

une 1933

Twenty Cents

BIRTH CONTROL REVIEW

AN OPEN LETTER TO SOCIAL WORKERS

FROM

MARGARET SANGER

SUPERFLUOUS PEOPLE

By Emily C. Vaughn

BIRTH CONTROL FOR CHARITY CASES

By Caroline H. Robinson

CHILD WELFARE THROUGH CHILD SPACING

By Eric M. Matsner, M. D.

<p>IS BIRTH CONTROL CONSTRUCTIVE SOCIAL WORK? - - A SYMPOSIUM OF LETTERS</p>

Is Birth Control Constructive Social Work?

The League receives thousands of letters like these from all parts of the country

CHILD MARRIAGE IN AMERICA

I am nineteen and my husband is forty-five years old and depending on the coal mines for a living. We have been married three years and have four children and I have lost my health. I am so nervous I can hardly do my work. The doctor tells me it is because I have given birth to children so often.

I love my husband and children but would love to have a rest period between. Will you please send me a book on birth control. If you cannot please tell me what to do to find out.
Virginia

Mrs E P

WILL THIS HOME SURVIVE?

I am a very much distracted expectant mother. Married seven years, having my fifth child. I am a nervous wreck, trying to keep house, and find the children unbearable at times. I am expecting this child any time now. As the time draws near, I am nearly frantic. I have no one to comfort me. My people say I am crazy having children like this, but they do not help me.

I am afraid of the future. I simply will commit suicide if I have any more. I can't afford them and my health is broken. My husband does not know what to do anymore than I do. If there is no other way out, I am going to leave him after this child is born, regardless of what anyone says or thinks. I can't live like this. I love the children I already have, but I will not have another.
Massachusetts

Mrs M McG

DISCOURAGED AND AFRAID

This question has been troubling me for a long time and I feel you are the only one who can give me the right kind of help. I see my friends and sisters going to the doctor and getting rid of children they do not want or can not raise decent-

ly. I see my mother a tired, careworn, nervous, sickly old lady. She has a very bad goiter. She had eight children. She is now in the hospital for the insane. I do not believe she is really insane, but just worn out from overwork, worry and difficult childbirths.

Sometimes I get so discouraged I feel I am losing my mind, too. Now, I find myself at twenty-five married to a logger, and the mother of two boys and a little girl and last month I had another baby boy. They are lovely little children. But it is very difficult for us to provide for them as we should. The mills and camps here have not been running very steady. Sometimes they shut down completely. Most of the time lately they have been running only three days a week. I know these are depression times, but even in good times four children is quite a family to do for. We wish we could give our children half a chance to become good useful citizens. Coming from a big family I know the hardship and temptation of being very poor, the sting of inferiority it gives children.

My husband is really a good man, a hard worker, but at times he feels his job (his family) is getting too big for him and threatens to run away from it all. It looks so hopeless to him.

I am staying with a friend until I get a little stronger. Then I will go back to the logging camp to my husband. I dread so much the thought of having another child, sometimes I think I am getting like my mother.

Washington

Mrs C E

UNEMPLOYED

I am a young married woman of twenty-six. I have three children, the youngest only ten months old. We are very poor, my husband can't find any work and we are being helped by the town most of the time. I think I would be doing a great wrong by having more children. Please tell me what to do.
Iowa

Mrs J S

Birth Control Review

VOL XVII

JUNE, 1933

No 6

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

Single Copies 20 cents \$2.00 per year \$8.50 two years
Canada and Foreign add 25 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 NATIONAL CONFERENCE of Social Work was born in the depression of 1873. Great progress has been made in the ten decades since those difficult days, in caring for the destitute, in alleviating suffering and in building up a nation of self-reliant citizens. The change in terminology alone is an index of changing attitudes. Today we think not of charity, nor even its softer derivative, philanthropy, but of social work. We no longer succor the deserving poor; we work for and with the underprivileged. And we deal with clients, not with cases. The profession of social work has much to be proud of. Alert and consecrated, it has used each new approach, each new contribution in the field of knowledge, to better economic and social conditions. Today, social workers are faced with almost insurmountable difficulties. Private relief funds are dwindling, demands for aid, for the bare necessities of life, are still mounting. Every available weapon must be used to win the battle against poverty.

THAT BIRTH CONTROL, in the form of scientific and accessible clinical service, is indispensable for victory is clearly recognized. The American Birth Control League as an Associate Group at the National Con-

ference of Social Work in Detroit (June 11th to 17th) takes its place in the battle line with such organizations as the American Red Cross, the Child Welfare League of America, the National Child Labor Committee, the Church Conference of the Federal Council of Churches. Sixty years ago, at the first National Conference, neither the term, birth control, nor the medical technique existed. Thirty years ago a birth control clinic was an unheard of, an unthought of thing. Today there are two national lay organizations for spreading an understanding of birth control, there are seventeen state leagues, there are 133 centers for clinical service. Social workers and birth control workers are marching shoulder to shoulder. The records of almost any clinic, taken at random, tell the story of patients referred by social agencies, brought to the clinics by nurses, encouraged to limit and space their families by those who know only too well the tragedy of unchecked childbearing and unwanted motherhood. The time is surely not far distant when those who shape the policies of social welfare groups will give formal recognition to birth control. For without it social work must ever remain palliative and incomplete.

AMONG THE inescapable arguments for scientific birth control is the fact that it, and it alone, will reduce the fearful toll now exacted by abortion throughout the world. According to a report by Dr James Young (*British Medical Journal*, Feb 11, 1933) deaths from abortion in Europe are outnumbering deaths from full-time child-births, the British Registrar General's figures show a rise of 21 per cent in deaths from abortion during a recent two year period. *Abortion: Legal or Illegal?*, the latest book for the layman on the subject, is reviewed in this issue by Dr Fred J Taussig, who points out that this problem can only be solved by more and better contraceptive measures. The logic here is clear. But many are tempted to bury the entire subject, lest it force them into swift and comprehensive action.

An Open Letter to Social Workers

From MARGARET SANGER

IN ADDRESSING this letter to the assembled delegates of the National Conference of Social Work, I do so with a feeling of kinship in a common purpose. Too often I find an Alice-in-Wonderland attitude prevailing—with poverty, disease and kindred evils all seen as through a looking-glass, as spectres without substance. To the social worker, however, these are grim realities, calling on every ounce of courage, resourcefulness and commonsense in their solution.

You who have dedicated yourselves to the welfare of others—you who are working to build bridges for families to pass from dependency to self-support—know full well that a knowledge of birth control must form the keystone of that bridge. You are already aware of the futility of pouring untold millions into palliative measures that disregard the obvious fact that without birth control, no permanent adjustment is possible between the size of a family and the family income.

A unique responsibility is today vested in the social workers of America, as a result of the gigantic increases that have taken place in the cost of public and private charities. For you are the intermediaries between the diseased, the defectives, the delinquent, and the dependent, and the vast agencies charged with the administrative responsibility of spending billions of dollars from public and private funds to help these groups. It is upon *your* recommendations that organization policies are established, and such policies must be reconciled with constructive race-building. Upon your vision, upon your intelligence, in this crisis, rests the welfare not only of countless troubled, worried parents, but also of the children born in the midst of the greatest depression in history, on whom we depend to carry on the torch of civilization.

I want to express my gratitude to the large and increasing number of individual social workers who are courageously bringing a knowledge of birth control to families crushed under the burden of feeding and clothing a constantly increasing family upon a stationary or diminishing wage. Through your efforts many mothers have been enabled to secure scientific information from de-

pendable medical sources. Our common problem today is *How can we make it possible for every mother to obtain this help?* How can we break the vicious circle of overlarge families, poverty, infant and maternal mortality, child labor, marital discord, prostitution, and other social cankers all linking up directly to the difficulty of obtaining information so essential to the health of these mothers? How can we stop the senseless perpetuation of these evils?

Birth control clinics in every community are essential. These can be established under present State Laws, and can operate within certain limitations of the State Statutes. In 24 states no legal restrictions exist, and contraceptive advice can be given mothers for economic and social reasons as well as for health reasons. There are 188 birth control centres legally operating throughout this country. The present Federal Laws, however, Sections 211, 245, 311, and 312 of the Criminal Code, class contraception with obscenity and abortion. They make it a criminal offense to send or receive from the U. S. mails or common carriers, information or supplies pertaining to contraception. *They make no exceptions for physicians, hospitals or clinics*, who are forced to violate the law in order to obtain necessary supplies from the manufacturers. Consequently, we have the spectacle of 133 legally operating birth control clinics that have become veritable "speakeasies" as far as the general public is concerned. It is difficult for the mothers in the communities where these clinics are operating almost surreptitiously, to know of their existence, and the consequence is that although a mother may live within a few hundred feet of a center, she is usually unaware of its existence. On leaving the maternity wards, or applying to maternity centres, or lying-in hospitals for such advice it is refused her. Only if she can pay the fee of a private physician can she obtain scientific individual instruction. For obviously, the physician who takes the personal responsibility of giving contraceptive advice in his private office, cannot involve the medical institutions with which he is connected in a subject classed by our Federal Statutes as illegal. He is compelled

to protect himself and his institution in his public practice. It is here that the Federal Laws take their greatest toll in keeping in ignorance the most needy mothers who are dependent on hospitals, public dispensaries and clinics for their medical aid. It is class legislation, a sanction of knowledge for those who can afford to pay for it, and ignorance and misery for those who cannot.

