A state organization plan is being carried out through the five counties of Rhode Island Each county has a committee headed by a chairman, secretary and treasurer The ultimate object of this state-wide organization is the establishing of a clinic in each county for the benefit of the local under-privileged families The Bristol and Newport County Committees are already formed and doing active work Kent County will undoubtedly soon follow suit For the present the county committees will finance themselves, as their expenses amount to very little, and their motor-corps contribute transportation for their patients

The Rhode Island League is organized with 11 central committees which deal with administration, education and propaganda in the state These committees are conducting their programs in such a manner that we feel the state is rapidly becoming "birth control conscious," and we know that sympathetic interest grows daily The League feels that through the activities of these committees and the clinic, we are definitely carrying out the aims and purposes for which we organized Our future plans are to concentrate on the growth of our clinic or clinics, on educational work, and to bring about a closer cooperation between the medical profession in Rhode Island and our League

Mrs ASHBEL T WALL, JR., *Vice-President*

Resolutions

The morning session closed with the adoption of two resolutions, the first presented by Rabbi Sidney E Goldstein, Associate Rabbi of the Free Synagogue, New York, and the second by Dr Stuart Mudd, President of the Pennsylvania Birth Control Federation

(1) *Resolved* that to prevent the birth of defective children and the continuance and increase of defective strains in our population, state birth control leagues should exert their influence in favor of the enactment and enforcement of laws providing for the sterilization of persons who have serious hereditary defects and who cannot be relied upon to use contraception to avoid reproduction

(2) In these days in which the need for social and economic planning is becoming increasingly evident, we affirm that wise and far-sighted con-

sideration of the future **quality** of our **population** is equally necessary. Two **main considerations** we believe should guide thought toward **this** end

Restrictions which in the past have made **birth limitation** in effect a class **privilege** are **Inhumane**, **unjust** and **disadvantageous** in their effect upon the quality of population. **Birth control information** must **quickly** be made accessible to those **suffering** from ill-health, poverty and unemployment, as **it is** now to the **privileged**

The numbers as well as the quality of the **gifted**, capable and socially-minded members of **society** must be kept up or increased. **Moral**, **social** and **economic readjustments** must **provide opportunity** and encouragement for the birth of children in sufficient numbers to **families** with good hereditary and **environmental** endowment

The Luncheon

Professor Henry Pratt **Fairchild** presided at the luncheon meeting, which was attended by about 300 people. The speakers were Professor Ellsworth Huntington of Yale, Baroness Shizuye **Ishimoto** of Japan, and S. Hernandez Mendoza of Vera Cruz. Professor Huntington gave the details of a study of Yale and Harvard graduates and of members of the Yale **faculty**, which **disproves** the generally accepted view that birth control is dysgenic in its effect. **His conclusion** is that the **birth control** movement is fundamentally eugenic, **provided** it can successfully spread **contraceptive** knowledge among the poorer classes. "People who are too **stupid** or **weak-willed** to **practise** birth control, when once it has been made a matter of easy **practise** and common knowledge," he **said**, "are likely to be the kind who ought to be prevented from having any children at all. As for the rest, it seems likely that the more fully **birth control** can be **practised** freely and easily by all classes, the sooner we shall reach a point where the vast **majority** of our **children** are born with the kind of **inheritance** and in the kind of homes that will make them really useful members of society." A more **detailed** excerpt from Dr. Huntington's paper will appear in an early issue of the REVIEW.

Dr. Mendoza of Vera Cruz spoke **briefly** on the recently enacted **birth control** law of **his** country and concluded. "The Bureau is now **organizing** a program of research on birth control. It will **establish clinics** to provide free scientific **instruction** in birth control and **will** endeavor to make proper

scientific **information** accessible to the masses. It is our hope that in **this** way we **will** promote and make **possible** the best conditions for mothers and **children** and will improve the general quality of **our race**."

Baroness Ishimoto, leader of the Japanese birth control movement, expressed her **belief** in birth control as the only solution for war in the Far East. She **said** in part: "Doubtless you have all heard **time** and **again** how the **population** of Japan has multiplied **within** the past **sixty** years, and how it is still **growing**. The area of my country is so small that the **birth** rate is more astounding than it might be in a larger **territory** such as Russia. On land about the size of your state of **California** we have a population more than half as large as the whole population of the **United States**. **This** gives you a picture of our overcrowded **condition**."

