

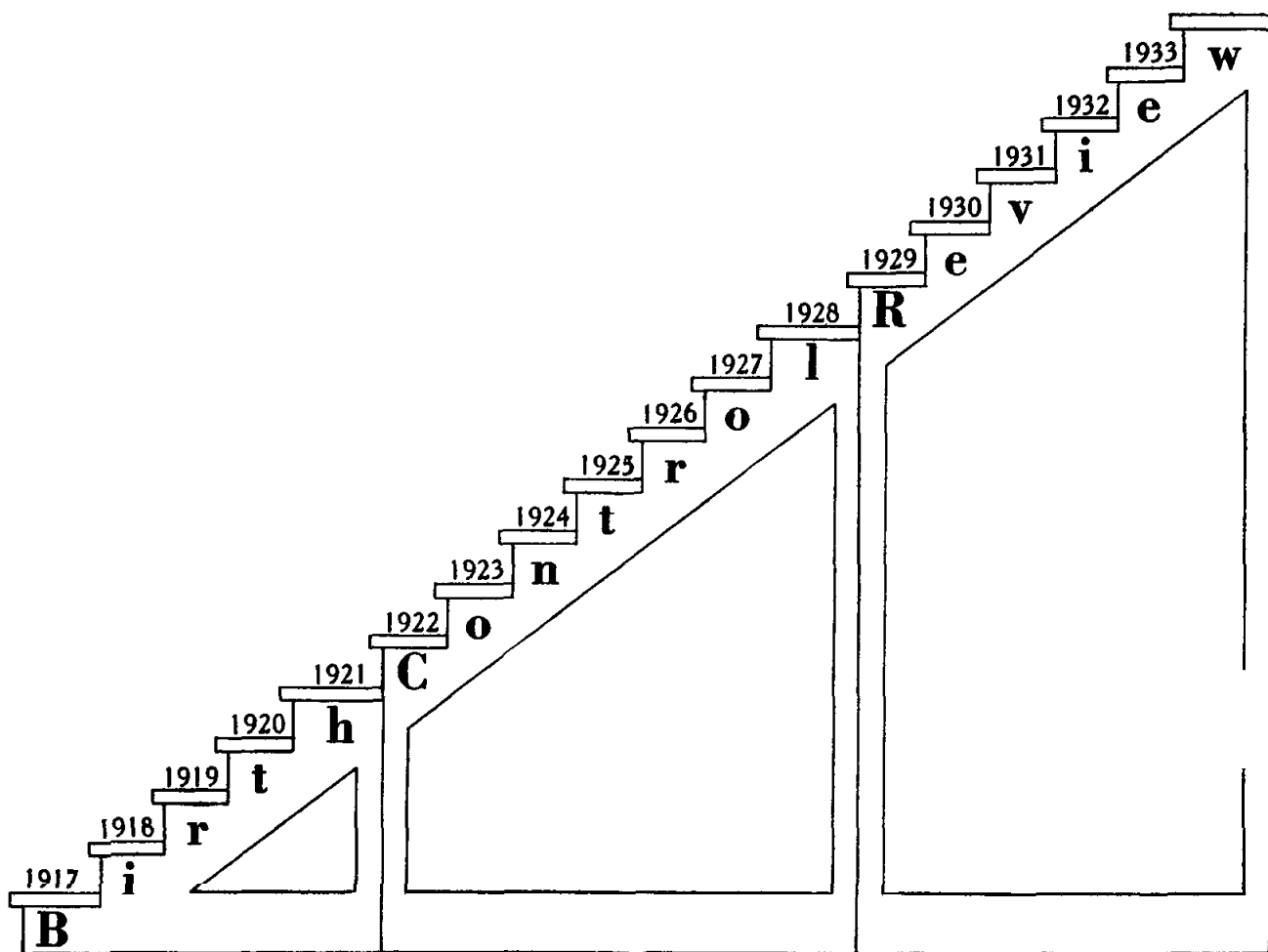
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# BIRTH CONTROL REVIEW

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STEPS FROM IGNORANCE TO ENLIGHTENMENT



# Birth Control Review

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**T**HAT birth control is a medical problem seems self-evident. Yet the medical profession is, apparently, not yet ready to give it formal recognition. Whether our economic and social life and our racial status will change for better or worse depends in some measure on the wise use of birth control in the immediate future. We expect from the physician scientific instruction and research looking toward simpler methods. It is to be regretted that the American Medical Association, at its recent meeting, did not pass the proposed resolution asking for the appointment of a committee to study the problem and report its findings in 1934. But signs of progress are not lacking. It may be remembered that a year ago a birth control resolution was tabled by the Association with no discussion and no vote. The present resolution, unanimously adopted by the Committee on Public Health and Hygiene, was defeated in the House of Delegates by a fairly small margin. May we not hope that before long physicians will be ready to deal with the subject in a scientific spirit? Only by so doing can they fulfill the trust imposed upon them by their fellow men.

**D**ETAILS of clinic procedure are given in three articles in the present issue. Gladys Gaylord tells of the work at the Maternal Health Association of Cleveland, one of the best functioning birth control centers in the country. Virginia Frank explains the place

of contraceptive service as an integral part of family adjustment, and Alice Withrow Field tells of birth control instruction in Russia, where it is given as part of government health work with women. Widely separated as the objectives in these three services seem to be, certain common factors are present. The client must *want* to use some method of birth control, the husband as well as the wife must be contacted, the family must be *viewed* as a whole and birth control must be given, not as an isolated piece of information, but as part of a general program of conduct, lastly, careful and persistent follow-up is one of the main prerequisites for success. As the medical profession develops better birth control methods, social work will perfect the technique of handling clients to obtain the best results. Articles such as the three presented here will do much to define the role of birth control in family life, to evaluate and improve the service.

**E**LSEWHERE in this issue the League's plans for the REVIEW and for educational work of wider scope are set forth, together with comments from the members of the Editorial Board. Without the active interest of its readers, the cooperation of its printer, and the altruistic support of its contributors, the REVIEW would not have been possible. To them go our thanks in this closing issue.

## TO READERS OF THE BIRTH CONTROL REVIEW

**W**HEN the BIRTH CONTROL REVIEW was first issued in 1917, the general public regarded birth control as **anti-social, immoral**, even **indecent**, and its only advocates were a devoted group of liberals and feminists led by Margaret Sanger. Since no **magazine** or newspaper would dare publish an **article** on the subject, Margaret Sanger courageously launched a special **journal** to carry her message. Four years later, when the **American Birth Control League** was organized, the REVIEW became its **official** organ, and it has been published as such ever since.

For **sixteen** years the REVIEW has led the birth control fight, and recorded its successive victories. In its pages one can trace the **steadily** increasing **appreciation** of the importance of birth regulation—the endorsement of the movement by **medical societies** and churches, the **enlistment** in birth control ranks of **economists, biologists, physicians**, social workers, clergymen and **representative** men and women from all walks of life, the development of the original **little** band of pioneers **into** a widespread national **organization** with **affiliated** leagues in many states. Birth control, today, is recognized not only as a basic woman's **right**, but as an essential factor in family welfare, **public** health and economic **security**, as a means of **promoting** international peace and race betterment.

Birth control, in fact, has come to be accepted by the **intelligent public** as a **scientific** measure of **immense importance** to human welfare. Magazines of the highest **standing**, **specialized** medical, social work and church journals, and popular **publications** which command **millions** of readers throughout the country, are now glad to publish **articles** on the subject. A propaganda **vehicle** for birth control is no longer needed. **Changing conditions** call for new **tactics**. The type of birth control publication that is needed today is a **practical guide** for the many **active** members of birth control **organizations** and a concise record of progress.

To meet **this** need, the Board of **Directors** of the American Birth Control League, at its June meeting, voted to **discontinue** the REVIEW in its present form **with** the current number. In its place, the League **will issue** a monthly news **bulletin**, which **will** start **publication** in October and retain the name **BIRTH CONTROL REVIEW**. The new REVIEW will **contain** the **material** most useful and **interesting** to members and officers of the national and state leagues, news, **discussion** of practical problems and short feature articles.

All **unexpired subscriptions** will be completed **with** the new **publication**. Every member of the **American Birth Control League** and affiliated state leagues will receive the new REVIEW free of **charge**. May we ask that anyone who prefers a pro rata refund on his subscription, communicate **with** the REVIEW office?

It is our hope that these new plans may work out to the best interest of all who are promoting the cause of birth control, and that the new REVIEW will be a worthy successor to the old.