The National Committee on Federal Legislation for Birth Control has sponsored legislation in Congress that would *exempt physicians, medical colleges, hospitals and clinics* from the provisions of the above Statutes, in order to enable every hospital to legally provide birth control information as part of its routine preventative health service. The amendment of the Federal Laws represents a "short cut" to bringing this needed relief to the greatest number in the shortest possible time. Hearings on our legislation have been held before Senate and House Committees. Medical, social and religious organizations with memberships approximating many millions of individuals, have endorsed these efforts to bring our Federal laws in line with decency and commonsense.

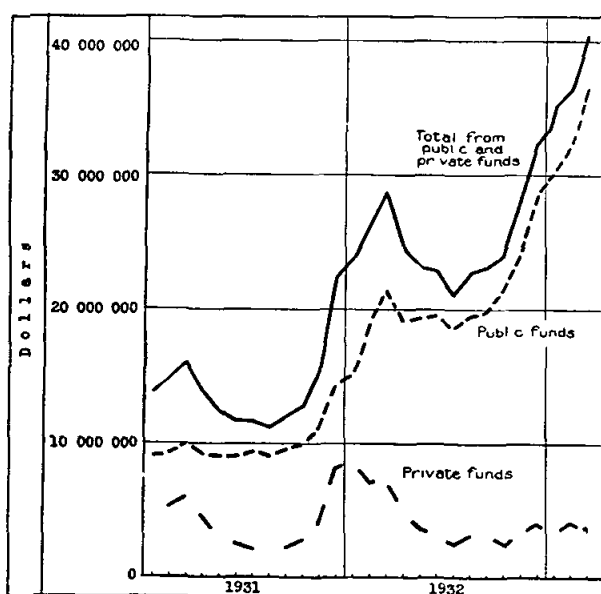
Much remains to be done. You who are in touch with actual conditions are cognizant of the need. I am grateful to those among you who have had the courage to take an unqualified stand on this question, and who have thrown the weight of your influence into persuading the welfare agencies

with which you are affiliated to openly endorse the work of our Committee. Your leadership is inspiring those who are more timid to do likewise. Each individual and group endorsement helps, and is urgently needed for our work during the next session of Congress.

I am also looking to the social workers with their vast experience to help broaden the horizon on this important subject. Unfortunately, there are still many who, while reluctantly recognizing the need for contraceptive advice in cases of heart disease, cancer, tuberculosis, hereditary and transmissible diseases, and other health conditions where pregnancy is known to aggravate the disease, sometimes resulting in death, nevertheless do not always see the deeper social and ethical principles involved. There can be no justification for violating the right of every married woman to decide when and how often she shall undertake the physical and far-reaching responsibilities of motherhood. It is mediaeval and barbarous to treat parenthood as a punishment for shiftlessness or recklessness. On the contrary, the woman sufficiently socially-conscious to desire to take parenthood out of the sphere of accident, should be aided in obtaining scientific information that will enable her to space the births of children in consideration of her health, her husband's earning capacity, and the future health, environmental and educational opportunities for her children. Unless there is intelligent direction of the movement, however, we will have continued attempts to legislate contraceptive advice into the same category as abortions. Only last week, in Connecticut, an incredible bill was introduced, making it necessary for a woman to secure the consent of two physicians, one of them recommended by the State Board of Health and residing in an adjacent town, before contraceptive advice could be prescribed. This is an instance of the type of shortsighted legislation passed by lawmakers and paid for by the people.

In closing, may I again point out that yours is the responsibility and privilege of rendering an unequalled patriotic service to your country by taking a stand that will help to forward this constructive work. Birth control is here, it is being practiced, it has already done great good. It can relieve the economic distress of countless families. Like all great forces, however, it must be directed, it must be accessible to all classes, so that it may truly become a constructive force for the regeneration of the race.

RELIEF EXPENDITURES FROM
PUBLIC AND PRIVATE FUNDS



Children's Bureau U S Dept of Labor

Superfluous People

By EMILY C VAUGHN

FOR the last year the case of the Unemployed has been diagnosed from A to Z in every newspaper and magazine in the country. It seems to be proven beyond doubt that the machine has supplanted man, that, even should we surprise prosperity around the corner, fifty per cent of the workers would never again find work, that is, regular work in sufficient quantity, at a high enough wage, to keep them self-supporting at a decent level. Automatically then, they become "superfluous." And does that prevent breeding? We know that it does not.

Undoubtedly the greater proportion of the Unemployed are skilled workers, have been, steady workers. It is ominous that the Unemployables are, relatively, few. No more convincing proof of this than the appalling array of pawntickets they never produced unasked, and then—reluctantly. As an investigator for an unemployment relief agency I must have interviewed five hundred cases direct, and come into contact with twice that number hunting up landlords and relatives. On my list were carpenters, machinists, plumbers, painters, clerks, dressmakers, masons, stenographers, salesmen, tailors, peddlers, a doctor or two, a dentist and two clergymen, of all nationalities, nearly all American born.

It was Harry Berman, in Brooklyn, where the children get sun and air galore, and where the space and privacy of a two family house raise the standard of living, who became, for me, the spokesman for his section of the National Dilemma. Pacing up and down his beautifully neat, clean kitchen, waving aside his share of the slender meal the sad-faced wife was putting before two children, aged ten and seven, he gave me his story. "Yes, I am a 'cutter' by men's suits. Fine suits, where you should know how to look every piece of cloth for flaws, to lay out that it should not stretch. I have always good work till three years now. I save, I marry and have two children only. Two I can care for. I buy a house, the top floor I rent for thirty a month. All goes well—Comes the depression, not so many people wear the fine suits and now they can cut many with a machine a boy can work. A boy can do and they pay him ten dollars. I

had in the bank a little money, on that we live. See the bank book? Now, no more than twenty and my brother who pays the mortgage the last time can pay no more. For six months the people on the top floor don't pay the rent. Friends they are, can you put your friends on the sidewalk and no work? Even it costs you something by the City Marshall to put your friends on the side-walk. What to do. What to do."

The children ate silently, and with poor appetite. For lunch, a whole-wheat-and-lettuce sandwich, half a glass of milk, half an apple. Well-chosen, but not enough.

"And the worst, the children, my God," he continued, "must they go in an institution, or in one room if the Bureau give me a job at fifteen dollars? These two are strong already but you do not see the baby asleep in the yard, he should not have been and we do not know how he was an accident. There are many doctors who do many things, yes, but it is a lot of money, and by a midwife is dangerous. So there he is and it is better, for his sake that he should die of a sickness, it is better for all the children that we turn on the gas. Why should not the doctor at the hospital help you. Or the nurse from the Settlement. Or at the milk station there could be someone, maybe."

But not a word betraying any knowledge of a birth control clinic, a birth control movement.

It was edifying to note, since I had mounted like stairs fifteen years ago as the minister's wife on a strike committee, the immense improvement in general living conditions. Gone the clutter of too heavy, stuffy furniture. Here now, linoleum, enamelled tables, refrigerator, bottled milk, and the baby asleep on the fire escape instead of by the hot stove. Always the first anxiety. "I must stop the grade A. No more oranges I can buy. When I can pay the rent no dark rooms." To Child Care talks they listen on the radio, these they read in the tabloids.

And they all know, such as are neither dumb nor defective, something of birth control, make some effort to practice it. But it is a hit-or-miss affair. There is a complete lack of correlated

knowledge — sex hygiene — how to find the best medium for oneself Lack of correlated knowledge and swift, sure, practical help, is the great stumbling block

Oh! they tell you You are neither authorized to ask, nor have you the time, but a middle-aged woman, in a shabby coat, round whom the children cluster, invites confidences It came pouring out, day after day "What to do? I try this, no good I do what my friend tell me and for three years no baby, then two more and I do the same thing always Four abortions by a 'lady' and I am very sick A quart of ergot I drink and it makes me very sick but not the right way One child only by you! What you do? Tell me, please" And on and on, and on

Several of my cases should make the taxpayers extremely thoughtful, should make the voter ponder deeply on compulsory sterilization

On a pouring wet day, a deformed deaf-and-dumb girl opened to me the door of a bare, dirty, stuffy place to disclose her mother in bed, with two little girls, while the father and two bigger boys sat huddled on the outside To my astonishment I saw that the woman had a beautiful face, but that it was completely vacant She made no attempt to speak, the little girls, stunted and stupid, also held their tongues The man, Italian, told me there were two more in an institution By his registration card I could see that they had been on and off the "Charities" for years His union card said he was a stonemason With a wave of the hand towards his wife, he made one remark "No maka da good keed? What to do?"