"And **this** brings me **straight** to remedies for a **situation** filled with such **misery** and **despair**. You are **familiar** with the customary proposals for **handling** an excess **population**. Among these, **Imperialism** is the **traditional** plan. Force your way into other lands by means fair or foul. Colonize, conquer, settle as **immigrants** wherever you can. This was long considered a perfectly honorable way to solve the **issue**. By **this** means the great places of the earth have been **civilized**. By this means the Red Man of America was pushed back from the Atlantic seaboard and finally segregated to make room for other more **civilized** races. For this reason the sea power has been developed, for **this** reason world wars have been fought."

"Now our **militarists** believe that our **population** question can be solved by developing **Manchuria** and **sending** our surplus people there. But so far they have only managed to settle one thousand colonists in **Manchuria**, while we have nearly one million **babies** born in Japan every year. **This** fact alone answers the **militarists**."

"Many of the Japanese **realize** this **situation** perfectly well and they offer other **remedies**. Some want to reform our domestic economic system. Others seek in birth control the true answer to surplus **population**. For those of us who **believe** that both economic reform and **birth control** are necessary, the way is long and the path is rough. But we have courage and we try to **think** clearly. If we can get the funds **with which** to push our work we may go far. **It is** an **inspiration** to me to see the work of the **birth control** movement in **America**."

The Case for Legislation

By HOLMES M ALEXANDER

THAT birth control intelligently practised throughout all levels of society might be the ultimate solution of much that ails the world has been pretty well admitted among enlightened people, and is too obvious a proposition to warrant argument in this place. But among these same people there is what appears to be a majority opinion that the matter of educating the public is entirely a medical one and does not belong to government.

This point of view I cannot see. As I understand it, the final goal of birth control work is, by limiting reproduction, to improve the race, to promote individual and domestic happiness, and to curtail such scourges as war, famine, insanity, poverty, unemployment and congenital crime. Surely these are problems for any government that aspires to lead and protect its people. Three governments to date have recognized them: England, indirectly, by permitting government Maternal and Child Welfare Centres to give birth control advice for health reasons; Russia, directly, by placing all birth control work in the hands of the government; and Vera Cruz, through its recently enacted birth control law creating a Bureau of Eugenics and Mental Hygiene. So far the effort in this country has been to keep birth control out of politics, but it is idle to maintain that government has not already taken sides in the matter. Despite the enormous and admirable amount of progress during the last decade, birth control knowledge is still bootleg in America, and will always be so while there are federal statutes forbidding the transmission through the mails of contraceptive instruction and devices. To me it seems self-evident that no wholesale education can be accomplished while there is any legislation against it, and equally apparent that the very best thing for birth control would be the cooperation of state and municipal governments.

It was with that conviction that I attempted to get through the Maryland Legislature of 1931 a bill to sponsor such cooperation. I was not naive enough to suppose that success would be easy, even if possible, and the opposition I met with among my fellow-legislators was no surprise or disap-

pointment. Professional politicians, I knew, are notoriously shy of controversial matters and too obsessed with the fear of losing votes to move except under considerable pressure. Mindful of this and having little if any pressure at my command, my effort was to draft a bill so innocuous as to frighten nobody. My proposal was merely that the State Board of Health should contain a bureau on birth control, privileged to give such advice as might be deemed necessary or beneficial. Even such a toothless measure as this was too much for the law-givers, and canvassing the House for an unofficial ballot I found I could count on no more than six votes.

But it was not the opposition of my colleagues that dissuaded me from pushing the bill. It was rather the almost united skepticism of the leading citizens, the clergymen, the physicians whose endorsement I had sought and whose influence I had counted upon to give the bill respectability. I had written letters to these, explaining my plan and asking for their support, but when the answers came in I found that too many, while they believed in the abstract principle of birth control, could not see that it had any place in politics. These refusals to endorse the bill, some outright, some with qualifications, were ascribed to three distinct sets of reasons.

1 A lack of confidence in the ability of any political organization to carry out such work. Thus Mr H L Mencken of Baltimore, voicing the opinion of several others, "greatly fears that the whole movement will fall into the hands of up-lifters." He is against "any proposed law that will put bureaucrats into the job," he believes the health departments "should enter no field where private enterprise is already sufficient," and sees "no more reason why they should run birth control clinics than there is for them to operate beauty parlors or pull teeth."