ELEANOR DWIGHT JONES  
*President, American Birth Control League*

# American Medical Association Considers Birth Control

**T**HE eighty-fourth annual session of the American Medical Association was held in Milwaukee, June 12-16. At the first session of the House of Delegates on June 12, the following resolution was introduced by Dr. Everett D. Plass, professor of Obstetrics and Gynecology at the University of Iowa, and delegate from that state:

**Whereas** The problems and methods of Birth Control are of vital concern to the health as well as the social and economic welfare of our American people, and,

**Whereas** The statements of proponents and opponents of Birth Control are at wide variance, thereby creating confusion and uncertainty, and,

**Whereas** A demand has been made by various groups for dependable evaluation of methods of contraception and of the conditions that justify their employment, and,

**Whereas** These questions are intimately related to medical science and medical practice, therefore,

**Be It Resolved** 1. That this House of Delegates create a special committee of five on "The Study of Contraception" to be appointed by the Speaker, with the advice of the Executive Committee of the Board of Trustees

2. That this committee hereby instructed to study the problem of Birth Control in all its aspects, particularly as they relate to methods of contraception, conditions indicating its employment, and the best manner of imparting instruction to physicians and to the lay public

3. That this committee be provided by the Council on Pharmacy and Chemistry with a statement of the value and effectiveness of contraceptive products and preparations that are or may be recommended by manufacturers, and,

**Be It Resolved** That the Board of Trustees be requested to instruct the Council on Pharmacy and Chemistry to render all reasonable assistance and advice to this special committee, and to provide this special committee with a fund to be determined after conference with the Committee Chairman, for clerical and correspondence expenses, and,

**Be It Resolved** That the report of this committee, together with all its findings and recommendations, be not disclosed until it has been presented at the 1934 Executive Session of this House of Delegates for consideration and action by this House of Delegates, and,

**Be It Resolved** That the appointment of this special committee shall in no way be construed as an endorsement of Birth Control on the part of the American Medical Association and that the appointment of this committee is for the purpose of compiling dependable facts for future guidance when dealing with this question as closely related to public health and medical practice

The resolution was referred to the Reference Committee on Public Health and Hygiene under the chairmanship of Dr. W. F. Draper, chief health officer of Virginia. At the hearing before this committee, Dr. Eric M. Matsner, medical director of the American Birth Control League, presented the affirmative side of the question. He pointed out the importance of scientific investigation of contraceptive methods, in view of some of the harmful and unreliable methods now in use, and the need for further research. He also emphasized the increase in abortions throughout the United States, and the role that might be played by contraception under medical supervision in lowering their number. Dr. Matsner then called on Dr. Alexander Campbell of Grand Rapids. Dr. Campbell is chairman of the committee appointed by the Michigan State Medical Society, at its 1932 meeting, to study contraception. He reported on the exhaustive work done by his committee and on the questionnaire which has been sent to all Michigan physicians. It was his considered opinion that birth control is a major problem in the present economic crisis and that the medical profession must soon take active control. Mrs. Morton Keeney, president of the Michigan Birth Control League, described the work of Michigan's eleven clinics, and their effect in inaugurating contraceptive service in hospitals. She pointed out that national and local lay organizations wish to work entirely under

the direction of the medical profession and cooperate with **individual physicians** in every way. A vote was then taken and the resolution was **unanimously** adopted.

On the following day the committee presented its final report to the **executive session** of the House of Delegates. Of the **175** members of the House, **112** were present and voted as follows: **forty-six** in favor of the **Resolution**, **sixty-six** against it.

The opinions of **prominent physicians** and medical educators quoted below are **indicative** of the attitude of the medical profession towards this resolution in particular and the question of birth control in general.

"I have been **following** the birth control movement rather closely for at least ten years and for over a year I have been convinced in my own mind that the time is now **right** for the best element of the medical profession to **interest itself positively** in this Important question."

ALEXANDER M. CAMPBELL, M.D.  
*Grand Rapids, Mich.*

"We have encountered in our work numerous instances where birth control measures would have lessened **considerably** the **social** and **economic** stress both by many **individuals** and **communities**. It seems at this time more than at any other that such measures should be **given** the approval of **organized medicine**."

FRANKLIN G. EBAUGH, M.D.  
*Colorado Psychopathic Hospital*

"Three of the great **strides** of medicine are toward Control of pain in labor and operation, control of **infection in obstetrics** and surgery, control of communicable **disease**. These three advances made in the face of **opposition** and **indifference** on the part of the organized **profession**, are now **its** common pride and glory. A fourth control, control of **conception**, needed to safeguard life and health and happiness, though now suspect and maligned, will take **its** place of honor with these others."

ROBERT L. DICKINSON, M.D.  
Secretary, *National Committee on Maternal Health*

"I think the question of birth control has far-reaching scientific and social implications, that it is intimately related to **medical practice**, and that the medical profession should **give it** authoritative **investigation** for the benefit of its members and of the public. I consider that physicians generally are entitled to **unbiased, scientific** knowl-

edge regarding the various methods advocated for contraception, and that this information being **available**, the question of **its application** in particular cases **falls**—like all other **therapeutic procedures**—upon the **intelligence, judgment** and **conscience** of the **individual physician**. I think the proposed **Resolutions** are **appropriate, conservative** and **timely**."

E. P. LYON, Dean,  
*Medical School, University of Minnesota*

"I am sure this is the proper time to take the matter up and I believe favorable action might be taken by the **Medical Association** without serious debate."

FOSTER KENNEDY, M.D.  
Professor of *Neurology, Cornell University Medical College*

"So many of us feel that the **American Medical Association** is in danger of drifting into a very false, indeed **ludicrous**, position by **insisting** that **contraception** is essentially a medical matter and then refusing to give it investigation in the **spirit** of scientific **medicine**. Growth of public interest in medical practice of **contraception** can hardly be stopped at this late date, whatever **attitude** any **organization** takes with reference to it, is it not more **dignified** to meet this situation fearlessly and in the **spirit** of **impartial investigation** rather than to let it be forced on the medical profession through public pressure?"

STUART MUDD, M.D.  
*Chairman, Dept. of Bacteriology, University of Pennsylvania Medical School*

"As a **practicing** physician, interested in preventive medicine as well as in the advancement of therapeutics, I believe that a favorable action on this resolution is **desirable**."

ARTHUR E. STRAUSS, M.D.  
St. Louis, Mo.

"It is more than time that the medical profession of the country took **serious** note of this **vital** and **impressive** problem."

E. A. WINSLOW,  
Professor of *Public Health, Yale Medical School*

"It is undoubtedly **desirable** that the subject of birth control **again** be brought before the **American Medical Association** at the annual meeting in **Milwaukee**."

M. C. WINTERITZ, M.D., Dean,  
*Yale University Medical School*

# Clinical Aspects of Birth Control\*

By GLADYS GAYLORD

**F**AMILY regulation, which to many still means family limitation, is not a panacea for all social ills, but, when used intelligently by trained social workers, it may be a useful tool in family rehabilitation. Its need is certainly clearly indicated in certain serious health problems.

To begin with, one should not confuse contraception—the voluntary use of methods preventing conception—with abortion, which is interrupted pregnancy, nor with sterilization which is permanent sterility. Contraception is family regulation and suggests a definite plan on the part of the parents.

Social workers should know something of contraceptive methods generally advised by clinics and by physicians who have specialized in this field, the relative effectiveness of methods and the effort and inconvenience for the client in carrying out the physician's instructions. The criteria for methods of contraception are: they must not be physically harmful, must not be psychologically harmful, must have a high percentage of effectiveness, and must produce only temporary sterility. Methods which most nearly come up to these requirements depend upon the initiative of the individual, therefore, the interest of the client is essential. No trained worker will attempt to give contraceptive advice to a client any more than she would attempt to suggest treatment for a disease.

While recognizing the social and health problems which indicate the wise use of contraception, the social worker all too frequently is handicapped either by lack of proper birth control facilities (there are relatively few contraceptive or birth control agencies in the country), or by insufficient knowledge of how to use available facilities. It is on this latter point that I shall speak today, by outlining the set-up and procedure followed by the Maternal Health Clinic of Cleveland.

Our clinic is "extra-mural," organized and supported by lay people and backed by a strong Medical Board. In addition, contraceptive clinics have recently been included in the out-patient de-

partments of three leading Cleveland hospitals. Our medical staff consists of four women and two men physicians who are at the clinic for stated periods each week. The staff includes two full-time public health nurses who take the social history of each client and who make follow-up visits in the homes at stated intervals. Clients are seen by appointment only and in the order of their appointment. Every effort is made to keep the conference with the physician private. This usually involves a pelvic examination and the physician tries to meet the physical and psychological needs of each individual. At the present time, the clinic is so crowded that appointments must be made three weeks in advance. During the first four years of operation, 80 per cent of our clients came through the social and health agencies of Cleveland. Many of the appointments were made by the social workers, who were familiar with the clinic procedure and had secured the client's cooperation. It is advisable for a client to have some note or introduction to the clinic and that the referral be made in the same form used to any health agency.

While private physicians frequently complete contraceptive instruction in one visit, the value of time for assimilation of instruction is appreciated by most clinics throughout the country. The clinic patient is generally asked to make two clinic visits—usually a week apart. When instruction is completed at the Cleveland clinic, the referring agency is notified. Clinic nurses make a routine home visit on all new clients within the first six weeks. At this time, the physician's instructions are explained, questions answered and practical suggestions given. An overcrowded home gives little privacy and rearrangements sometimes have to be made. All clients are asked to report at the clinic for re-examination three months after the date of completion and to give a verbal report every six months thereafter. When the client fails to keep the three month appointment, a contact is made through the case worker or clinic nurse. Because we are keeping careful data, it is absolutely essential for us to know each individual situation and this routine contact is followed rigidly.

A knowledge of contraceptive methods will help

\*Address delivered at the Round Table Meeting on Birth Control at the National Conference of Social Work, Detroit, June 13.

the case worker to relate many **family difficulties** and **friction** either to a lack of sex **instruction** or to a need for contraceptive **information**. Two-thirds of our **clinic** work today **is helping** the client make the necessary **marital** adjustment which **understanding** case **work** might have brought about before the **client** reached the **clinic**. The health, **social** and **economic conditions** which indicate a need for contraceptive advice, produce a **point of view** in the **client** that hampers his or her acceptance of **reliable** advice. **Advertising**, the use of patent **medicines**, **materials** picked up at drug-stores, methods learned from **neighbors** and house to house peddlers, plus the well known and altogether too frequent **abortion**, are **evidence** of the need for **reliable** advice. **This** evidence of the desire for **family** regulation is **encouraging**, but the effect of these **experiences** is to be deplored **since** it leaves the **majority** with a **feeling** that all methods are **fallible**. To replace these methods with **trained medical advice** means that confidence must be re-established, as **ultimate responsibility** for success rests with the **client**.