In another most disreputable flat I came across a menace of different complexion Nine members of Vagabondia, who transplanted to sunny skies, tricked out in a red rag or two, given a barrel organ and a monkey might not have been the disability they certainly were, in Brooklyn, to the taxpayer At a rickety table near the fleeting blaze of a box retrieved from the street, sat six wan, worn, but not un-cheerful children, a woman with a baby on her lap, and a stout knave of a father with splendid teeth The teeth of the children were rotten, the mother had lost several The baby was wizened "No meelk," explained the woman calmly, "I geeve oatmeal and water—he die I theenk—plenty more keed" The man had no specific trade "I work Oh, anytheeng," he said His card was plastered with the initials of

every available welfare agency

But it was a little German family who measured for me the height of negation, the depth of despair

On a poor street, in a cheap house, in the cleanest of little places, I found a young couple with two boys of six and four The rent they got for janitor service, but the man, a carpenter, could not now pick up enough jobs to keep them going, the woman had sewed in a factory now shut down They had twice moved to a poorer neighborhood, they had pawned everything—a fine garnet necklace, earrings, an old clock from Germany The man sat at the table, an open Bible before him, his face swollen with toothache He was, he said, trying to forget it Grabbing the girl roughly by the arm, he shouted, "Look at her! All her teeth going too—and mine—I got a plate and it drives me crazy, and at the clinic they say 'that'll do, yet awhile, and when they pull them out they are rough with you I read the Bible to try and keep calm, see my father's name in the Bible, he was a Lutheran minister I go crazy and then I beat the kids, I can't stand their noise Do you think I go near her? I wouldn't dare Not for two years I beat the kids, but I care for them and we are young yet"

One might go on *ad infinitum*, and tell of nine filthy, starved, half-frozen children, with their



Margaret Schloemann Courtesy Brooklyn Bureau of Charities

parents—all morons—and three grubby, sore-eyed poodles huddled together in a welter of unspeakable bedclothes in an unheated, one-roomed shack on a waste stretch back of Brooklyn. One might expatiate at length on the deadly menace of the East hundreds in Manhattan, where Italians, Negroes, Turks, Porto-Ricans, Armenians and Portuguese all huddle together in the terrible rabbit warrens long since condemned by law but still pulling down rent. In one of these, deserted by the landlord, but still inhabited, it was up to me to find James Wilson on the top floor. Misery incarnate! No front door, no bells, no lights, no heat, no water. Litter, dirt, stench, and adolescent boys shooting craps in empty rooms giving pause to hurl a jeer or two at me.

And it was this neighborhood that presented a sight curious and touching. Before the landlady turned her flashlight on to a pitch-black room from which came no sound whatever, I wondered what on earth could be the smell, what in the world could be those peculiar flashes of light, operating in a circle, on different levels. "The gas and 'lectric is cut off," explained the Polish landlady, as her torch revealed seven negroes, three men, two women, and two children sitting in a ring, chewing gum. An old negro, with a child on his knee, held the little package. "No ma'am," he said, in a low soft voice. "Tom Johnson, he don' ba'ad here no more. Yes ma'am, come they chew a little gum it seems lak they don' crave to eat—so much."

And I could tell you of children, hard and bitter, hating their parents for adding to a crowded, underfed family. A girl of fifteen, dragged out of school to take care of a mother with a goitre and

four younger children, told me she wished her father, since he had no work, would die. And a boy of seventeen flung into the air "Eight of us to eat on a four dollar grocery ticket! If I ever have kids I'll kill them right away."

But there should be sufficient here to point to a speeding up of the birth control movement in the very near future. Taken on a percentage basis my experiences stand for very little, but these may be multiplied by the thousands in one city alone. There is now a vast multitude conscious of the need for birth control in their own group, conscious of the dreadful meaning of the term "superfluous." It is safe to say, that everybody in the world whether or not hit by the depression is aware of its implication, far-reaching, deep-seated. Welfare organizations—settlements, nursing associations, churches—all facing increased demands on their service with decreased incomes, are doing a lot of thinking. The general public, scurrying past five beggars to a block, or pausing to propitiate, with a nickel, the Gods, whose emissaries they may well be. What a field for new endeavour! What an army from which to draw new recruits.

If we are not too stupid, we shall learn many things from these last sorry years. If one of them should be that all existing social organizations must commit themselves to the avowed belief that "Prevention is better than cure," must throw their united weight into the arena, the dissemination of birth control knowledge, the swift, sure, practical aid towards keeping out of life those for whom there is no place, may be an accomplished fact in a very short time. Thus, a major blessing may be pulled out of a major depression.

THE most urgent eugenic task of birth control consists, firstly in the elimination of definitely injurious stock and secondly in the continued control of the "social problem group." I use that phrase to imply the class of population above, but bordering on the danger line.

Positive measures which are indispensable in any method of conscious selection for the progressive improvement of the stock involve contraceptive control. This has, in fact, long been recognized both by curative and preventive medicine. It is in the interest of the race to produce a limited number of healthy children rather than an unlimited

number of weaklings who merely become a charge on the fit sections of the community.

To use our growing medical knowledge and social experience in a matter so vital as birth control is not to degrade human nature, it is to raise it from the level of thoughtless and brutal procreation, no longer modified by Nature's normal corrective—the survival of the fittest—to a new plane in the history of man's development, where accumulated knowledge may be applied thoughtfully for the happiness of the family and the improvement of the race.

—THE COUNTESS OF LIMERICK

Mothers Health Centers

The tables in this article are taken from a study made by Miss Rose Ann Rennie, staff nurse of the Mothers Health Center at Union Settlement

FIVE years ago, a number of young women were confronted with the fact that calls of charity on their time and their purses were constantly increasing. Every year the burden of philanthropic agencies grew heavier, with a corresponding need for additional support. The association of poverty, ill health and over-large families was inescapable. What could an intelligent group of women do about this situation? Was there not some fundamental way to serve the community, some way to stem the rising tide of human misery? How could health be conserved, the birth of large numbers of sickly infants be reduced, the family morale maintained? In seeking the answers to these questions the Junior Committee of the American Birth Control League, later renamed the New York City Committee, came into being.

It was logical that interest should be focussed on the underprivileged mothers in the city's slum districts, and on their tragic need for birth control advice. These women were too uninformed and isolated and hedged in by pressing family cares to take advantage of the inadequate existing service. Yet, more than any other single group in the city, they needed to know how to limit and space the coming of their children.

The Committee's first move was to make a survey of the city's settlements, leading philanthropic organizations and hospitals. It found that neither settlements nor other welfare groups concerned themselves with the birth control problem, and that hospital service was extremely limited, being restricted under elaborate rulings to patients referred from other departments within the hospital. With the exception of Margaret Sanger's Birth Control Clinical Research Bureau, there was no place in New York where a woman, who could not afford to go to a private physician, could secure birth control instruction. The Committee had discovered its work, and lost no time in carrying out the project of "making reliable birth control information accessible to those mothers most in need of it."

Early in 1930 a meeting of representative social workers was called to discuss the situation. The need for birth control instruction for the under-

privileged mothers, with whom social workers came in contact, was clearly recognized. The almost total lack of provision for such service was conceded. But each group hesitated to play the role of pioneer. Madison House, a settlement on the lower East side, finally agreed to take the initiative, and to it and its staff nurse, Miss Sarah Taksen, go the credit of sponsoring the first neighborhood birth control information bureau. The first Mothers Health Center was opened at Madison House on October 15, 1930.

The following year, 1931, the Committee enlarged its membership, engaged a field secretary, and embarked on the program of organizing centers in as many districts as possible. Social workers feared at first that birth control activity would meet with neighborhood antagonism, thus destroying the relation between the settlement and its clientele. But they find that the reaction has been far different and extremely favorable. With the establishment of the birth control centers, the mothers' own particular problems are brought to light. Time and again examination discloses the need for operative care, family friction is often found to have its roots in fear of unwanted pregnancy, abortions and constant childbearing account for many disorganized homes. Finding, at last, that someone is concerned with her difficulties, the woman responds to the utmost in working out, with the settlement, the problems of the family as a whole.

There are now twelve neighborhood Mothers Health Centers. Eight of these, in New York City, are financed by the Committee, three in Brooklyn were organized by the Committee, but are supported independently, and one in Locust Valley, Long Island was launched by a group of Nassau County women with the aid of the Committee.