2 An attitude that it is futile to offer such knowledge to people too stupid to seek assistance at the already established clinics. A fair example of this opinion is the letter of an Episcopal clergyman who wrote "I personally feel that such legislation is practically useless. Those who desire such

information and are intelligent enough to use it will find little difficulty in acquiring the same. The problem is beyond the reach of legislation in those social groups where one might desire to see birth control practised, for clinical experience seems to show that such groups are too shiftless and unintelligent to use the information, no matter how easily it may be obtained."

3 The fear that any publicity might stir up the cranks and cause trouble to the clinics already existing without benefit of legislation. In this vein the late Dr J. Whitridge Williams, then obstetrician-in-chief at Johns Hopkins Hospital wrote me, "I feel it is a pity to introduce any bill concerning birth control. I feel it might give rise to opposition, which may cause trouble." And Dr Bessie I. Moses, director of the Baltimore Bureau for Contraceptive Advice, suggests postponement of immediate action on the ground that, "if you go ahead now and the bill is unfavorably acted upon I feel sure more harm than good will be done."

None of these reasons — though I do not question the sincerity of their proponents — seems to me sound. I offer my rebuttal in the same order.

1 The objection represented by Mr. Mencken is based on two assumptions—one faulty, the other possibly intended to be facetious. He assumes that birth control is a field where private enterprise is already sufficient. That is, of course, ridiculous. The very fact that in four large cities (Baltimore, Cleveland, Cincinnati and Detroit) the clinics, according to their 1932 reports*, have during their entire history treated only 4850 cases, is fair enough proof that private enterprise has not exhausted the field. That such work is admirable, that it will in time expand, no sensible person will deny, but certainly at present it is not—even supplemented by the trade of the corner druggist—sufficient. Neither does his other theory, that a bureau run under state supervision would hopelessly bungle the job, hold water. The work that state and municipal boards of health have done in vaccination, control of contagious diseases, sanitation and general research is a matter of public record and in no way inept. If the legislation which I offered had been passed and a state bureau established, it is certain that the staff would have been largely chosen at the recommendation of the local clinic and that with increased funds and facilities for

increasing the clientele, the same work would have gone on in multiple proportions.

2 Because the very people most in need of birth control information happen to be "too shiftless and unintelligent" to make use of the chances already present is to me no argument against legislation, but quite the reverse. It becomes almost a challenge in the light of Dr. Robert L. Dickinson's statement that "during any single day, among married couples in the United States, the occasion to make a choice between chance of pregnancy and protection against pregnancy arises about three million times." And the idea of abandoning these unfortunate to their own stupidity comes, I think, with very bad grace from an ordained minister of Christianity. Either social service work is worth while or it isn't, but if it is, the fact that it is also difficult is a poor excuse for giving it up. A slum family that rears ten or twelve children whom it is unable to support, educate or nourish, will in the end become a burden and a menace to society, and it appears only common sense and anti-human decency to ask the state to try, at least, to rectify these conditions.

3 The objection to the proposed legislation given by Dr. Moses and the late Dr. Williams is obviously the most sensible of the three. It is perfectly true that the bill, though it would have gathered considerable prestige and strength from the right kind of backing, was doomed to defeat at its first trial. It is conceivable that the publicity thus incurred would have stirred up the usual amount of fanatical uproar. Whether the uproar and the honorable defeat of the bill would have done any appreciable harm I have no way of knowing, but I thoroughly doubt it.

No progressive reform was ever accomplished without a fight and some such legislation on the books would, I believe, be a step at least toward that millennium which all advanced thinkers, whether in science, economics or philosophy, have visioned and worked for. It is high time that government outgrows being mainly a policeman and tax-collector and becomes a guardian for the intrinsic welfare of its people. This will never happen while individuals and organizations interested in that welfare stand aloof. Birth control is not the only problem, but it is an insistent and pertinent one. Confining the work to privately operated clinics, instead of forcing our government to do its share, seems to me very comparable to hiding a perfectly good light under a bushel.

*See BIRTH CONTROL REVIEW, June, 1932

Collegians' Race Suicide

By CAROLINE H ROBINSON

MORE birth control philosophy, not less, is needed to correct the present **appalling** condition among the upper classes

We have figures¹ sufficient to show us that the majority of graduates from the big women's colleges never bear a child. Most of them have taken "cultural courses" in order that they may, in the words of the Commencement orators, ennoble woman's sphere with all that centuries of civilization have garnered from art, literature and so on. But in the finale, in the most cases, no child turns up to be the heir of these ages of culture. The inheritance "reverts to the State," let us hope, in the instances where the graduate has taken to school teaching or other pursuit **benefitting** society. But in other cases the culture laboriously **gained** at college does not so revert. It is lost unto death, sunk in the ocean of nothingness, of old-maidish desuetude, or strangled to death in the sometimes narrow closet where the childless wife ministers to her husband's infantile comforts and waits upon his times and seasons, in the locality to which he, not she, has been called.