The **initial** approach is through the **social** worker. One of the mistakes in the past has been the **feeling** that **this** is **entirely** the woman's problem. We are still forced to concede that the major **responsibility** rests with the woman, but both parents should be concerned in any plan of **family** regulation. It is often **advisable** to make the first approach through the man, who then shoulders some **responsibility** in the plan. The Cleveland **clinic** maintains a **consultation service** for men, which is used **increasingly**. The **interest** of the **client** is **essential**. There are **social** and **economic conditions** which indicate the need of contraceptive measures to the **social** worker, but unless the **clients** themselves understand and **wish** to follow a plan of **family** regulation, the program is useless. No one should be urged to use **particular** contraceptive methods unless a **physician** assumes this **responsibility** for a **serious** health reason, such as **cardiac**, **tuberculosis** and **certain** kidney diseases. The service should be one offered to those people who earnestly seek **this information**. They should be **advised** of **reliable** resources and not left to experiment with methods that are often **ineffective** and sometimes harmful.

Fortunately for the **social** worker, most parents **desire** family regulation—and by this I do not mean merely family **limitation**. I am **painting** a

**discouraging** background for **this** field of work, but I **believe it is** the only thoughtful and intelligent approach to the problem. Yet the success attained at the various contraceptive **clinics** throughout the country is remarkable **considering** the general **feeling** of **scepticism** which undoubtedly exists in all groups of **society**.

The figures of the Maternal Health **Clinic** of Cleveland show that 60 per cent of the 226 **clients** who came to the **clinic** the first year are still in touch with us and **using** the methods advised, in spite of the fact that **during** the first year we had a most **unpromising** group of **clients**. **This is** the **experience** of every new health venture. From 1928 to 1929, the age of **clinic** patients averaged 30 years. Women of about **thirty-five** reported from 10 to 16 **pregnancies** and had tried numerous contraceptive methods. Certain people—approximately 25 per cent of the total number of **clients** during the last five years (3117)—prefer methods of **contraception** which they had **previously** used and do not **continue** with the **clinic** methods. **Practically** every **client** has used **various** forms of **family** regulation before **attending** the **clinic**.

**Family** regulation implies the **ability** to have children when they are wanted and the **clinic** records show an **increasing** number of planned **pregnancies**. Many situations show a **happier** family atmosphere and renewed **interest** in the welfare of **existing** children. Plans for separation and **divorce** have been abandoned **following** the **establishment** of confidence in the **clinic** methods. Occasionally men have claimed that **removing** fear of pregnancy **during** an economic **crisis** has encouraged them to stand by **their** families, and women report that **their** husbands are less **promiscuous** as they themselves became less **irritable** because of better marital adjustment.

At the present **time** when **commercial** agencies are pushing the sale of numerous **contraceptives** through both **recognized** and **illegitimate** agents, when **advertising** of methods is openly **carried on** in practically every state of the Union, it **remains** for the trained **social** worker and the **physician** of **unqualified medical standing** to make the best possible **advice** available to all groups in a community.

**This is** the only way to offset the lack of confidence engendered by **ineffective** and **sometimes** harmful methods that are **being** **unscrupulously** promoted.

# Hail and Farewell

## From the Editorial Board of the Review

**I**N CHANGING from its present form into a news bulletin, the **REVIEW** is simply fulfilling the law of its being. There are now many active and potential workers already convinced about birth control, and what they need is practical current information. The League has already done excellent educational work and I hope that it will be able to set up a regular publicity department that will feed news and features to the general press and to magazines. Such activity was never more important than now, for never was the press more eager for articles, nor an impoverished and almost hopeless world more eager for birth control.

I doubt whether any other movement has had a periodical whose volumes present so clear and unconfused a picture of its history, of the spirit that animated it at the start, and of changes in public opinion. The **REVIEW** has recorded the swift transition of a revolutionary idea from outlawry to support by the vast majority of civilized humanity.

Less than twenty years ago Margaret Sanger set her hand against the world, defied the law and proved the need for birth control by opening her Brownsville clinic. **THE WOMAN REBEL** and the early years of the **REVIEW** are the record of this period, a time of bitter struggle for the workers who had no backing but the very poor and a small group of intelligentsia. A few years later, when the late Annie G. Porritt was managing editor, the **REVIEW** began to record other support. It gathered in a wealth of scientific endorsement—biological, sociological, social. In its mothers' letters, it kept before the public the poignant demand of women to be released from needless suffering.

After the **International Birth Control Conference** of 1925, the **REVIEW** became also a record of international developments in birth control, and the volumes of the next few years are filled with news of foreign clinics and activity abroad. Of local American developments it recorded what it could without bringing down attacks on our few clinics, but there was much in those days that "could not be told" and the **REVIEW** as a news-carrier was much hampered.

The New York clinic raid in the spring of 1929 was a turning point. To anyone following the movement, the development of organized birth control in America during the last four years has seemed startling and almost unbelievable. One striking example of progress is the growing support of those two most timid professional groups, the doctors and the social workers.

The sentiment for birth control is widespread and it is now unafraid. The general public dares to organize even in small towns, for neither public opinion nor law is opposed. Local leagues and clinics need guidance from the national league through a practical and concrete publication. The birth control movement enters a new phase.

MARY SUMNER BOYD,  
*Formerly Managing Editor,  
Birth Control Review*

**A**LTHOUGH from many points of view the need of education in birth control was never more important than it is today, the discontinuation of the **BIRTH CONTROL REVIEW** does not in any way represent a desertion of principles or a retreat from the firing line. It indicates rather that the initial stage of the educational program has ended. The people of the United States, as of every progressive country in the world, have absorbed the idea of family limitation. They are actually and actively practicing it as statistical data clearly prove.

The proposed new and more specialized journal to correlate and integrate the work of the state leagues that have developed is an encouraging indication of progress. It means that a high degree of stability and a feeling of permanence have succeeded the tentative and sensational phases of the movement's development.

Pioneer days are colored with romance and the glamour of individual efforts. Those of us who look back on the early days of the **REVIEW** will always have a feeling of warm gratitude towards all who stood the insults and abuses of smug conservatism, in order that the cause of birth control might survive. In the transition period now in progress we



can also point **with** a great deal of **pride** to the **high** standards of **intellectual** honesty that **its** sponsors have **continuously maintained**

Fought by a **religious hierarchy** as **emotional** and fanatical as the most **crystallized** of the **prohibitionists**, the birth control movement has **steadily** made progress even **in** the enemy's camp. The **increasing** army of **liberated** deserters from the **antiquated social** code of that camp **continues** to grow by thousands and tens of thousands. The **living** offshoot of the old **religions** which demanded a just and cruel God, had to force **its** way **into** the hearts of a **timid** humanity, and history **is** repeating itself. **Christians** the world **over**—whether they take that name or not—are **refusing** to enlist **in** the ranks of a God who demands that women shall be bent and broken on the torture rack of Ignorance, or who encourages the **animal breeding** of unwanted and uncared-for **children**.

Caught in the **logical** dilemma of **allowing** the use of the "safe" **period**, a **scientifically** discovered half truth of **physiology**, and of **forbidding** the use of other simple, more certain and **hygienic** means, the **Catholic Church** **is** in an untenable **position**. Its adherents are aware of that fact **in** direct proportion to their **intelligence**. **If** they are professional members of the hierarchy **deriving** their **living** from it, they naturally work their hardest to combat the **invincible** spread of **contraceptive information**. **If** they are lay members of the **Catholic Church**, they **listen** to the arguments and then **quietly** adopt contraception as a part of their own family **life**. When the younger **Catholics** of the present **generation** reach **positions** of **authority** in the church, progress towards a common goal will be even **swifter**. The official Church, deep-dyed in **Italian nationalism**, may not care to **admit** a change **in** **attitude**. But it exists, and it **is** an eloquent **tribute** to those who have labored without ceasing for the cause of birth control.

Even **if** no more **liberal legislation** is passed and **if** our own country, prodded and goaded by non-payment of European debts, adopts some **colored-shirt** of **nationalism** and calls for martial music to accompany the Increased **production** of more **Americans**, the advocates of birth control need not fear.

The world is clearly **divided into** two groups of people. One believes that **its** descendants, albeit fewer **in** number, have a better chance for **survival** and self-perpetuation **if** **limited** to those who can

be **well-trained** and adequately equipped to face **life**. The other group **either** does not or cannot **think**, and feels **intensely** that breeding of **children** **is** natural and should be unbounded. Both groups are **willing** to wager **their** chance of survival on the outcome. **Nature** seems rather **effectively** to be **setting** the world stage for an experimental test. Unfortunately, few are **devoid** of personal ties that make them unable to view the **situation** **impersonally**. Most of us are **in** the game **itself** and not on the stands. It may well be that another **civilization** composed of the descendants of those who guessed **right** **will** some day total up the score. In the meanwhile the game is on and may the most humane and **truly Christian doctrine** win.