It may be useful to give the details of how the centers are financed. The settlement gives the use of a room and the services of a staff nurse. The Committee is responsible for the salary of the physician and the cost of medical supplies. Since many physicians realize that birth control work is an important part of preventive medicine, it has been

found possible to secure the services of a well qualified doctor at \$5 00 per session Initial supplies, bought at wholesale, cost from 75 cents to \$1 00 per patient The cost of clinic record cards is negligible if they are ordered in quantity So much for expenditures As to intake, the policy of the Committee is to have patients pay something for the service, on a sliding scale of ten cents to one dollar This ruling is based on the well established principle that people invariably think more highly and take more seriously something they have bought than something that has been given to them Many patients, however, cannot pay even the minimum charge of ten cents, and must be taken care of *gratis* No one otherwise eligible for treatment is refused because of inability to pay

PATIENTS IN MOTHERS HEALTH CENTER AT UNION SETTLEMENT BETWEEN FEB 1, '32 & JAN 31, '33

	Feb Apr	May Jul	Aug Oct	Nov Jan	Total 12 Mos
Patients Admitted	64	88	67	163	382
Patients using advised Method successfully	22	45	44	134	245

RECORD OF PREGNANCIES

47 patients had	1 pregnancy
156 patients had	2-3 pregnancies
101 patients had	4-5 pregnancies
56 patients had	6-7-8 pregnancies
12 patients had	9-10 pregnancies
7 patients had	11-12-13 pregnancies
1 patient had	16 pregnancies
2 patients had	0 pregnancies

HISTORY OF PREGNANCIES

Total Number of Pregnancies	1354	100%
Living Children	992	73%
Abortions, Miscarriages and Stillbirths	241	18%
Infant and Child Deaths	121	9%

AGE OF PATIENTS

20 years or under	61
21-25 years	106
26-30 years	125
31-35 years	59
36-40 years	23
41 or over	8

To summarize the average annual cost for a center with one session per week may be estimated as follows

Doctor's salary (52 sessions at \$5 per session)	\$260
Medical supplies (300 patients at 85¢ per patient)	255
Record cards, sundries	35
Total expenditures	\$550
Receipts from patients (this figure varies, and is only approximate)	50
Total cost	\$500

In the course of establishing its centers, the Committee has developed a fairly definite method of procedure A survey is made of a particular neighborhood, with a view to choosing a centrally located agency which might house the new center If the staff and board of directors are sympathetic to the idea, the social workers of the entire district are approached and called together, generally at a luncheon meeting, to discuss the project Care is taken to secure the cooperation of all the agencies in the community, so that the center will have the active support of the local social workers and will not, in any sense, seem to be superimposed on the neighborhood by an outside, unrelated group Questions of general policy, how patients are to be referred to the center, conditions for acceptance of patients, and also detailed decisions made necessary by particular neighborhood conditions are discussed at this meeting Finally, the actual opening of the center is decided upon and announced No general publicity measures, such as posters, fliers or newspaper notices are used to secure patients

It has been found that the main objective of the Committee, to make birth control information accessible to those mothers most in need of it, is best served by caring, primarily, for women with whom social workers are already in contact for one reason or another These are the women who lack the initiative, or the time, or knowledge to seek out birth control information for themselves

The question is often raised as to the legality of birth control centers The New York law permits physicians to give contraceptive instruction for the "cure and prevention of disease" As construed, this phrase means birth control for child spacing, and birth control under any unfavorable

condition which would be aggravated by another pregnancy. The general trend is toward a liberal interpretation of the law.

The advantages of neighborhood centers are fairly clear. They are simple to set up and comparatively inexpensive to maintain, since they use existing facilities. They bring birth control service within the reach of women who would never venture out of their own neighborhood, nor brave the seeming formality of a large clinic. They will, however, go readily to an agency where they know the workers and feel at home, and where they can leave their babies in the care of someone they trust.

This particular type of clinical service has proven practical in New York. Whether the method is applicable for other communities cannot be stated dogmatically, since conditions vary. The New York City Committee hopes, however, that this account of its work will prove helpful and suggestive.

NATIONALITY OF PATIENTS ADMITTED TO UNION SETTLEMENT CENTER

American-White	34
American-Negro	20
Porto Rican	128
West Indian (Negro)	15
South American	4
Italian-Native	79
Italian-American born	65
German-Native	9
German-American born	4
French	2
Irish-Native	9
Irish-American born	4
Scotch	2
English	1
Russian	6

MOTHERS HEALTH CENTERS

<i>Name</i>	<i>Location</i>	<i>Date of Opening</i>	<i>Number of Sessions per Week</i>
Madison House	226 Madison St	October 15, 1930	one
Maternal Aid Association	239 E Broadway	February 10, 1931	one
Council House	1122 Forest Ave	April 14, 1931	two
Christ Church House	344 W 36th St	May 7, 1931	one
Union Settlement	237 E 104th St	February 2, 1932	two
United Jewish Aid (Kings County Birth Control Committee)	1095 Myrtle Ave, B'klyn	March 14, 1932	one
Bronx House	1637 Washington Ave	December 8, 1932	one
City Park Parish House (Kings County Birth Control Committee)	209 Concord St, B'klyn	February 14, 1933	one
Prescott House	247 E 53rd St	March 3, 1933	two (per month)
Ocean Hill Dispensary (Kings County Birth Control Committee)	343 Ralph Ave, B'klyn	March 7, 1933	one
Wilson Day Nursery	239 W 69th St	April 28, 1933	two (per month)
Health Center (Nassau County Birth Control Committee)	Locust Valley, Long Island	May 3, 1933	one



For Life's Enrichment

By DAWSON F DEAN

IT IS reported that the Yale Class of 1917 averages in its married population 16 children per union. This ratio, it is believed, would correlate well with college graduates as a whole. It is also known that most of our national leadership comes from this class of society. On the basis of socio-economic standing it is reliably indicated that the mode of our upper middle class would not exceed three children per union. Social workers on the other hand are pretty much agreed that the prolificacy in the lower strata of our society varies inversely with the drop in "I Q."

The intellectual and cultural status of women of the upper stratas enforces limitation of progeny. Many are in the professions or otherwise gainfully employed, and individual freedom is claimed and conceded. These factors are conducive to the limitation of off-spring. Women of the lower stratas, on the other hand, are economically dependent upon their husbands to a greater degree, and their intellectual and cultural status is such that one pregnancy may follow another in rapid succession without much question or protest.

It is also quite evident that women of the upper middle class group are more reliably informed and equipped to control pregnancy than their malnourished, devitalized, ignorant sisters of the dependent or semi-dependent classes of our society, who readily accept the illusion that no child should be unwelcome because it is a gift from God.

Recent statistics from birth control clinics in the United States are most encouraging in pointing to recent changes taking place in the differential birth rate. Data indicate very definitely that modern contraceptive methods are filtering down through our whole social structure, and are being accepted most enthusiastically by women in all stations of life, except possibly by those of lowest mentality, here the problem will ever remain a sterilization process.

Over against this tendency for the wives of those of the lower social, economic levels to take advantage of these clinic facilities, we discover two limiting factors: 1 the fears, taboos, and up to now relative scarcity of clinics, and 2 the ridiculous practice of rewarding the unskilled labor group for

their prolificacy by offering free, inexpensive ward service with the best of medical skill and nursing service while the white-collar worker, educated to a required higher standard, is penalized by society for the reproduction of his kind. Until this folly is remedied we shall not, despite these other tendencies, balance up the differential in our class birth rates.

Our admitted high standard of living has been maintained during the one hundred and fifty years of our national existence not by the intelligent balancing of our births with our deaths but rather by the reckless consumption of our national resources, occasioned by a continual expansion and the establishment of new frontiers. Because of these resources we were able to absorb the several flood tides of immigration from Europe. A new situation now faces us. Our population cup is well filled, and our national resources are no longer viewed as limitless. Our statisticians and our geologists are estimating, weighing and measuring.

Just as the World War was precipitated by fear and by the mal-functioning of great social-economic forces, tending to stabilize the relationship of nations to each other, it is equally obvious that forces are now at work, which if not harmoniously integrated and synthesized will initiate another world conflagration. Certain nations like France, Holland, England and Germany have or are in process of balancing their birth and death rates, indicative of a stationary population. Others like Japan, China, India and Italy are multiplying at a dangerous rate. Japan and Italy with limited territory and an increasing birth rate will, if this continues, be forced to effect a "land grab," which will precipitate hostilities. Italy's bellicose rumblings and Japan's present exploitation of China is the direct result of this need for expansion and controlled outlet for the manufactured products of her teeming millions as well as an assured control of sufficient raw products to feed her whirling machines.

In order to prove that birth control adds to leisure and reduces unemployment one would have to prove a causative relationship between blind breeding and increased unemployment, also a posi-

tive correlation between the size of the family and increased hours of labor for every member of that family, with all other possible modifying factors under control. To the knowledge of the writer this has never been attempted, and it is not on this score that birth control attempts to justify its existence.

It is reliably shown that contraceptive service, scientifically administered, has done and is doing much to add richness, fullness and meaning to the lives of thousands of women, who otherwise as mere breeding machines would hardly rise above the animal level of existence. It likewise lightens what would otherwise be an intolerable burden for the father and adds to life's abundance for him that which could not be there if he were harrassed by the ever present fears of a new pregnancy and its

devastating effect upon the family budget for years to come.