Thinking people wring their hands to hear that Harvard graduates fall short of reproducing themselves by **32%**. Seeing such figures, our leading American student of mankind (anthropologist) inveighs **against** birth control. But he is **cried** down by a great chorus' of men equally **distressed** about the matter, but younger, closer to the problem. "Wrong, wrong! The wrong track!" they say, "In **vain!** We cannot turn back the clock—impossible to dissuade people from the small-family system established now for **generations**."

The only thing to do is to press on, not to stop with practicing birth control in secret but to speak out about it, especially to our children, to work it

through, to philosophize it thoroughly in the hearing of one and all. Not men of forty, or older, are to halt the present birth decline but **children** now in their teens. Not even single men and women over thirty-four years old can give much help. That is one of the **things** we have to broadcast—the fact that people who don't get **married** before 35 years of age, and this applies very nearly as much to men as to women, are out of the running.

The Harvard per capita of **offspring** is, according to Dr J C Phillips, only 1.45 and is due in part to lack of marriage, but this was not the case among the co-ed men (i.e., men obviously **without antipathy** to women or they would never have entered a co-ed college in the first place). The co-ed men **married** exactly as much as the general male population of the United States which is supposed to be just exactly reproducing **itself** and no more. What, then, was the trouble that their birth rate was still somewhat **deficient**?

Well, we have of course too many graduates, both men and women, **postponing** their marriages to the naturally **sterile** ages after 30. These are the real merely **companionate marriages**, though they are not realized to be **such** by all of the **bridal** assemblage on the great day of the wedding. But we find also among men and women who married early an amount of **sterility** and one-child marriages which is appalling—namely, **28 per cent of 356 marriages** under 30. One cannot get much **analysis** out of only 567 marriages which was all I had (a number, however, equal to **40%** of the "professional class" marriages of like date which were secured by the **Milbank Foundation** during the **examination** of as many as **300,000** census schedules). But one may envisage some points that should be **investigated** further.

When we find early marriage among collegians to be **ill-productive** in **28%** of the cases, are we **discovering** a worse **condition** than in the general population? No, not much worse. It is possible to **bring** my gloomy figures into **fair** accord with the **general** census norms as interpreted in the **English Fertility of Marriage**. One must figure-in the mortality of the graduates, **doubling it** to allow for probably equal **mortality** of **their** spouses. Thus if one expunges from the college record all those

¹ *Co-educational Graduates' Birth Rates* by Caroline H Robinson (to be published in the Proceedings of the Third International Eugenics Congress) showed between 206 and 214 childless women in 430 graduates, although the marriage and birth rates for women from this coeducational place were considerably higher than for the large women's colleges according to Huntington and Whitney, *Builders of America*, 1927, pp. 334-5.

Co-ed marriage rate 67%, birth rate 1.3 plus, child per capita, Women's College marriage rate 60%, birth rate 1.1, child per capita.

² Symposium in reply to Dr Osborn, *BIRTH CONTROL REVIEW*, October, 1932.

early marriages in which also one spouse died before 45 years of age, then the proportion of those with one child or less is reduced from 28% to 23%, whereas about 21% is the corresponding ratio obtained for all English marriages made at a like age, and surviving

As Professor Cimi said at the 1927 Population Conference, one generation is not the product of the whole of the preceding generation "but only of a fraction thereof," sometimes as small as "two-ninths," mortality being perhaps the chief factor of selective destruction. The moral is this: for educated family stocks anxious to keep their foothold and combat class suicide, it is not enough to marry your children young as an insurance against vice and sterility. It is necessary also to aid them to have a number of children early before the marriage is ended by death or otherwise. Always—"it is later than you think."