C C LITTLE,  
*Director, Roscoe B Jackson  
Memorial Laboratory, Bar Harbor, Me*

**B**IRTH control **is** one of those **ideas** which having got **into** the world can never be ejected. Nevertheless, from time to **time** it faces new dangers. One **is** that the well-to-do, sure of being able to obtain contraceptive **information** when they want it, will, **with** an **air** of outraged **morality**, **contrive** to put a legal ban on the ordinary **visible** channels by which such **information** reaches the poor, so that there may be always large **proletarian families** to assure the well-to-do **with** an abundant and cheap supply of labor.

Another danger **is** that **rabid commercial** greed **will** find ways to make contraceptive **information** and devices so **accessible** to adolescent boys and **girls** that justly **incensed** parents **will** allow themselves to be **lined** up in support of laws that **will** keep **birth** control from **married** couples.

Let no one suppose that we are not **enlisted** for a long **campaign**.

EDWARD A. ROSS  
*University of Wisconsin*

**T**HE rapid progress which birth control has made during the past few years and the **increasing** understanding of **its** economic, **social** and moral value to **society** now **permits** **its** **discussion** in general **periodicals** which reach a far larger audience than the **REVIEW** could ever hope to reach. The knowledge that **birth** control **discussion** can now be **carried** through hundreds of sources to millions of people takes away a great deal of the sorrow **which** we all naturally feel **in** **losing** a **faithful** friend **like** the **REVIEW**.

In this, the final issue of the **REVIEW**, it is fitting to laud the **far-sighted efforts** of Margaret **Sanger** in establishing this **periodical**, and the courageous efforts of **Kitty Marion** in **bringing** the subject to the man in the street who most needed it

For many years I have been especially interested in the amount and quality of the material **which** has appeared in the **REVIEW** on the subject of population. It is my **belief** that the last stand of the opponents **will** be made on this subject, and that everyone interested in the further progress of the birth control movement should **familiarize** themselves with the **principle** of population growth. This **principle** which is generally associated with such great **thinkers** as Plato, Anstotle, Franklin, Malthus, **Mill**, Darwin, **Galton**, Walker and a host of contemporary population **authorities**, is that the capacity for population growth **inherent** in all plants and **animals, including** man, is far greater than the means of **subsistence** that can be prepared for it. Consequently population growth is not free to expand but rather is held to a certain course by the economic and social factors of **population** pressure and standards of **living**.

Population growth is so **delicately** controlled by these factors that if so much increase is supplied from one source, just so much less can be **supplied** from other sources--or the standard of living **will** be affected unfavorably. And as the standard of **living** is what makes life worth while, the delicate balance of population growth is always preserved.

The **original** source of all population growth is the birth rate, but this source may be divided **into** many channels. We may have the birth rate of our own country as one source compared with the birth rate of other **countries** through **immigration**, we may have the birth rate of the **foreign** born as compared to that of the native born, or we may have the birth rate of one race or class as compared with other races and classes, we may also have the birth rate of rural **districts** compared with that of urban centers, or the birth rate of the fit compared **with** that of the unfit. **Finally** we may have the custom of the large **families** compared with a **high** marriage rate.

We find that the solution for population **pressure** in **foreign countries** is not emigration but birth control. When birth control is practiced by the foreign born the birth rate of the native born will be released to some extent. When birth control

reaches the colored population it **will likewise** have a **stimulating** effect upon the **whites**. When birth control reaches the rural **districts** we are likely to have a higher birth rate in the urban centers. Birth control practiced by the lower **economic** and social classes of the population will stimulate the birth rate of the upper classes, as is the case in **cities** of northern and western Europe today. **Reducing** the birth rate of the unfit will stimulate and **increase** the number of the fit. Lastly, when birth control reaches all economic and **social** classes of the population we shall have smaller but better **families**.

These matters need thought and consideration in the face of all we hear about the "dangerous" **things** that birth control is going to do to our population. I believe a **suggestion** to study these **problems** is the greatest **contribution** a student of population can leave with the readers of the **BIRTH CONTROL REVIEW**.

GUY IRVING BURCH,

*Director, Population Reference Bureau*

**I**T IS with great regret that I learn of the imminent **passing** of the **BIRTH CONTROL REVIEW**. Whether one has read it with approval or with disapproval, he has been certain to find its contents of vital interest. The development of birth control and its secure **implantation** among the approved popular mores seems to me the most momentous cultural change of the past quarter century. The **REVIEW** has been the chief public organ of this movement and has reflected in its pages the **altering** aspects of the controversy that has raged about it. In its earlier days it was clearly a magazine of revolt, though never so violent as its predecessor, **THE WOMAN REBEL**.

In later years especially it has been much less than formerly the mere vocalization of a **feminist** cry for the elemental **right** to intelligent control of pregnancy. It has **recognized** the profound **significance** of birth control for all phases of population problems. The **viewpoints** of **physicians**, statesmen, demographers, **sociologists** and eugenis-**ts** have been **set** forth with **increasing** frequency and **distinction**. Birth control is still that **prime necessity** without which women cannot control the uses to which their own **bodies** shall be put nor **attain** a well-ordered life in a complex **civilization**. It **will remain** all that, but we now see that it is equally **essential** to any utopia **which** men have con-

ceived of attempting It is essential to the economist, who would equalize wealth and income and bring the maternal basis of a good life within the reach of all, to the social worker and technologist, who would banish poverty, destroy slums and reduce crime and delinquency, to the eugenicist, who would preserve the quality of the race and attempt to improve it, to the educator, whose millennium is a well-educated and rationally-minded populace, and to statesmen and lovers of peace, who would end war and construct a more reasonable world order

All of which indicates that the role of birth control in the cultural history of mankind has only begun Its importance seems almost certain to increase, though one is not allowed to forget that the enemy is without the gates ready to break in at any moment and lay waste the promised land However, as a popular custom, but not yet sufficiently widespread, birth control seems secure, the pressures of modern life and the informed moral sense of the community are all in its favor Time alone, nevertheless, can tell what all it will do to us Birth control is at once a mark of a culture based on science,—indeed an essential thereto, and a challenge to that culture itself The latter rests on

rational control of natural processes, and birth control is a momentous effort to control the vital forces of community life We cannot avoid the question whether we can use it wisely to control the quantity and quality of the population

At present its chief evils are connected with its relative restriction to the upper classes, though the near future seems likely to remedy this But if it now thus threatens population quality, it may, and very likely will, in the future threaten population quantity The issue is thus unavoidable We cannot have the civilization we aspire to without regulation of population quantity and quality, we cannot regulate without contraception, but contraception threatens to do us damage in both aspects of the matter Nothing to my mind could make clearer the duty laid upon all who hope for social improvement of making certain that the development and propagation of contraceptive knowledge shall be carried on Even if the BIRTH CONTROL REVIEW must end, its functions must not be allowed to cease May we not look forward hopefully to the arrival of a new publication integrating all phases of population study?

FRANK H HANKINS  
Smath College

## Russia Attacks an Ancient Problem

By ALICE WITHROW FIELD

BIRTH control in the Soviet Union can be considered only as one of the problems relating to the emancipation of Russian women and the care of Russian children, and not as an independent movement For the first time in the history of Russia an attempt is being made to lay the foundations for a far reaching public hygiene—a matter which is demanding the conscious cooperation of every Russian man and woman Family limitation definitely plays a part in this program of public hygiene by contributing to the protection of women and children

In a Communist state women have a right to social life, in other words, they are human beings who may use their bodies as they see fit and they must not be coerced into bearing unwanted children through ignorance or any other means They must, in fact, be encouraged to maintain and improve their standards of health so that they may

enjoy to the full whatever career they choose, be it motherhood, a profession, or anything else By no means are they to suffer from too many and badly spaced pregnancies They must also be free to develop an intelligent life according to their individual gifts so that they may actually become a part of the community in which they live This they cannot do if their families are larger than they can conveniently handle Above all they must have the right to a share in the productive life of their country by working in factories, in offices and on farms when they so desire Furthermore, social and economic activities, such as the above, tend to better the possibilities of successful motherhood, when maternal care is adequate and children are born only when there is a place and a desire for them

This is not entirely a matter of Marxian theory, it is also the conscious demand of the Russian work-

ing and peasant women. At the time of the 1917 Revolution women gathered from all parts of Russia to formulate **their rights** and to insist that the new government recognize them. Two **points** were their **unanimous** concern: first, that they develop a functioning equality with men, and second, that they be freed from bearing unwanted **children**. The Russian women of 1917 were **ignorant**, often **illiterate**. They had never heard of birth control but they knew of one certain method of **limiting** the size of their **families**, **Abortion**. Therefore, it was for **scientific** abortion that they asked, and at that time the Russian doctors were not in a position to offer any alternatives. In 1920, three years **later**, after a long and bitter fight between the women and the medical **profession** of the U S S R, abortion was legalized with the **provision** that the doctors could **discourage** it with almost any means **in** their power.

#### A WEAPON AGAINST ABORTION

Birth control has been their most **tangible** weapon **in** reducing abortion. As the law now stands, women are free to do almost as they please **regarding** the continuation of their pregnancies, hence **abortions** are common enough **despite** the **gradual** increase **in** the **practice** of birth control. The **giving** of birth control advice **is** spreading slowly, **mainly** because the medical profession does not **wish** to be forced into **giving** **inadequate**, unscientific **advice**. Regardless of costs, **physicians** are making researches **into** **contraceptive** technique, not only to fight abortion, but also to have a substitute for **it** when the Russian women **discover** that abortion is the least desirable solution to their problems.