Is it unreasonable to expect that when the demons of fear, superstition, religious fanaticism and institutional exploitation have been definitely routed and birth control becomes an accepted social procedure, fully legalized, systematized and efficiently administered, we will thereby have laid the foundation on which economic stability can be erected? When the size of every family is voluntarily controlled, poverty will be reduced and more happiness and leisure naturally follow. It is not our contention that birth control will serve as a panacea for all of the world's ills, but it is our firm conviction that it will, when fully established, aid most materially in helping to remove many of the basic causes of our present difficulty.

Birth Control for "Charity" Cases

By CAROLINE H. ROBINSON

THE only vital opposition met in birth control is from one or two religious sects and from our friends who say "Oh yes, but you can *never* get them to practice it in the slums." Now we in Philadelphia have carefully analyzed 1,517 consecutive cases, advised in 1929-'30-'31. In each of our main clinics 60 per cent are sent to us by welfare agencies, including hospital ward cases, or were reported to be deficient in mentality or education (5th grade or less). We know what our staff, under Dr. Lovett Dewees, can do with this group compared to the more fortunate 40 per cent. We have analyzed results on the "charity" cases separated week by week from the remainder.

We secured some measure of cooperation from 72 per cent of the patients taken. This figure 72 is composed of 69 per cent of cooperation secured from "charity" cases and 76 per cent of cooperation from the control group of non-charity cases. The detailed figures in the Table below show no enormous difference between the two classes as to length of time in touch with the clinic. The chief difference is that the "charity" cases come back, without being summoned, in the fourth to tenth month to tell their tale of woe and failure, as may be seen in the figures for pregnancies. For the most part, the underprivileged women have twice as many failures. In neither class do the pregnancy

per cents represent failure of the method to the extent probably of more than 1 per cent, but they represent rather a whole range of varied misfortunes all the way from being caught while away on a journey without the necessary contraceptives to the misfortune of being born without any persistency of character. The control group—"others"—become pregnant to the extent of 7 per cent of the women making at least a pretense of practicing the method. The comparable "charity" figure is 15 per cent on the face of it, but really the pregnancies divided by the whole number involved, giving 11 per cent, is almost as comparable. For in the "charity" cases we don't miss hearing of many of the failures, as we do among the "others." The "charity" cases have mostly been sent us by a social worker at considerable personal expenditure of time—carfare and outer clothes sometimes provided the poorest women—and so the worker is almost certain to phone in disgustedly to tell us when her efforts to coax the woman to our clinic are rewarded (?) with another baby after all. (In many cases, however, the woman probably arranges an abortion for herself for no more is heard of the matter after her first rush to tell us she is a little over-due. In these figures, such *dubious instances are called pregnancies* unless our doctor has taken a decidedly negative view

In sum—of the 860 underprivileged women, mostly sent by the seventy charitable organizations cooperating with us, 11 per cent have disappointed us with a pregnancy

The non-cooperators plus the pregnancies amount to 42 per cent of "charity" patients taken, but only 29 per cent of the control group. Of course some of the non-cooperators are practicing our method but they do not have a stamped envelope on hand to tell us so when we inquire

Is not the situation as follows? We have in the clinic no 100 per cent instrument for controlling the population of our slums. But on the other hand we have a weapon 50 per cent good and probably quite powerful enough to present us with an acute labor shortage a generation hence. Thus it appears that the clinics will eventually be able to reduce the numbers of the laboring population sufficiently so that those who remain will be much more valuable to the employing class, and much better paid. In consequence there will be more leisure in successive generations to attend to the details of feminine hygiene. Also, the technique will be more easily managed by women not *already* burdened as ours by an average of 4.8 children

In Philadelphia we have studied our results in no less than ten separate groupings according to date and to physician's personality, comparing these results with five other cities. No special merit appears in the sex of the physician, the time he takes, his age or his professional standing. The

best record so far appears to be on 125 cases where our physician, working largely with the *ward patients he had himself previously delivered*, was able to hear from two-thirds of them that they were using the method consistently, with only 2 pregnancies. Previously a newcomer working too fast had given us five times as high a pregnancy rate, while half the patients were unwilling to report at all. It is not hard to check up on bad work: a lack of re-visits on the back of many record cards with no returned questionnaires attached tell the story at a glance. There was one favorable series of 717 cases in the clinic that works hand-in-glove with a group of closely related welfare agencies

As in the instance of the physician and his own ward patients, the closer the tie-up with other medical and charitable care, the greater the success with the dependent classes. Getting the patients to like the clinic and keep in touch with it is one thing, and shows in cooperation, revisits and reports obtained. Teaching them to get the method accurately translated into their habits is another matter, which is indexed by the figures for "Pregnant." The whole problem tends to be more pedagogical and psychological than medical. If welfare workers want to see birth control succeed just about as well with their clients as with any other persons, the clinic should be very near geographically and organically to the poor, and closely tied in with the hospitals and welfare societies already serving them

COMPARATIVE COOPERATION AND PREGNANCIES CHARITY CASES VS OTHERS

	PATIENTS				PREGNANCIES BY NUMBERS AND PER CENT			
	Charity		Others		OCCURRING IN EACH GROUP CONTACTED			
	Number	Per Cent	Number	Per Cent	FOR STATED TIME			
Patients Admitted (1)	941		576					
Address Lost, Dead, Etc (2)	81		41		Charity		Others	
Item (1) Minus Item (2)	860	100	535	100	Number	Per Cent	Number	Per Cent
Uncooperative	267	31	127	24				
Total contacted	593	69	408	76	91	***	29	7
3 months contact*	130	15	81	15	12	9	1	1
4 to 10 months contact	108	13	53	10	30	28	7	13
11 to 14 months contact	178	21	128	24	27	15	8	6
15 to 17 months contact	31	4	23	4	3	10	1	4
18 to 22 months contact	51	6	53	10	5	10	4	8
23 to 34 months contact	79	9	52	10	10	13**	5	10
35 or more months contact	16	2	18	3	4	25**	3	12

*Some in this group were contacted for less than 3 months but had shown initiative subsequent to their "check up" appointment

**High rate reflects the fact that those failing in our first year largely compose the group on the active list for 2, 3, and 4 years

***See Text

Child Welfare Through Child Spacing

By ERIC M MATSNER, M D

All scientific cultivation, whether of plants or animals, is an attempt to defeat the blind processes of nature. The gardener spaces his plants to secure a finer quality crop, the cattle raiser spaces his calves to spare his cows and secure better milk. Might it not be supposed that mothers, upon whom rest the burden of bearing and rearing children, should be accorded as much consideration as is bestowed upon animals and plants?

The keynote of modern medicine is the prevention of disease. A tremendous advance has been made in recent years in prophylaxis or prevention of contagious diseases such as smallpox and diphtheria, in the elimination of pain and the restraint of infection. All these innovations have been made in the face of timidity and prejudice, not only from individuals but also from the organizations representing the learned professions. The control of conception is no exception. Little has been done to protect mothers in general from the deleterious effects of too frequent childbirths. The transmission of information is hampered by law and custom, and the opposition is dogmatic. Yet this information is essential. Here is the case of Mrs S, who has had three children in thirty months, although she is not yet twenty-one. Her heart and kidneys have been strained to the point where she is prostrated and unable to care for her children. Or take the case of Mrs X, who gave birth to ten children in twelve years. Only three of them are now living. These may be extreme examples, but they indicate the possibilities of disaster, when children come too rapidly.

There is a certain optimum plan for the number and spacing of children in every family, depending on the economic status and personal inclinations of the parents, and, more specifically, on the health and age of the mother, the type of pregnancies and deliveries she may already have had, and so forth.

A woman should have plenty of time to recuperate from the strain of one pregnancy before undertaking another. Obstetrical opinions concur that it is usually undesirable for a woman to have children less than eighteen months apart, and this interval is considered the minimum period consistent with health and safety. This is

established clearly by the findings of the Children's Bureau, particularly the report *Causal Factors in Infant Mortality* (Publication No. 142, 1925), which shows that children born at one year intervals have an average death rate of 147 per thousand, while those born two years after the preceding birth die at the rate of only 98 per thousand. The rate decreases as the interval increases, being 86 for three years, and 84 for four.

The number of children that fulfill a family's proper ideal may vary from perhaps two in the home of a wage earner or salaried worker, where there are no savings and little chance of economic advancement, to five or six (or more, perhaps) in some exceptional homes where there is absolute economic security and where the mother enjoys splendid health.

In general, a woman's best childbearing years are between twenty and thirty. Statistics from the Children's Bureau report mentioned above show that the maternal death rate is lowest for the five-year period twenty to twenty-five, and next in the ascending scale between twenty-five and twenty-nine. It is considerably higher for the ages fifteen to twenty, and highest, as might be expected, below fifteen. For women over thirty it rises rapidly from 7.4 per thousand live births to a high peak of 19.2 at forty-five.

Maternal mortality rates, according to number of births, show that the greatest risk is run with the first delivery compared with any through the third. With the fourth child the risk doubles that of the third, and rises steeply thereafter.