People have one child or none either (a) intentionally or (b) from venereal disease or (c) from other disease. Difficult as it is to disentangle these factors, it is also peculiar that in spite of all the supposedly "realistic" literature since the Great War it is no longer customary to make any allusions to venereal disease, such as formerly appeared in serious periodicals and in novels like *The Heavenly Twins*. Thus one gropes alone trying to interpret such facts as that the women graduates were less often sterile than the men but were as much or more liable to have only one child. Tentatively one connects it with the known reluctance of the college woman to take a poor bargain in wedlock. Is she able to spot and reject the essentially weak and sterile man but not the man who will have sterilized her by infection at the birth of the first child? Among the marriages I studied I was much interested to find no great excess of sterility and near-sterility among the wealthier graduates on "the special contributors" list of the college, and those who did have families had such large ones that this group was, as a whole, reproducing itself. Further, there was a heavy sterility among men graduates whose life work was teaching in secondary schools. These men seemed not at all of a careless-hvmg type and one wondered whether their sterility may be a symptom of a bookish debility, or whether they had caused it by postponing children too long after their early marriages. In this connection, too much emphasis cannot be laid upon the recent study by Professor

Wachter' of Lafayette College, in which he showed that to postpone mating in mice six months beyond the normal age caused an increase in sterility from 4% to 25%, without however causing any smaller families among those remaining mice who did succeed in conceiving after the period of unnatural virginity. It appeared that something very specific occurred during the unnatural pause in reproduction to cause sterility without otherwise debilitating the animals. It is not possible, at present, for women who are postponing child-bearing to watch their condition and evaluate the risk they are running, but in the case of men this can be done. The specialists tell us that sterile marriages are nearly as often the fault of the male as of the female. Therefore it behooves the male who is postponing propagation to seek the advice of physicians who can tell him how long after twenty his cells will likely remain active enough to transmit his physical immortality over the long road they must travel to their resting place for mating and growth.

What other practical suggestions come to mind to meet the condition of race suicide? Chiefly it is a question of educated women managing to achieve matrimony and achieve it early. And it is here that the philosophy of birth control needs to grow by leaps and bounds. Some graduates now marry immediately on a basis of birth control, but it is only a fraction of each graduating class. None of them have any idea of the possible risks in postponing progeny though married (including the risk of divorce), and scarcely any of them get the active encouragement of their parents to early child-bearing or are taught the risks to eventual fertility which inhere physiologically and psychologically, in remaining unmarried till 28 or 30 years of age, risks probably much greater yet than those in marrying and practicing birth control.

A revolution is required in parents' thoughts. They should cease to groom their daughters by unplanned education and travel, fearful lest she pick up a poor man, hopeful that at long last she may find a rich one able to support her and a houseful of children. That way hes stenhty, by more than an even probability. Every moment and every dollar should be made to count in a definite program seeking to give her a real culture (not desultory "languages"), a technical training to bring in a small, modest, steady income all her hfe.

¹W. L. Wachter, *Relation of Age at Mating to Fecundity*, *EUGENICAL News*, May-June, 1952, p. 84-5.

whenever she is not **bearing children** and **caring** for them below nursery school age, and finally a broad and deep **acquaintance with** many men, preferably **seeing** them at work and not only at play, so that she may choose **easily** an adequate mate **in** the very early twenties before she and the men too get out of the **notion** of marrying. Every man she meets she should make understand that she **is** "modern." That **is** to say, she **intends** to support **herself** nearly every day of her **life**, either (as **is** most **unlikely**) by **baking, washing** and **sewing** fourteen hours a day in her husband's house as his grandmothers have done for uncounted generations, or else by **bringing in** a small, steady **income** from her **side-line profession**. If also, **his** and her four parents can each of them put up a thousand dollars and **will** offer to help a little **with** the early care of a couple of **children**, then we have an **Exhibit** for all the world to see — a **Five-Year Plan** against race **suicide**, a complete racial budget.

Space **forbids** to note many **points of interest**, such as why the per **capita birth** rate at Bryn Mtwr is as **high** as at the **co-educational college** which I studied — that **is**, **distinctly higher** than at other women's colleges. But I should like to close on a clear note of **opinion** concenung "**social hygiene**" which, as has been **said**, is at present as **unfashionable a topic** as Mah Jong. If one has a son of **vitality** and **spirit**, one had best **consider** how he is to be kept as a **Galahad**. The very statement of the **aim** has a **prudishness** about it which shows that none of us are **quite** converted to the **principle** of "a **white life** for two." Yet I believe purity has some chance, on two **conditions**. Boys must be handed complete texts on sex, such as those **advertised in this REVIEW**, which **will** make them **wiser through** the **printed page** than **their** companions can become through hurned, early, mentally-discomposed **visits** to a brothel. And their parents must keep before **their** sons the **necessity** of **their spending** every spare hour **in** the careful **selection** of a **wife**. It is only the truth to tell **him** that, **in** the interstices of the **grueling education** demanded at modem colleges, there is just barely enough **time** before the age of twenty-three or four for a fastidious and **ambitious** youth to hurry on **with a study** of **his** women **friends** and to select a congenial, **satisfactory** bnide. A mind busy **with setting up** an **immediate menage**, however modest, may have small **time** for **wild oats**.