The **clinical** aspects of birth control **in** the U S S R are unique. There is no such **thing** as a birth control **clinic**. Instead, many general health **clinics** dealing with women have "Birth Control Advice Departments." In this way **family limitation** is never divorced from the general health problems **confronting** women.

Another **social** problem, venereal **disease**, has effected the **type** of contraceptive technique now employed in Points of **Consultation** (health **clinics**) with Birth Control Departments. In 1922, at the end of the civil war and famine, the percentage of venereal **diseases** **in** the **population** was alarmingly **high**. Severe cases usually came to the attention of special **clinics** for venereal treatment but it **still** **remained** necessary to **isolate** milder

cases and **provide** a check **against** further **infections**. Points of **Consultation** and **particularly** the Birth Control Departments proved an excellent means to **this** end. From the **beginning** it has been found **desirable** to **advise** contraceptives which require regular attendance at the clinics. **This** was easily accomplished by **providing** **contraceptives** which need the constant **supervision** of nurses and doctors. Therefore, a method was selected which required the women to return to the clinic every ten days. The advantages are **obvious**. Venereal infections thus can be **immediately** detected, the **margin** of error is lessened because birth control **is** not left **in** the hands of **ignorant** women, prone to carelessness, follow-up work **is** **easier** and further research is **facilitated**. **Clinical** **statistics** report only half of one per cent failure **with** this method, **which** is a **surprisingly** low average. As a result, Russian women are very definitely forming the opinion that birth control has advantages over abortion as a means of family **limitation**.

By making the government solely **responsible** to the Russian people for their social welfare, it follows that birth control or **anything** else **which** **aids** **in** **gaining** freedom for **individuals** and health for **society** is a function of the State. Therefore birth control advice **in** Russia can only be had in **recognized** clinics. It is not **available** **in** marriage bureaus (which some Russian doctors **consider** a fault), but there are banners and posters everywhere **insisting** on the **superiority** of birth control to abortion. Although **contraceptives** are never refused any adult woman who asks for them, it usually happens that a woman comes **in** contact with the Birth Control Department of her Point of Consultation only after she has had a baby, or an abortion, or when her doctor for any reason considers it unwise for her to risk pregnancy.

When a woman first applies to the **Birth** Control Department, she **is** **given** an appointment for some later date **in** order that one of the social workers or nurses attached to the **clinic** may first **visit** her in her home. The routine followed by the home **visitor** is **similar** to that used by **social** workers in other countries. **In** **addition** to **determining** the social, educational, health, occupational status, **size** of **family**, etc. of the woman concerned, a definite attempt is made to **discover** how happy she **is** **in** her home and sex **life**, and the factors **involved** which are subject to **correction**. The **giving** of **matrimonial** **advice**, however, on the basis of the **social** worker's report, belongs to the **doc-**

tors in the clinic This is done at the first appointment when the woman is encouraged to discuss her personal problems with one of the clinic doctors If, as is usually the case, her matrimonial difficulties revolve around her fear of continually recurring pregnancies, a reliable contraceptive is the solution

For the purpose of enlisting the woman's cooperation with the clinic she is first advised to abandon intercourse Usually she only smiles at this suggestion The doctor then attempts to explain the unreliability of certain popular superstitions and the inadvisability of the husband's taking the precautions Each of the more familiar methods are considered in turn and abandoned because of any one of a number of factors, such as the lack of sanitary facilities, (which is almost universal), the margin of error involved, etc At the end of this conversation the woman is convinced that there is only one safe way for her to prevent conception and that is to put herself entirely in the hands of the clinic It is then not difficult to get her to agree to return regularly to the clinic as long as she is using contraceptives She is given a thorough physical examination, the result of which determines the method she is to use From that time onward she has a regular appointment at the clinic every ten days, and if she does not appear a social worker is sent to find

her The women are never kept waiting for their appointments, and they are always free to ask questions There is never any fuss or ostentation and very shortly the whole matter drops into an easily managed routine This service is free to all insured women (women who have jobs or whose husbands are industrial or agricultural workers) Others are required to pay for the contraceptive supplies

The number of abortions is diminishing, an achievement which must in part be ascribed to the growing popularity of birth control as a method of family limitation It must be emphasized that the Soviet Union has no unemployment problem, rather the reverse, and is, therefore, not interested in limiting the population It is, however, very vitally concerned with the quality of Russian children and with the well-being of Russian women Recent statistics are not as yet available but it may be safely assumed that Russian women in urban districts are well acquainted with the birth control methods open to them Rural districts are more backward although great strides have been made during the first Five-year Plan The Institute for the Protection of Women and Children (a national body dealing with all of the problems in this field) estimates that as much as 10 per cent of the adult female population received contraceptives regularly in 1930

## Birth Control in India

By SARAT CHANDRA MUKERJI, M D

IN INDIA, the birth control movement has been singularly unfortunate Religion reigns supreme, and there is nothing that is not part of religion Birth and death, food and clothing, speech, life itself is interwoven with religious edicts—with and without sense Therefore the social reformers in India find it an immensely difficult task to introduce any measure that is not sanctioned by one of the existing religions

To the average person in India birth control is not only immoral but sinful, the prohibition of reproduction is, in effect, anti-religious To the Hindu, passing away without any offspring, especially male offspring, means eternal hell, not only for himself, but for the fourteen generations pre-

ceding him Who would dare to die without issue under such heavy penalty? Tell them all you like about birth control, but I feel quite certain that nothing will be effective until more liberal education is generally introduced

There is, however, a peculiar situation in India which will further the birth control movement, a veritable blessing in disguise Every Hindu female must be married at some time or other of her life, no matter how long or short the duration of that married life may be This is also a religious edit Like the penalty for death without offspring, the punishment for this "crime" is also the eternal hell Out of this pernicious custom grew the awful system of child-marriage and all its associated vices

The **girl** was the victim, the father of the boy was the **gainer**. The more sons the merrier, from the point of **view** of the father, because he can demand a price for so precious a thing as a son, and the poor father of the unfortunate and unwanted **girl** must worry about **paying** the "price" or the dowry that is demanded at the **time** of the **marriage**.

A few years ago a young **girl** of **eighteen** committed suicide to save her poor father **from** this crushing **obligation**. He had **previously** stripped **himself** of all his possessions to provide for his other three **girls**. By sacrificing her **life**, the **girl** saved her father from shame and **ridicule**, and herself from eternal hell. In quick succession her example was followed by dozens of other girls. These **tragic sacrifices** brought the **situation** before the people. **Meetings** were held, anti-dowry **societies** were started, and young men took open vows not to accept **dowries** at their **weddings**.

The mothers, who had remained **silent** all this time, searched deeper for **information** by which they could stop the trouble at its source. That started the birth control movement in Bengal and the rest of **India** has gradually followed Bengal. Unscrupulous people took advantage of the Interest in birth control and **advertised** freely in practically all vernacular papers as follows: "End your worry of dowry problem," "Easy method of **preventing** the birth of unwanted daughters," "**Solve** dowry problem by modern **birth** control process," etc. Some of these **advertisers** made **quite** a little fortune from these **innocent victims**. The methods they advocated were **unscientific** and unreliable, but the need was so great that the people **did** not hesitate to try anything. Thus **pernicious** social customs and chronic poverty have been a blessing and have prepared the field for a **scientific birth control** movement.

Furthermore, **by raising** the age-of-consent recently in India, (14 years for **girls** and 16 for boys) we have **given girls** a little chance to think for themselves, **which** they did not have before. As they are no longer married at a very early age, they get a little time to study and read of what their **sisters** are **doing** in other parts of the world. The amount of **education** they **receive** is limited and the number of **pupils** is small, but **still** an advance has been made. Out of this has grown a new consciousness among the modern girls in India. For example, a **Bengali** monthly magazine has been started

**which** has been very successfully conducted for three years. It **is edited**, written, printed, **published** and **subscribed** to entirely by women. Though these "Rebels" are novices in the field of journalism, **still** they are **preparing** a new band of workers with modern ideas to help themselves.

American supporters of birth control will be **interested**, I think, in plans for **birth** control work for India, **which** are **being** developed as part of a Community Health Demonstration for the Province of Bengal. **This activity** is being sponsored by the American Friends Service Committee. Bengal is the most thickly settled **province** in India, having a **population** of over forty-six million. The following figures **will give** some idea of how much preventive health work in general and birth control work in particular are needed. The **infant mortality** rate in Bengal is 186 per thousand for males, and 170 per thousand for females, one **section** of Bengal, **Barisal**, reported 448 **infant** deaths per thousand for 1929. The rate for England and Wales is 74, and for the United States 65—and I am told that the **English** and American figures are considered much too **high**. It **is** easy to understand why the **expectation** of life at **birth** in India is 22.59 years whereas it is 62.76 in New Zealand, 55.62 in England, and 55.33 in the **United States**.

There **is** now some birth control activity in Madras, Bombay and **Delhi** but India is so vast a country and so overcrowded that present efforts have not begun to make any **impression**. We plan to **inaugurate** a general health **service** for Bengal and Calcutta, **consisting** of rural and urban **divisions**. Within each **division** there **will** be laboratories, **clinics** for the control of **malaria**, venereal **diseases**, etc., child welfare and health **education** departments, **libraries** for educational work and **birth control clinics**. Birth control **is** so **vital** for any **solution** of **India's** health problems that we are **dealing with it** as a separate item instead of as part of **maternity** care or **child** welfare.