Thus it will be seen that the number of relatively safe deliveries which a normal woman can undergo corresponds roughly with the optimum number of children from the economic standpoint. It will also be seen that a mother may have three or four children, properly spaced, between her twentieth and thirtieth year, the safest period from the angle of maternal mortality.

Here, always excepting individual differences and special situations, we have the basis of scientific planning. Modern contraceptive methods have made such planning possible. It remains to give these methods to every mother and prospective mother.

Too Many Miners

By MALCOLM ROSS

WHETHER to make a direct attack on a social problem, or to approach it obliquely? The question arises to harry those who see an evil and whose high enthusiasm urges them to fly directly at it with all weapons bristling. There is, for instance, an undoubted need to teach birth control to the sad mountain mothers who raise hordes of unneeded children in the coal mine regions of Southern West Virginia and Kentucky. The frontal attack would be a campaign to break down mountain prejudice against birth control, and, this barrier taken, to provide clinical help.

It would not work at all. Enthusiasm for such a program would soon be blunted against the fact that living conditions in mountaineer-miner shacks make it impossible to carry out clinical advice. Sooner or later the most fiery campaigners would be forced to the conclusion that the standards of the mountaineers, both physical and mental, must be raised before birth control can become effective. The oblique approach to this problem lies along the paths of economic justice for the miners.

Months of experience in the mine regions drove me to this conclusion. In every cheerless camp I saw young mothers condemned to bear a child every year, and to bury every third one, grandmothers who seemed sixty and were still in their thirties, families of eight and nine children, hungry and in rags. For what good purpose are they being raised?

The soft coal industry is a declining one. The rise of rival fuels—oil and natural gas—and the more efficient combustion of soft coal in industries where it is still used, has permanently decreased the nation's demand for coal. This decline set in at a time when the War need for coal had established a production force of more than 700,000 soft coal miners. There are now slightly less than 500,000 of them still in the mine regions, but of this half million not more than 300,000 are needed to dig coal, nor will they be required in the pits even if industry revives to the 1929 scale. That means that every second child in the mine regions will not be given work in the mines when he reaches maturity. What can he do with his life? The thin,

sour soil cannot provide him a living as a farmer. There are no other industries in those mountain regions for him to enter. Every social and economic consideration compels the conclusion that birth control is necessary. The sight of every mine mother, of every starveling mine child, backs it up.

It is not, then, an easy matter to advise tackling the problem indirectly through programs of coal production limitation, the bestowal on the miners of the right to form unions, the allocation of funds to teach the surplus children how to earn their living in other ways than in coal mining. Yet, in presenting this picture in *Machine Age in the Hills*, I contended that these things are necessary in order to provide the groundwork for birth control. I urged a tax of a cent-a-ton on all soft coal, the fund to be used in giving economic and social aid to the miners, to raise their standards to a point where they themselves desired the abolition of their rabbit-warren life. What can be done with people who live ten in a shack, sleep three and four in a bed, carry water in pails from the mountain creeks? They imagine that talk of birth control refers to abortions. They are pitifully ignorant, pitifully put upon by life. Careless and, for the most part, charming people, they accept the horrors imposed on them with a stoic indifference rooted in the belief that God will reward them in a future life for the pains suffered in this world. Religion, economics and isolation have all ganged up on the mountaineer miners to keep them prolific in breeding children they themselves cannot feed properly, children who will be wards of the rest of the nation for many years to come, unless Washington can forestall the worst of it by setting up a continuing social mechanism in their behalf.

In spite of my conviction of its probable present failure, I should like to see birth control information given to the miners now. Anything that can be done is worth while. But, insofar as the isolated mine regions of Kentucky and West Virginia are concerned, the great effort must be made by those who are unwilling to see these people take the whole brunt of the crushing collapse in the one industry open to them.

Book Reviews

ABORTION LEGAL OR ILLEGAL?, by A J Rongy, M D , F A C S *The Vanguard Press, New York 1933 \$2 00*

FOR a man of Dr Rongy's professional standing, it is no easy task to undertake the frank discussion of the subject of abortion in a volume intended not merely for physicians but for the laity. We would all prefer to leave such a disagreeable and controversial matter to someone else. Quite regardless of the fact that there is much room for difference of opinion in the program laid down by Dr Rongy, there can be no doubt that we must thank him for bringing the subject up for frank and fair discussion. The time has ceased for hypocrisy and we must seek to adjust our laws to the changing ideas and ideals of the present time.

In a criticism of Dr Rongy's program it seems to me that two things should be stressed. In the first place, contraceptive advice is not as much of a failure as he would have us believe. Not only has it been improved but with additional research there is every reason to feel that it can be made even more secure. When pregnancy has taken place however, the problem becomes far more serious both from the standpoint of the life and health of the mother and from its bearing on society and social laws. There is always an attempt on the part of the individual to try to escape obligations. It is one thing to sympathize with the depleted and poverty-stricken mother of a family of four or five young children and quite a different one to recommend coming to the assistance of a widow whose posthumous child may be a burden but one that with determination and courage can be met. Nor should sympathy go out to all cases of illegitimate pregnancies, since this would lead to such utter disregard of precaution and such a lowering of moral tone that the stamina of our young people would be readily undermined. After all, the thing that distinguishes the human race from animals is the development of self-control and due consideration in our mode of living of our responsibilities to the social order. If in our sympathy for the poor depleted mother we set up laws that will make the irresponsible members of society take advantage of situations and lead a life of sensuous gratification we will surely harm civilization. Dr Rongy has also failed to stress the duty

of society to provide for the added burdens of parents with many children. By a proper distribution of taxation the support and education of these extra children could readily be taken from the shoulders of the parents and transferred to those who had no children at all. By such an adjustment existing distress could be greatly relieved.

The opening chapters deal with the historical background and the religious attitude toward abortion. We learn that this evil has existed since time immemorial and that it was the Christian church rather than the Christian religion that has so bitterly opposed it. The changing attitude in the Protestant church on this subject and the rigid opposition of the Catholic church are contrasted.

In the chapter on law and abortion Dr Rongy sets forth the difference between the law in the statute book and the law as it is enforced by common consent of the people. The absolute failure of the courts to effect convictions except in the rarest instances has literally made "a scrap of paper" of our present ordinances. Dr Rongy points out that the abortion laws are nowhere a part of the state or federal constitution and could be therefore readily modified, if so desired by the mass of the people. He feels that the movement toward legislative correction of our contraceptive information laws is rapidly gaining momentum. "When that has been fully achieved," he says, "the time will be ripe for a valid code on abortion. The present laws have added considerably to the sum total of corruption and deceit, have distressed the medical profession by dangling a lure of illegal, but quickly gained, wealth before it, and have been a shining example to society that you can 'get away with the law'."

Dealing with the problems of the doctor, the author sets forth at some length the recent change from the midwife to the doctor abortionist as the offending agent. The fact that this procedure can be done with relative safety in the early months has attracted a certain number of young men, whose professional career from an economic standpoint has advanced too slowly, to the easy money obtainable through the business of abortion. Perhaps Dr Rongy has been too sympathetic with the temptations presented to these young men. Temptation for graft and corruption exists in every

business and profession and should not be condoned. As in every form of subterfuge against the law, there has developed from the abortion situation a group who have made a "racket" out of it. Bribery and protection, black-mail and fraud are partners in this miserable business. If the laws were modified so that they could be readily enforced, conditions would be markedly improved.

Dr Rongy is firmly convinced that contraceptive advice and abortion are but two different forms of birth control, and that the two cannot be separated in any consideration of this subject. Many would disagree with this statement, feeling that the destruction of life even in its earliest forms is very different from the conscious limitation of offspring. The chapter on sterilization recommends a liberalization of our present laws to permit sterilization in a far greater number of cases than heretofore.

The concluding chapter, "Abortion Legal or Illegal?" takes up specifically proposed extensions of the indications for interrupting pregnancy. Dr Rongy is perhaps too enthusiastic over the relatively low operative mortality in Russia and not sufficiently aware of the many reports from that country regarding the harmful constitutional and local *sequellae* of abortion. In his opinion the following cases deserve to be considered as ample justification for inducing abortion:

- 1 Illegitimate pregnancies
- 2 Cases of incest
- 3 Mentally defective women
- 4 Cases of desertion
- 5 Cases in which the husband dies shortly after his wife becomes pregnant
- 6 Cases of women who have had several children
- 7 Cases where poverty prevents proper care

"That these provisions," he writes, "when adopted into our legal codes and executed with intelligent security against their abuse, will lift from society one of its ancient horrors is a belief which I have carried with me for many years and about which I have now written out of a sense of duty to my patients and to the public at large."

It would seem to me that while some extension of the indications for therapeutic abortion to include social, economic and eugenic conditions is justified, the aims of the medical profession and of society should be directed primarily towards the wider adoption and perfection of the preventive

measures of contraception and sterilization, rather than towards letting down the bars too far in the matter of abortion, with its immediate dangers, its harmful *sequellae* and the inherent difficulties in preventing abuse.

FRED J. TAUSSIG, M.D.