An open letter to the Secretary of State

Dr S Adolphus Knopf, commenting on the symposium of Programs and Plans for 1933 in the January issue of the REVIEW, calls attention to one important piece of work which should be taken at once, and embodies his suggestion in an open letter to the Secretary of State

Among the **interesting** and **provocative** programs recently made for the future of the **birth control** movement, no **consideration** was **given** to what seems to me the most urgent work before our country.

In the very able report **issued in 1932**, Governor Beverley of Porto **Rico** urges **scientific, judicious** and **ethical birth** control as a means of **reducing** the **alarming overpopulation** of Porto **Rico**, the territory over which he has been called to **preside**. The press announcement of **this** governmental **recommendation** resulted **in** a letter of protest **written** to **President Hoover** by Mr John F **Kernan, Jr**, **president** of the **National Catholic Alumni Federation**. In that letter, **printed in the New York Times** of October 7, Mr **Kernan said** "As you know such **practices** are condemned as **immoral** by the laws of the **United States** and the **dissemination** of literature on **this** subject **is prohibited** by the postal laws. Furthermore, **practically** every moral agency and every **religious** sect **in this** country has stamped such **practice** as **immoral** and contrary to the natural law. Moreover, the best **medical authorities** are strongly opposed to it." Mr **Kernan** requested of **President Hoover** "that Governor Beverley be admonished to cease **his** advocacy of **birth control** by the Porto **Ricans**," and added "The Governor should, moreover, be **required** to **publicly** withdraw the recommendation that he has already made. If Governor Beverley has so **little** sense of **propriety**, it is suggested that he **is** not the proper person to be Governor of Porto **Rico**."

To **justify** Governor Beverley's recommendation, may I quote the **following official statistics**? There has been an **increase** of 20.4 per thousand **in** the population of that already overpopulated **territory** during the year, **bringing** the total up to 1,599,142. As a contrast between Porto **Rico** and Nevada, it can be stated that the percentage of rural **population** in the latter state **is** 80.3, with 7 **inhabitants** per square mile. In 1925 Porto

Rico had 407 inhabitants per square mile and today it has 465 5 The birth rate of that territory in the year of 1931 was 45 4 per 1000 inhabitants and the death rate was 20 4 In New York City the birth rate for the same year was 16 31 per 1000 and the death rate was 10 92

These figures speak volumes for the great need for raising the sanitary, economic and moral status of the population of Porto Rico I advisably say "moral" for the morahy of an overpopulated territory must of necessity be inferior When large families are obliged to live in congested, crowded quarters with six or even more people occupying one, two and rarely three rooms, the moral status is inevitably lowered There is relatively more tuberculosis in Porto Rico due to malnutrition than in any other state or territory, and if ever a governmental recommendation for birth limitation is justified, it is that of Governor Beverley It is to the honor of the United States Government, that Governor Beverley has not been dismissed Whether this means a silent approval of his recommendation or not, I am not prepared to say

The law, referred to by Mr Kernan, makes the imparting of contraceptive information through the mails a crime, punishable by a fine of \$5,000 or five years in prison or both This law is still on the statute books Some states prohibit the teaching of contraceptive methods in medical schools, and some do not allow the physician to give birth control information in his practice

If I were a statesman who had any Influence with the Government at Washington, I would appeal to you, pointing out the absurdity of such laws—which are even more difficult to enforce than the prohibition law, I would prove to you that contraceptive methods are sanctioned by all medical authorities as a means of saving the lives of mothers afflicted with tuberculosis, heart, kidney or serious nervous diseases and that the vast majority of social agencies, as well as the Protestant and Hebrew clergy approve of birth control as a means of lessening under-feeding, overcrowding, insanity, social misery in general and unemployment, at least in the next generation

Due to that antiquated law, this country has the sad distinction of having the greatest maternal mortality rate of all other civilized countries In countries where such laws do not exist, as for example in Holland, the maternal mortality rate is