People in India are **beginning** to **realize** that their very **high birth** and death **rates** are an **economic** loss to **society**, **physical** loss to mothers and detrimental to the welfare of the nation. They are **anxious** to learn about improved methods of **birth** control from reliable sources. It **is** our hope that the Community Health Demonstration in Bengal **will** be a **stepping** stone to **similar** work throughout **India**.

# A Men's League for Birth Control

By GEORGE BEDBOROUGH

**B**IRTH control is first and foremost a woman's concern. Men enjoy the possession of healthy offspring. Women suffer even in producing the best. They endure hell when their suffering produces a suffering heritage. The stream of tendency aims more than ever at what has been the goal of liberal women, to make woman the proprietor of her own body, the arbiter of its desires and the initiator of its sexual experiences. But many who disagree with the full program of advanced feminists agree that it is best for woman herself to decide when and whether she shall take precautions against conception.

The present essay is a very modest proposal that we might take steps to interest men in what is certainly a matter vital to their own happiness and comfort, as well as to the welfare of those they love best.

Ages before any man ever wrote about contraception, there must have been countless women who invented or used it with more or less success, and no doubt recommended their own methods to very greedily interested neighbors and friends. All the same, we must recognize that the science of contraception owes an enormous debt to its male students and propagandists, who have done so much in popularizing it and making it available in practice. Today, of course, there are many men, physicians and others, whose investigations are of great value to the movement, and there are in nearly all our birth control societies medical men and laymen doing clinic work, executive and committee work and subscribing to our funds.

For the fullest measure of success in our movement we want something added to this, perhaps independent of this, for it would be highly inadvisable to interfere in any way with existing organizations which are working exceedingly well at present. But we must somehow get hold of the enthusiasm of ordinary men who have so far not found their way into our societies.

We want the average man to think that this is not something he can leave to chance without inquiring whether or not his wife "knows something." We want teachers and propagandists who

will in the shop, the factory, the street, and perhaps on the platform, do what they can to reach the masses of indifferent men. Their gospel need be a very simple one only, but there is no limit at all to the conviction with which such a gospel can be preached. Its terms are just this: we want all married men to regard themselves as passive or active co-operators with their wives in producing the best offspring at the most convenient season, and in the avoidance of the misery of adding an unnecessary burden to themselves and society.

It is impossible to ignore the careless irresponsibility about conception found constantly in husbands. This is an evil even when a woman is so happily circumstanced that she herself is not inconvenienced thereby. But a potential father ought at least to interest himself sufficiently to inquire about a matter so importantly intimate. He should at least know that there is no Ignorance, no misunderstanding, that his wife is not perhaps depending on the precautions he is not taking. The enlightenment of the man is by no means obvious, or to be taken for granted. Very often, too, a father's desire for several children overrides a woman's well-grounded reluctance, and has often prevailed in cases where childbirth was a positive danger to mother and child.

In the case of poor people, a man's irresponsibility (the measure of his carelessness or Ignorance) intensifies the probability of disaster. He cannot afford to be short-sighted about results which will create immediate aggravation of his own misfortunes and those of all his household. It is difficult to exaggerate the beneficent help which could be given by awakening the poor man's awareness of the value of contraceptive wisdom.

Women have to endure not only all the pains of parentage, to their door is laid an accusation which should be shared by man. A husband deserves at least half the blame for what Sir James Barr calls "a crime against society," namely bringing into the world mental and physical defectives.

Ignorance of contraception is a public and private enemy. The prevalence of ignorance must seem incredible to those familiar with the wide-

spread extent of **birth** control propaganda. But in spite of our efforts vast areas of **ignorance** still **exist**. Millions of women have no accurate **information**. If we were to add up the **collective** records of all **birth** control **clinics** throughout the world, we would find the aggregate number of **patients** an **infinitesimal fraction** of the **population**. Our literature **is** read by very many more, but there are **millions** of people who never read **anything** but **fiction**, and many **times** that number who never read anything.

**Propagandist literature**, free, or sold at cost price, containing the addresses of **birth** control **clinics** and other **information**, requires far greater **organization** for its **circulation** than now **exists**. It requires, in particular, an **organization** of men. With all the existing penetration of women into

**social life**, into offices, clubs, **factories** and so on, the **collective activities** of women **remain** relatively small, and those of **married** women **still** smaller, compared with the **inter-activities** of men in all quarters of the globe. If we can **interest** men in birth control we shall find an **extraordinary** acceleration of the good work now **being** done.

Why not A Men's League, hunked up to every busy birth control **organization** that **exists**, and **pioneering** the cause where it **awaits initiation**? It might be **wise** not to lay down too **definite** a line of approach **until this idea** has been fully **discussed**. Is it too much to ask our leaders to speak, and for our **societies** to place the subject on **their** agenda for **immediate consideration**? Men must not forever **deserve** Milton's reproach

"O, shame to men. Devil with devil damned."

## A Constructive Service\*

By VIRGINIA C. FRANK

THE sexual **hygiene** program of the Jewish Social **Service Bureau** was **initiated** in **1922**, at a time when no **clinics specializing** in family **limitation** existed in **Chicago**. The need of **dealing** fundamentally **with** the complex problems of **family life** of the dependent or **borderline** dependent group, with **which** the **organization** was concerned, was increasingly apparent. The **importance** of family **limitation** as a factor in the control of **many types** of **undesirable** social **situations** was **evident**, especially in those **involving** prolonged economic **difficulties**, **serious** health problems, or **domestic** discord between husband and **wife**. The case workers confronted **with** serious **individual** and family disorganization brought about by such factors as continual **childbearing** by already over-burdened mothers, sexual maladjustment, **anxiety** states in which fear of pregnancy was a **contributing** cause, found themselves **unequipped** to cope **with** these problems on a fundamental **basis**.

In response to **this** need, eleven years ago, **instruction** in birth control was afforded a selected group of women under the care of the agency. Follow-up work by a nurse **familiar** with the **problems** of the group was **immediately instituted** and

became a **vital** part of the service. In the **intervening** years since **1922** both the scope and the procedure of the work have undergone changes, and it may be of **interest** to outline briefly what the development has been, and the reasons for the changes that have occurred.

At first only the woman in the family was referred for **instruction**. After the first year a general health **examination** was **included** in the **gynecological examination**, and the **importance** of a **consistent** health program was **increasingly** stressed, **with definite** attempts to follow up **recommendations** through local **clinics**. Many of the defects brought to **light** by this careful **medical** check-up **were** rectified, and the general **physical condition** of the **patients** **improved**.

From the **beginning** of the **service** careful records were kept, and in **1925** a study of **104** cases was made, including a **review** of the case material, in order that the factors **contributing** to success or **failure** might be **recognized**. There were **345** instances of **serious** problems, or an average of more than three per **family**, **which** made it **evident** that only such **families** were referred for the **service** as had serious **social** problems and handicaps.

Although the results of the study were, as a whole, **encouraging**, the need for a more complete **participation** by the **families** themselves was

\*Address delivered at the Round Table Meeting on Birth Control at the National Conference of Social Work, Detroit, June 13.



brought out. It was clearly established that in such complex situations as come within the scope of this service, mere instruction to the woman in the use of contraceptives did not suffice to meet the problem, and that the cooperation of both husband and wife must be enlisted. The services of a man physician were obtained, and since 1925 both husband and wife are referred for advice unless this is contra-indicated in a particular case. We believe that the fact that the two physicians have always worked in close cooperation is a factor of importance, perhaps only second to the liaison contact that is established by the sex hygiene worker.

Since the development of a program for both husband and wife, it has become increasingly evident that advice along lines of general sexual hygiene is inseparable from instruction in contraception. Increasing skills have been developed in assisting the man and woman in the problems of sex adjustments, and referrals are now made with as much emphasis on such problems as domestic conflict and need for sex adjustment, as problems concerning family limitation.

Specifically, the reasons for enlisting the man's cooperation are: first, to place on the man as well as the woman the responsibility for family limitation; second, to reduce risk of pregnancy by use of double precaution; third, to interpret to the man the nature of the contraceptive method used by the woman, in the belief that understanding on his part will lead to his encouraging rather than discouraging its use; and lastly, to treat the family as a unit in cases of domestic discord, where intensive instruction in sex hygiene is indicated because of sexual maladjustment.

We have found it difficult to enlist the cooperation of the husband. It is the case worker's responsibility to overcome any initial resistance which may appear in relation to the service as a whole, any conflicts which may arise later from the use of contraceptives are dealt with by the sex hygiene worker. The frequency of contact with the man depends on the type of situation and the man's attitude. If he accepts the recommendations of the physician and reports the use of contraceptives, and the wife corroborates his use, he is seen about once a month, when he is given supplies and the effect of the service is discussed with him.

A second study of 68 families under care during the three year period since the previous review was made in February, 1930. This report was published

in the *Hospital Social Service Magazine* in November, 1931, under the title of "Adult Sex Hygiene and Family Case Work."

The 214 reasons, as given by the case workers on the referral statements which were tabulated for the 68 families, give evidence of the complexity of the situations, and the importance of coping with the problems. In 35 families there were instances of mental pathology: six individuals, three men and three women, showed definite indications of psychosis; eight men and eleven women were considered mentally deficient or with psychopathic personalities, and thirteen men and five women, psychoneurotic. In 41 families there were major medical findings indicative of chronic ill health or physical handicap, involving 37 men and 7 women. A history of induced abortions as a method of family limitation were reported in 26 of the families. In 34 families there were defective or problem children, or unsuccessful management by parents in dealing with problems of child behavior. 26 families showed histories of sexual incompatability involving serious domestic friction, and in four families undesirable and abnormal sex practices were reported. 52 of the families had unfavorable economic status involving continual insufficient earnings, and all but one had been dependent at one time or another upon relief.