MODERN WOMAN AND SEX, by Rachelle S Yarros, M.D. *Vanguard Press, New York* 1933 \$2.00

AMONG the dozen books of the year on woman's sexual life this is one of the few written by a woman. Those riders of the purple sage who think the title may have erotic meaning will be disappointed. The writer says that she does not belong to the violinist school and the book contains little data about sex directly, but is the reflection of a long discipline in watching concomitants of sexuality.

Beginning with the statement that there really is a new attitude in sex, the author's position is that in the average marriage the man is over-sexed and the woman under-sexed, that the root of the trouble is the economic position of the married woman, that some sublimation is necessary and that sex suffers by isolation from the rest of life. "Trial marriage" is an idea dead beyond resurrection, monogamy, early marriage, controlled fertility, easy divorce, more social obligation of all kinds and the expectation that both sexes will work outside the home are urged.

The strict emphasis on monogamy comes from one who knows venereal disease clinics well, the histories of 3,600 Chicago prostitutes, the looks of a group of El Paso camp followers during the War, the police clinics of Berlin and the filth of the Paris prison of St. Lazare are in the background of this opinion, along with the belief that it is better to forego adventure for stability.

Referring to her thirty years of experience in the teaching of contraception, Dr Yarros says that among patients instructed in approved methods, failure in the seven clinics of the Illinois Birth Control League was less than one per cent in 1932. The "safe period" now so much talked of, she reports on adversely, several hundred patients have told her pregnancy followed its use.

This is a plain statement of a highly rationalized position, not in the least hostile to men, but in a way independent of sex. Conveyed with deep moral earnestness, it is not what a woman feels but what a doctor thinks after long experience of humanity.

LURA BEAM

THE SEX TECHNIQUE IN MARRIAGE, by
Isabel Emshe Hutton, M.D. *Emerson Books*,
New York 1932 \$2.00

THIS clear, unsentimental, straightforward little volume discusses exactly what the title suggests: the physiology of sex and of sexual relations, preparation for marriage, sex life during marriage, the change of life, sterility and birth control. There is no discussion of the technique of contraception.

The point of view is liberal and enlightened throughout. The book is written for lay readers about to be married, or who have just entered upon marriage. It is frank; the discussion is restricted to normal sex expression, and the healthy-mindedness of the author is apparent throughout.

As a student of sociology it is rather amusing to me that books of this nature should be allowed to circulate freely, when American publishers are still wary of issuing books describing the technique of contraception. The latter would be no more obscene than the former.

Despite the fact that the book is written by a physician it occasionally contains naive observations on the effect of this or that on health or ill-health. Many statements of doubtful validity are made as if they were established facts. Perhaps because the book is frankly intended to give advice it contains an excessive number of "should" and "ought" clauses. However, these defects—if such they are—do not seriously detract from the first-rate educational value of this little treatise.

NORMAN E. HIMES

MARRIAGE, by Ernest R. Groves. *Henry Holt and Co.*, New York 1933 \$3.50

IN THE heterogeneous population carrying on our very complex and rapidly changing culture, even the oldest institutions and customs raise new problems that cannot be solved by reliance upon instinct and folklore. Hence it is quite in keeping with the current temper to issue a manual or guide-book on marriage. This should appear odd only to those who are satisfied that "nature" and tradition can adequately meet all situations. After several years of contact with college students frankly interested in the purposes and values and difficulties of marriage, Professor Groves wrote this book, in the expectation that it would be of help to many others who are eager to know more than their parents or companions can teach them. Every

phase of marriage, from sex appeal and courtship to family budgets and divorce is treated, including chapters on hetero-sexuality and problems of the unmarried. The book is well organized and well documented, and includes selected references for further reading and study. The author's experience and sympathy and his direct and clear writing should make it helpful to thousands of men and women, as well as to students of the various social questions it touches.

The subject of birth control the author considers the most controversial of all, and he undertakes to give an impartial presentation of its significance for the family and for society. He succeeds in showing why the question is important, and why it concerns especially those contemplating marriage, but those to whom the very consideration of the subject is anathema will hardly think this treatment impartial. While the objections to the practice (as formulated by representatives of orthodox views) are fully quoted, the discussion necessarily goes on to the consideration of the medical status of contraceptive practices, the relation of desire for children to marriage, the alternative of continence in marriage. There is a good summary of the history of birth control and of legislation designed to prevent the spread of knowledge on the subject.

The juxtaposition of the opposing points of view reveals strikingly the sources of the controversy in the assumptions people make about the nature of the world and of man. On the one hand is the assumption (theological rather than religious) that there is a human-like purpose in nature, which is directed primarily to human affairs and which is revealed to us—whether in the authority of saints or churches, or in the study of nature. On the other hand there is the assumption that man is here to make all he can out of life, without prejudice as to why he came or how. The latter view, sometimes spoken of as "scientific" in contrast to the "religious" is, at any rate, more objective.

To be perfectly impartial we should have to consider not merely whether one or another method of birth control is effective and reliable, whether it produces any harmful consequences psychologically, or leads to sterility, and so on. We should need also to institute scientific investigations into the allegations made by the theological opponents: does or does not the practice lead to the spiritual deteriorations feared, are commands of "divine

origin" to be clearly recognized apart from the teachings of any particular church, does the frustration of the sex impulse (which is obviously "destined primarily by nature" to eventuate in the conjugal act) by preaching the sinfulness of sex, "sin against nature" less than the frustration of the "natural purpose" of the conjugal act itself? To raise questions of this kind for scientific investigation is of course to invite reason and knowledge to the solution of our problems, instead of leaving them to authority. Trying to be impartial concedes too much to the opposition.

BENJAMIN C. GRUENBERG

Letters

LIMITATION BY LAW

TO THE EDITOR

I have read with much pleasure the article in the May REVIEW by W. J. Ruth. He is the first contributor to your magazine who has dared to come out squarely for a two child family. We may not live to see the limitation of a man's family by law, but it is bound to come.

Some of the people who pretend to be working for birth control seem to be scared stiff that the world may be de-populated. I think it would be a fine thing if we could go back to the old days when a city of 100,000 was a metropolis, and land could be bought by any working man. Let us pay no attention to the rantings of the real estate speculator and the greedy landlord, while there is still a bit of God's green earth left uncovered by buildings and streets.

CHARLES F. HUTCHINS

Los Angeles, Calif

IN DEFENSE OF SAGES FEMMES

TO THE EDITOR

One never does a cause any good by mis-statement of fact, so I must take exception to a letter in your May issue by Robert Briffault. I refer to his remark concerning advertisements in French papers of "*sages femmes*, that is abortionists." Of course, a *sage femme* is not an abortionist. A *sage femme* is a midwife who has had to take a state prescribed course of study in obstetrics before she can practice. I spent six months shortly after the war with a Quaker maternity hospital at Chalon-sur-Marne, which had been in operation all

during the war. Every one of the thousand babies born there was brought into the world by a French *sage femme*. As a nurse I saw many of them delivered, and for cleanliness, carefulness, consideration, and skill, I could not have found any physician to excel these *sages femmes*. It is enough to say that of the thousand babies born, there were only two deaths of the mothers, one of scarlet fever, the other of a heart ailment, and not a single infection.

If there are *sages femmes* who are abortionists, I do not believe them to be in any greater proportion to their number than there are abortionists among physicians.

HELEN GRACE CARLISLE

New York City

CONTRIBUTORS TO THIS ISSUE

MARGARET SANGER is chairman of the National Committee on Federal Legislation for Birth Control.

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FREDERICK J. TAUSSIG, M.D., prepared the section of the White House Conference Report on Maternal Mortality dealing with abortion, and is author of chapters on Therapeutic Abortion in Nelson's Loose-leaf Surgery.

MALCOLM ROSS is author of *Machine Age in the Hills*, a book about conditions in the Southern coal fields.

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ERIC M. MATSNER, M.D., is medical director of the American Birth Control League.