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24 In France and in Italy, there is a maternal mortality rate of only 28, in the United States it is 83 This means that our country loses about four times as many mothers from puerperal causes as any of the other countries mentioned The situation is far more serious than the figures indicate, for many deaths due to abortion are not reported The time for action has come! Let us strive for quality and not quantity in population

S ADOLPHUS KNOPP, M D

Book Reviews

OBSTETRIC EDUCATION REPORT OF THE SUBCOMMITTEE ON OBSTETRIC TEACHING AND EDUCATION, FRED LYMAN ADAIR, MD, CHAIRMAN WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION *Century Company, New York, \$3 00*

IT IS not generally known that the final report of this subcommittee of President Hoover's Conference on Child Welfare contains a virtual endorsement of birth control. Yet such is the case. Not elevated to the **dignity** of an **official recommendation**, but submerged in the introductory comment on undergraduate **instruction** in obstetrics in the **medical schools** this sentence appears:

"It is the opinion of this committee that **instruction** should be **given** to the student body in **contraceptive** methods and the **therapeutic** indications thereof" (p. 47)

Closely following this is a reference to **abortion**. "Students should be **given instruction** in the management and treatment of **abortions**, which contribute so largely to maternal mortality." That is all. The subjects are only mentioned once. There is no **discussion** of the **magnitude** of the twin problems of overfertility and **criminal abortion** or **their relation** to the lives and health of mothers. But the two have at least passed the threshold of **conservative** obstetrics and **their** study is urged on the sixty-three Grade A medical schools, almost all of which have so far refused even to name them.

The general subject studied by this **subcommittee** was the causes and cures of our enormous annual loss of mothers in **childbirth**, which it places conservatively at **15,000** and holds to be "at least one half, if not three quarters, preventable." This volume, which appears to be a final report, covers only the attendant at birth—the physician, the nurse, the midwife—and essays to outline flaws in present **training** standards and **recommendations** for **improvement**. This is a **limited** field and even this field, to those who looked eagerly to this conference to redress an **ancient crime** against women, seems to be feebly and inadequately covered. The report is **timid** and vague. Its three hundred pages **contain** a multitude of words and little substance. Its recommendations are conservative and incomplete.

Some **slight** improvement is asked for obstetrics in respect to hours and clinical work in **medical schools**. How **slight**, however, is the improvement demanded may be guessed from the fact that only five per cent of the total **teaching** hours is suggested for combined gynecology and obstetrics, though maternity cases form an actual **thirty-five** per cent of the general practitioner's work, and the emergencies any one of these cases may present call for knowledge and resourcefulness **quite** out of proportion to those **arising** in most of his other work. **Experience** in twenty-five deliveries before **graduation** is recommended. This would be an improvement on present conditions, since most of the schools **require** no experience in **deliveries** whatever. But it makes a sorry showing beside the **midwife license** requirement of a hundred to two hundred **deliveries** in the foreign countries which have the lowest deathrates.

The **recommendations** for **training** in obstetrical **nursing** are hazy and almost valueless, and so too is the section on midwives. The **nursing** demands call mainly for further research as to courses offered or **which** might be offered by **nursing** schools. These two **sections**, to any one who knows the history of the nurse and the **midwife** problem in American obstetrics **since 1911**, look suspiciously like stalling—like an attempt to put off the evil day when the **indifferent** and **irresponsible** general practitioner will be forced to make way for the splendidly **equipped** trained-nurse-midwife, who has been a godsend to women in many European **countries** and who already is locally **proving** her worth in the United States. The most courageous and clear cut section of the book is the honest comparison between the harm done by the **midwife—even** the worst type of midwife—who in this country confines **15** per cent of mothers, and the doctor, who confines **85** per cent and is, state by state, with the **exception** of a small group in the South, **responsible** for most of the deaths.