A study of the 42 cases now under care shows that the primary reasons for referral are: chronic insufficient earnings—6, serious health condition—10, mentally defective parents—8, serious domestic friction—16, sexual incompatability—2.

Certain factors are essential to success in the cases treated. The man and woman must themselves desire to limit their family. They must be willing to employ the methods recommended by the physician, and they must have adequate mental capacity to learn the technique of contraception. This, however, does not imply a high degree of intelligence, as our experience has shown sufficient success with sub-normals to indicate that low intelligence is in itself not always a certain cause of failure. Persistent, careful follow-up is a requisite for this group in order that reiteration of instructions, encouragement, and aid with the problems arising, may be given. There has been a great deal of concentration on the sex hygiene aspects by the present worker, who is of the opinion that problems of sexual incompatability and domestic friction have been reduced.

## Book Reviews

PSYCHOLOGY OF SEX, by Havelock **Ellis**  
*Ray Long and Richard R. Smith, New York*  
 1933 \$3 00

**B**ETWEEN the covers of this reasonably short volume, we have a **fairly complete** summing up of the **life** work of perhaps the greatest of modern **pioneers** in one of the newest branches of science. Very **concisely** and yet always **with** mellow literary style, Mr. Ellis covers **this** field which he and a few others **discovered** and **developed with-** in a **comparatively** short span of years, **despite** **bigotry** and prejudice. Our fathers and mothers scarcely dared speak of the phenomena of sex, which were believed to be largely the work of **devils** and **hobgoblins** inhabiting a *terra incognita* taboo to decent **society**. But the **mills** of the Gods **grind swiftly** when Sampsons of such genius and **persistent** reasonableness turn the stones. Sex, **which** our parents were **afraid** even to **think** of, now constitutes the **drawing-room** patter of flappers and very newly-weds, often to the extreme boredom of maturer **minds**.

Perhaps the greatest **service** rendered by this book **is** that it sums up the phenomena of sex psychology **in their** normal **relation** to **life**, so that the average person may get **sufficient information** to serve both in **life** and in **conversation**. Mr. Ellis advances as **his basic thesis** that all sex **activities** that lead to normal sex fulfillment are normal. He finds **happiness in marriage** based on **this** fulfillment. For **clearing up** **misapprehensions** and **disposing** of taboos and **puritanical** "thou-shalt-nots" to **which** are attributable most of **marital** misery, he deserves the **gratitude** of humanity. **His handling** of the **question** of **birth control** **is** equally reasonable and modern. And even **his discussion** of sex abnormalities **strikes** the **prophetic** note of tolerance to **which** the **fanatics** will eventually have to give ear.

Unfortunately many of us, although we talk pretty boldly of being **without inhibitions** or **reservations**, still suffer from the "sinfulness" ideology of our forebears. Those of us who are now **approaching middle** life have come to manhood and womanhood **in a transition** epoch. Our parents rarely even tried to **explain** the "facts of **life**" to us. And we, in turn, find a **certain difficulty**, which

we strive **valiantly** to overcome, **in making** the necessary **explanations** to our children. Perhaps they feel our lack of **sincerity**. At any rate they **live** in an atmosphere of **violent rebellion** to our **timid inhibitions**, **in** an atmosphere, perhaps, as unnatural as that of our parents' prudery. Our children are out to prove by a certain extravagance of conduct, how free they really are of all the old taboos, not **understanding** that really free **individuals** find **it** unnecessary to assert their freedom except against encroachment.

Mr. Ellis' book is an indirect rebuke both to them for not **taking** things more calmly and sanely and a **bit** less **materialistically**, and to us for the silent doubts and **hesitations** **with** which we **invisibly** surround them. It is to be hoped that our **childrens' children** will be able, in this matter of the relation of the sexes, to be as reasonable and as sane as Mr. Ellis, to **give** as much **weight** to the **spiritual** elements that enter **into** the "art of love," to use **his** own phrase, as he does.

HENRY G. ALSBERG

MAN AND HIS WORLD, by James H. S. Bos-  
 sard and others. *Harper and Brothers, New*  
 York 1932 \$3 60

**I**N *Man and His World* are presented the **con-** tents of the "course in the general field of science," **required** of all first year students in the **Wharton School of Finance** and Commerce of the **University of Pennsylvania**. The book, **which is** the work of Professor Bossard and a number of his colleagues, "aims to be a **contribution** to the **teaching** rather than to the content of science." There are **included** treatments of astronomy, geology, **organic evolution**, **life** and heredity, **mind** and psychology, **man's cultural heritage**, **social** change and **social** control, **population** problems, and the procedure and value of **social** science.

The chapters which deal with heredity, the **learn-** ing process, the control of **disease**, and the **rela-** tion of **population** growth to the food supply and to **social** problems will prove of most interest to readers of **this** journal. **While**, as the authors **in-** dicate, the book **contains nothing** new, the **prin-** ciples of **heredity** are clearly stated, the various aspects of **positive** and negative **eugenics** are un-

biasedly set forth, the importance of the social control of disease is stressed, the historical development of population is sketched and the need of controlling numbers is emphasized. Mr Loomer points out the limitations to the possibilities of increasing the world food supply, and holds that population pressure is probably the most efficient stimulant to war. While he does not view birth control as a cure-all, Mr Loomer declares that "the only satisfactory and permanent solution to these problems seems to be the stabilization of the population by the application of scientific artificial means of limiting the birth rate."

JOSEPH J SPENGLER

THE HOW AND THE WHY OF LIFE, by Emma Wheat Gillmore. Horace Liveright, New York 1932 \$2.00

THE author of this book has steeped herself thoroughly in the subject matter of her story and has written an account which gives back to the reader the unwearying enthusiasm which was blended into its writing. Dr Gillmore's preface indicates two essentials in the preparation of a reliable account. She took care to record page and paragraph where she got her information and she wiped out these detailed references from the final text, including instead both a selected bibliography, and a comprehensive one. But the volume is not mere recital of what the author has read. The information has been recast and redistributed to make a fascinating story, attractive in form and phrase, adapted to the young folk for whom it is written and abounding in expressions as descriptive as they are original. "The Law of Heredity is a sort of check-list on events which have happened in the past" (p. 47) is a fair example.

The factual material of the book is trustworthy, the line drawings helpful, the proof-reading excellent, but its most attractive characteristic is the thoroughly wholesome, clear and unembarrassing progress of the argument which rises to its final climax in that central feature of civilization's real progress, the integrity of the home.

T WINGATE TODD

THE PRACTICE OF BIRTH CONTROL, by Enid Charles, M.A., Ph.D. Williams & Norgate, Ltd. London 1932 10s. 6d.

FROM the standpoint of its logicity this is the best book on birth control ever published. It aims to study the effectiveness of various con-

traceptive techniques by methods that are quite original but, I fear, not very useful. Still, the attempt is a distinguished one, and the book adds materially to our knowledge. It analyzes questionnaires collected by the Birth Control Investigation Committee in London, questionnaires collected by Nurse Daniels, reports from the Birmingham Women's Welfare Centre and statistics published in 1928 by the reviewer.

It is safe to say that no clinical director, no clinic library can afford to be without this book. Certainly, no one working on birth control statistics should fall to study it carefully. It seems to the reviewer that the chief contribution of the book is (1) its scientific spirit, its close reasoning (2) the method of estimating pregnancies avoided by the use of methods now commonly recommended in British and American clinics.

There is considerable question whether all this clanking of statistical machinery in the investigation of social questions of our day usually leads one to valid conclusions. Quantitative methods we must have. But perhaps it would economize effort to refrain from polishing what might just as well be left rough-hewn. These remarks are not intended to condemn the present study. They suggest rather that certain portions of the book leave one cold so far as anything new is concerned. But it is an able piece of work.

The author is evidently a student of Dr Lancelot Hogben, Professor of Social Biology in the University of London. There is a liberal, brilliant, and concise foreword by H. J. Laski.

NORMAN E. HIMES

THE FAMILY IN THE PRESENT SOCIAL

ORDER, by Ruth Lindquist. University of North Carolina Press, Chapel Hill 1931.

THIS book is an excellent example of the way in which the questionnaire method acquires a bad reputation. Apparently Miss Lindquist had no conceptual framework, no hypotheses, no specific questions in mind in beginning her study. Not having any very clear intellectual target she adopted the shot gun method and hurled innumerable questions upon her human guinea pigs, most of which were not relevant to anything in particular. Problems of reliability and validity apparently did not exist. It was assumed that answers described facts and that answers given at another time would of necessity be consistent with those actually received.

It was admitted that the sample was not necessarily representative, but there is no discussion of the implications of the fact that the percentage return to Outline I was only 26 per cent and to Outline III, 9 per cent. Glancing at the schedules one wonders if the more intelligent recipients were the ones who replied.

Having had apparently nothing definite in mind to start with, it is no wonder that most of the tables deal with irrelevant and unrelated facts in regard to age, sex, occupation, income, number of children and previous education. Very few questions dealing with material which might be significant were framed in such a way that the results could be condensed into meaningful form. For the most part one finds futile tables accompanied by a running fire of platitudes and preconceived opinions not especially related to the questionnaire. One does learn the women spend a good many hours a week doing housework and that care of small children is a source of worry. This is not especially enlightening. It is more significant to learn that a large percentage of women desired more knowledge of child training and psychology, while relatively few yearned for more home economics.