News Notes

NATIONAL CONFERENCE OF SOCIAL WORK Detroit June 11-17

The American Birth Control League, "Associate Group" at the National Conference of Social Work, will hold two meetings as follows

TUESDAY, JUNE 13 AT 3 P M

Round Table Meeting Birth Control In Relation to Social Work

Mrs Morton Keeney, president, Birth Control League of Michigan, *Chairman*

Clinical Aspects of Birth Control

Gladys Gaylord, executive secretary, Maternal Health Association, Cleveland

Special Procedures for the Socially Inadequate

Virginia C Frank, executive director, Jewish Social Service Bureau, Chicago

THURSDAY, JUNE 15 AT 6 P M

Dinner Meeting

Mrs. Frederick Holt, president, Woman's Hospital, Detroit, *Chairman*

Birth Control and Dependency

John Wood Blodgett, Grand Rapids

Birth Control and Maternal Welfare

Eric M Matsner, M D, medical director, American Birth Control League

Federal Legislation for Birth Control

Willa Murray, National Committee on Federal Legislation for Birth Control

Ethical Aspects of Birth Control

Reverend Carleton Brooks Miller

A Medical View of Birth Control

(Speaker not announced)

The American Eugenics Society, the Population Association of America and the American Statistical Association met on Friday, May 12th at the Town Hall Club, New York City Three papers were read at the American Eugenics Meeting "Divorce and Remarriage from a Eugenic Point of View," by Paul Popenoe, Human Betterment Foundation, "A Neglected Tendency in Eugenics," by Ellsworth Huntington, Yale, University, and "Characteristics and Rates of Increase of American Population Groups," by Frederick Osborn, Eugenical Research Association

The topic under discussion at the Joint Dinner Meeting of the Population Association of America and American Statistical Association was "Who Shall Inherit America?" Robert E Chad-dock of Columbia University presided Speakers

were Frank Notestein, Milbank Memorial Fund and Frank H Hankins, Smith College Frank Lor-mer, Eugenics Research Association, Louis I Dublin, Metropolitan Life Insurance Company and Earl T Engle, M D, Columbia University lead the discussion which followed the presentation of the papers

CALIFORNIA The California Congress of Parents and Teachers adopted a resolution approving the dissemination of birth control by recognized advisers at its 34th Congress at Long Beach on May 12th This action met with enthusiastic support from the 1500 delegates Last year the Santa Monica Council adopted this resolution but it failed to be reported out of committee in the state convention It will now go to the National Congress of Parents and Teachers for approval The resolution states in part "It is of the utmost importance to all patriotic Americans that the population of our country be vigorously healthy, both physically and mentally, and that proper and intelligent use of scientific birth control methods under direction of physicians is essential to these ends"

ILLINOIS The Annual Report of the Illinois Birth Control League issued in April states that 246 patients were advised during the calendar year, 1932 The following financial statement will be read with interest

SUMMARY OF FINANCIAL STATEMENT—1932-'33

On April 1, 1932, we began our fiscal year with a balance of \$ 48 90

During the fiscal year we received from
Members' dues and contributions \$2,395 00
Chicago Woman's Aid 181 45
Miscellaneous 1 10 2,577.55

Patients' Fees and Supplies \$ 2,626 45
12,577 85

A Total of \$15,204 30
During the fiscal year our disbursements were 15,635 95

Leaving a deficit on March 31, 1933, of \$ 431 65

The disbursements were
Rent \$2,053 68
Salaries 4,379.28
Doctors' Fees 3,349.20
Medical Supplies 4,511.25
Office Supplies 150.24
General Expense 1,186 40
Tax on Checks 5 90
\$15,635.95

CONNECTICUT The Connecticut Birth Control Bill was passed by the House of Representatives by a vote of 169 to 80 on May 2nd. The Senate, however, rejected the measure and it has been referred to a committee consisting of Representative Epaphroditus Peck of Bristol and Mrs Helen B Kitchel of Greenwich, both of the House, and Raymond J Devlin, New Haven, of the Senate. This committee will attempt to modify the Bill for acceptance by the Senate.

NEW JERSEY The Maternal Health Center of the New Jersey Birth Control League held its fifth anniversary luncheon meeting at the Robert Treat Hotel, Newark, on May 17th. The principal speaker was Dr Will Durant, who pointed out that lack of regulation of the law of supply and demand in population has caused the same chaotic condition in civilization that lack of regulation in the supply and demand of food and materials has produced in agriculture and industry. He concluded:

Thousands believe birth control immoral, and I respect their opinions. But industrial civilization does not need the large families that the farms demanded. The children of the poor may be as healthy, if not more healthy than those of the rich, but they do not receive the same civilized heritage. Unless we analyze the causes of the present crisis and adjust them we shall emerge into an era of speculation the same as that of 1929, and ask our children to face the same thing we have faced.

Other speakers at the luncheon were Rev Arthur Dumper, Dean of Trinity Cathedral, Newark, Rev Vincent Bonnländer, Far Hills, Mrs Zachariah Belcher, president of the New Jersey League, Mr Robert McCarter, Attorney General, New Jersey, Mrs F Robertson Jones, president of the American Birth Control League, and Miss Henriette Hart, executive director, Maternal Health Center, Newark.

Since its opening in May, 1928, the Maternal Health Center has cared for 6,000 patients and given over 15,000 treatments.

NEW YORK The fourth meeting of the New York State Birth Control Federation was held at the DeWitt Clinton Hotel, Albany, on Friday, May 19th. The program was as follows:

LUNCHEON MEETING

Rev Wm W Peck, Albany, *presiding*

Birth Control from a Medical Viewpoint
Dr Arthur W Elting, Albany

Birth Control and the New Population Outlook
Professor Frank H Hankins, Ph D, Professor of Sociology, Smith College, Northampton

Birth Control and Its Relation to Maternal Health

Eric M Matsner, M D, medical director, American Birth Control League

2 30 P M MEETING OF THE NEW YORK STATE BIRTH CONTROL FEDERATION

Mrs George C Barclay, New York City, *presiding*

3 30 P M ORGANIZATION MEETING

Mrs Roesselle McKinney, Albany, *presiding*

The following officers were elected for the Albany County Committee: Mrs Robert C Wheeler, president, Mrs Roesselle McKinney, 1st vice-president, Mrs S Waldman, secretary and Mr Harold P Winchester, treasurer. The board of directors consists of Mrs Ledyard Cogswell, Jr, Mr John T DeGraff, Mrs E Martin Freund, Mrs Dudley T Humphrey, Mrs Frank A McNamee, Jr, Rev William W Peck, Mrs Winthrop P Stevens, and Rev Kenneth B Welles.

OHIO Dr Henry Pratt Fairchild spoke at the first annual meeting of the Mothers' Health Association of Columbus on May 22nd.

VIRGINIA Margaret Sanger spoke in Richmond on May 17th under the auspices of American Association Social Workers, Business and Professional Women's Clubs, Council of Jewish Women, 5th District Graduate Nurses Association, American Association of University Women and the Junior League. The meeting was originally scheduled to take place at the Medical College of Virginia. The Catholic Layman's League protested but was over-ruled by Governor Pollard, who said, "All of our institutions allow discussion on controversial questions regardless of their own views and policies." The meeting, finally held in a Richmond church because of the limited seating capacity of the medical college, attracted an audience of over 1500. Many distinguished local physicians were present.

The Virginia Federation of Labor declared itself in favor of birth control by a standing vote of

133 Centers for Contraceptive Advice

There were 121 centers for contraceptive advice in the United States at the opening of 1933. Since then twelve new centers have been started. The following listing, plus that printed in the January REVIEW, is a complete record of centers to date, June, 1933

Alabama

Birmingham, Mother's Clinic
938 South 20th Street—Dr Clifford Lamar and Dr Lee Turlington

California

San Diego, Mother's Clinic
San Diego Hospital, 7th & G Streets—Dr Ross D Carter

Michigan

Pontiac, Maternal Health Clinic
322 Riker Bldg—Dr Harold Furlong

Missouri

St Louis, Maternal Health Association of Missouri, Holy Cross Dispensary
Hadley and Benton Streets—Dr Adolf Mueller
St Louis, Maternal Health Association of Missouri, Kingdon House Settlement
1102 Morrison Street—Dr L D Patton

New York

Brooklyn, Ocean Hill Memorial Dispensary
343 Ralph Avenue—Dr R Zeiger
Brooklyn, City Park Parish House
209 Concord Street—Dr Dorothea Curnow
Buffalo, Maternal Health Association
Locust Valley, L I, Mothers' Health Bureau of the Matinecock Neighborhood Association
Dr Helen Miller
New York, Prescott House
247 E 53rd Street—Dr Helen Miller
New York Wilson Industrial School
239 W 69th Street—Dr Helen Miller

Virginia

Lynchburg, Guggenheimer Memorial Hospital

47 to 18 at its 38th annual convention at Clifford Forge. Before the vote was taken, Margaret Sanger addressed the convention, explaining the aims of the birth control movement and of the National Committee on Federal Legislation for Birth Control.

SPECIAL MEETING

A special meeting of the American Birth Control League will be held at 11 A M, October 5, 1933, in the Directors' room of the Chase National Bank, Park Avenue and 60th Street, for the purpose of amending the constitution to enlarge the Board of Directors of the League. All members of the league are invited to be present. Notice of this meeting will appear only in the REVIEW.

THE AMERICAN BIRTH CONTROL LEAGUE INCORPORATED

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BIRTH CONTROL REVIEW

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Published by The American Birth Control League Inc

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Mrs A E Wilson Harrison

"Out of the emergencies of the hour," writes Frank J Bruno, president of the National Conference of Social Work, "are coming new thinking and planning not only for today but for the future . . Human welfare is at stake It is time to think clearly, to face facts squarely" The facts show, among other things, a pressing need for birth control clinics. Plans for a better tomorrow must include birth control, intelligently used for eugenic ends. Help build a better and happier America Join the American Birth Control League, annual membership dues are \$2 to \$100. Send for free literature and complimentary copies of the Review

AMERICAN BIRTH CONTROL LEAGUE

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