It is hard to believe that this wordy and spineless report is all that the **subcommittee on obstetrics** has to offer. **Certainly** the best of the men on the committee, or who took part in its conferences—**Findlay**, **Bland**, **Polak** and others—have made far better statements on conditions and far braver

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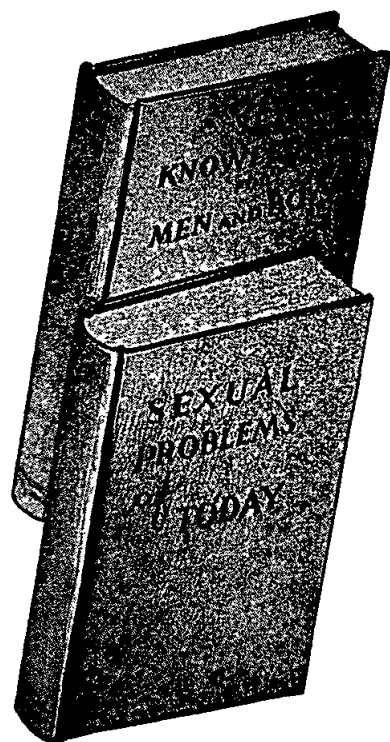
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and more **drastic recommendations** elsewhere

The **obstetricians** who prepared this report may be in some degree excusable for **hesitating** to recommend the dispossessing of the general practitioner by the **nurse-midwife**. But there is no excuse whatever for their **failure** to **include** under a **recommendation** for education of the laity the **revival** of the **Maternity Act**, which went out of operation more than three years ago. The **Maternity Act** had to its **credit** seven years of the most **effective public health education** by the U S Childrens Bureau and the State Bureaus of Health. This **omission** means that the **Report** rejects a method of work which has already proved its value and that it offers practically **nothing** in its place.

We have **waited** long enough. We want something more than a feeble restatement of facts we already know. Somewhere in the **discussion**, Dr George W Kosmak remarks that all mothers, **high** or **low**, **rich** or **poor**, in city or country, should have the same care in **childbirth**. Today, no matter how remote the **village**, or how unforeseen the need, no barber performs **operations**. If this is **true** in surgery with all its **emergencies**, in **obstetrics**, where **births** come **without** the suddenness of **accidents**, we should be able to offer all women a **child-birth** as **high** a standard of care.

MARY SUMNER BOYD

CORNER OF ENGLAND, by John Martin Williams and Norgate, Ltd London 1932 4/

A STUDY of a single **generation** of life in a **corner** of **industrial England** is as valuable, if reasonably complete, as a study of a whole world and far more easily **assimilated**. Mr **Martin** has done a great deal to make his work worth while. In these 163 pages he **gives** a very **convincing** account of the **religious**, **ethical**, and **social** progress as he has observed it for the past decade or two. Some may deny that a London slum is **typical** of the world at large. As a cockney, born and bred, I know how great is the variety to be found in any small London **district**. In New York you find **international sections**, but in London you have everywhere an **English miscellany**, you hear the **accents** of every part of the **British Isles**.

If you asked Mr **Martin** "what **single alteration** in the habits and customs of the people **during** the past fifteen years was of most **significance**" he "would **unhesitatingly** reply the spread of **birth control**". Even where **birth control** is little prac-

ticed Mr **Martin** sees the idea **itself** fighting in the workers' **consciousness** **against** the old tendency to rely upon progeny as an **insurance** against future **parental poverty**. He does not overlook the **implications** of the "dole" system, but is doubtful if any parents deliberately calculate upon "the advantages to be gained from the **increase** of parish relief for a large **family**".

Mr **Martin** glances very lightly at the **spiritual**, **psychological** and moral consequences of **contraception**, and takes an **optimistic** view of the early **abolition** of the grosser horrors of **overcrowding** as one of "the **certain direct** results of birth control". **Family life**, so far from **being** destroyed by **birth control**, is **likely** to be reinforced by it. With smaller **families** "the street is no longer so **inevitably** and perpetually the only nursery for **children**". With a family of four or five it is more **possible** to share a **certain** number of pleasures and **outings** in common even on a very small **income** than with a large **domestic circle**". Lastly and more importantly our author regards the consequences to the mother. He wisely **emphasizes** "the immense change in **opportunity** which is afforded to the average woman by this **reduction** in the size of the family which she has to bear and rear".

Mr **Martin's** book is a **genuine** human document, **charmingly** readable, which makes up in **intensity** of observation what it **lacks in extensiveness** of the area which it covers. **Historians** will find in it a valuable guide to **certain** contemporary tendencies.

GEORGE BEDBOROUGH

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RECENT SOCIAL TRENDS IN THE UNITED STATES, Volumes I & II Report of the President's Research Committee on Social Trends McGraw-Hill Co., N Y \$10 00

SEXUAL TRUTHS, edited by William J Robinson, M D, Ph D Eugenics Publishing Co., N Y 1932

THE SCIENTIFIC BASIS OF EVOLUTION, by Thomas Hunt Morgan W W Newton & Co., N Y \$3 50

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