One wonders about the vital problems of personality adjustment that lay back of the desire for psychological insight. How many of the children so carefully recorded in Miss Lindquist's tables were wanted? Was undesired pregnancy an unmentioned source of worry? Was inadequate sex knowledge a greater handicap than inability to sew?

The study offers a sad contrast to the work of Katherine B. Davis from the point of view of scientific imagination and in respect to its total failure to utilize the critical, objective, methodological techniques which have accumulated in recent years in the fields of social and psychological science.

CLIFFORD KIRKPATRICK

FERTILITY AND REPRODUCTION METHODS OF MEASURING THE BALANCE OF BIRTHS AND DEATHS By Robert R. Kuczynski *Falcon Press, New York 1932 \$1.85*

**E**VEN so late as a decade ago demographers, interested in the future course of population growth, were usually content to determine the rate of natural increase from a comparison of crude birth and death rates. The number of

years required for a given population to double was in turn derived from that population's rate of natural increase as of a given year or period. Demographers interested in determining the trend in the birth rate, or in the fertility of a given class of people, usually compared either the crude birth rate or the birth rates of women of childbearing age in one time period with corresponding rates in subsequent time periods. Thus, on the whole, inadequate attention was given to the effect of age composition and of changes in age composition upon population growth. Demographers failed to ascertain whether, over a period of years, a given population would replace itself, and if so, to what extent.

Both before and after the World War certain writers sought to avoid the false implications which usually resulted when the above methods were employed. Outstanding among those known to American readers have been E. Cannan, R. Pearl, C. Gini, L. I. Dubhn, A. J. Lotka, P. K. Whelpton, W. S. Thompson, and others who have utilized the Pearl or the Dublin and Lotka method. Were one to select the demographer whose works have won the greatest world wide recognition in recent years, however, one would undoubtedly name the author of the present volume, Robert R. Kuczynski.

More than thirty years ago Dr. Kuczynski began to publish penetrating studies of trends in fertility in Europe and in parts of the United States. Some six years ago he began, under the auspices of the Brookings Institution, a series of works on the true long time rate of increase in the populations of various parts of the world. His first work revealed that, although births exceeded deaths in each country studied, the populations of a number of countries in Northern and Western Europe were no longer replacing themselves. His next two studies revealed high rates of increase in the French population of Canada and in the population of certain Southern and Eastern European countries. His studies yet in process will reveal, in so far as the statistical data permit, the true rate of growth in the populations of Asia, Australia, parts of Africa, Latin America, and the United States. This series of studies upon completion will constitute a matchless monument to the author's indefatigable industry and to modern demographic research.

The work under review is highly important, therefore, in light of the author's achievements.

and position. In *Fertility and Reproduction*, Dr Kuczynski explains his procedure in language which may be understood by anyone familiar with elementary arithmetic. He explains the shortcomings of crude birth rates as measures of child-bearing activity, the method of determining the total fertility and the gross reproduction rate of a population, the use of life tables to derive the net reproduction rate, the method of determining the true yearly increase or decrease in a population, finally, the means of determining the reproduction rate for each sex.

The reviewer cannot recommend this work too highly to students of economics, statistics, sociology, and psychology. It can be read in a short period of time and will clear up many obscurities in one's demographic thinking. It would be a cardinal sin not to place this work in every college library.

JOSEPH J SPENGLER

MEDICINE AND THE STATE, by Sir Arthur Newsholme, with a foreword by William M Welch. *Williams and Wilkins Co. Baltimore 1932*

THIS work bears as sub-title, "The Relation between the Private and Official Practice of Medicine with Special Reference to Public Health." It is an independent summary and commentary on the three volume *International Studies* of the same field carried out by the same author for the Milbank Memorial Fund. It seems doubtful whether any one in the world was better qualified for the task than Sir Arthur who was for many years Principal Medical Officer of the British government.

Its three parts treat respectively, I, the general machinery of medical care, especially with reference to hospitals, insurance and other provisions for the poor, II, the newer aspects of medical care as represented by agencies dealing with maternity, childhood and youth, tuberculosis and venereal disease, and III, the relations between official and private practice with special reference to problems of reform and improvement. In each part are found valuable brief summaries of the findings of the three volume study above mentioned, together with a wealth of suggestive comment representing the mature judgments of a man of wide experience.

The author is convinced that much further extension of medical services will prove economically advantageous, but that any extensions designed to reach large numbers of persons must be subsidized

out of taxes or supported by insurance methods.

He expresses no general opinion regarding modern contraception, but refers to its spread as concurrent with an increased resort to abortion, which in turn is an important factor in the maintenance of the high rate of maternal mortality.

This study is extraordinarily comprehensive and is bound to be quoted in the future by every student of the multifarious aspects of public health problems. On numerous views expressed by the author there will be differences of opinion, but it doesn't take much of a prophet to see that we shall soon be discussing compulsory versus voluntary sickness insurance in this country and that this book will furnish an arsenal of arguments pro and con.

F H HANKINS

## Books Received

ABORTION, by William J Robinson, M.D. The *Eugenics Publishing Co.*, New York 123 pp \$2 00

PROBLEMS OF POPULATION. Report of *Proceedings* of the *Second General Assembly* of the *International Union for the Scientific Investigation of the Population Problems*, edited by G H L F Pitts-Rivers. *George Allen and Unwin, Ltd.*, London 378 pp 1933 15s

THE SCIENCE OF HUMAN REPRODUCTION, by H M Parshley, W W Norton and Company, New York 319 pp 1933 \$3 50

### PAMPHLETS RECEIVED

FIFTH REPORT OF THE BUREAU FOR CONTRACEPTIVE ADVICE. Published by the Committee on *Contraceptive Advice*, Baltimore, Md 18 pp 1933

A STUDENT'S MANUAL OF BIRTH CONTROL, by Lily C Butler Noel Douglas, London 39 pp 1933 1/6

SEX EDUCATION PAMPHLETS, by Thurman B Rice, M.D. *American Medical Association*, Chicago 1933 25 cents each, \$1 00 for set of five

The Story of Life (for boys and girls ten years of age)

In Training (for boys of high school age)  
How Life Goes on (for girls of high school age)

The Venereal Diseases (for both sexes, high school age or older)

The Age of Romance (for young men and women)

## News Notes

**M****R****S** MARGARET SANGER, president of the National Committee on Federal Legislation for **B****i****r****t****h** **C****o****n****t****r****o****l**, Inc., announces that action was secured in Congress before the emergency session adjourned. It marked a definite step forward to have birth control bills introduced almost simultaneously in both Houses during the emergency session. Senator **H****a****s****t****i****n****g****s** (R) of Delaware, on June 6 introduced Bill **S****1****8****4****2**, and on June 8, Representative Walter Pierce (D) of Oregon (former Governor of the State) introduced Bill **H****R** 5978. Both Bills have been referred to the **J****u****d****i****c****i****a****r****y** Committees. While no action could be taken on the bills before the adjournment of Congress, the National Committee has the advantage of having **p****e****n****d****i****n****g** legislation which can be acted upon early next session. Between now and next January every Senator and Representative in Congress must be thoroughly informed on the **q****u****e****s****t****i****o****n**. They must be enlightened as to what the **l****e****g****i****s****l****a****t****i****o****n** will mean in **b****r****i****n****g****i****n****g** constructive relief to wives of millions of unemployed men who cannot obtain such **s****e****r****v****i****c****e** from public hospitals and dispensaries under our present laws.

Mrs. Sanger asks all advocates of birth control to write to **t****h****e****i****r** Senators and **R****e****p****r****e****s****e****n****t****a****t****i****v****e**s and urge them to vote for **B****i****l****l**s **S** 1842 and **H****R** 5978.

**M****A****R****Y****L****A****N****D** Dr. Bessie L. Moses, **M****e****d****i****c****a****l** Director, sends the following statement about the reorganization of the Baltimore clinic.

The Bureau of Contraceptive Advice in Baltimore which began to **f****u****n****c****t****i****o****n** on November 1, 1927, had as **i****t****s** **p****r****i****m****a****r****y** object a research program. The **i****d****e****a** was to find out the **e****f****f****e****c****t****i****v****e****n****e****s****s** of the best available **c****o****n****t****r****a****c****e****p****t****i****v****e** measures in a group of dispensary-type patients. The Bureau, which was purely a medical **c****l****i****n****i****c** and had no propaganda **a****c****t****i****v****i****t****i****e**s, treated only those patients who were referred by **p****h****y****s****i****c****i****a****n**s.

When after five years work 1152 cases had been treated, it was decided that the original purpose of the committee would have been fulfilled when the material collected in these cases had been further investigated and reported upon. The Bureau, therefore, as a research organization was to go out **o****f** **e****x****i****s****t****e****n****c****e**, but **s****i****n****c****e** it had been of valuable service to the community, **i****t** was strongly urged that

the **c****l****i****n****i****c** **c****o****n****t****i****n****u****e** **i****t****s** work. The interest of a **n****e****w** group of sponsors was enlisted and **w****i****t****h** a **r****e****p****r****e****s****e****n****t****a****t****i****v****e** medical **a****d****v****i****s****o****r****y** board and lay committee, an entirely new organization, The **B****a****l****t****i****m****o****r****e** **B****i****r****t****h** **C****o****n****t****r****o****l** **C****l****i****n****i****c**, was formed. This new group took over the same **b****u****i****l****d****i****n****g** and personnel and decided to continue the work for the benefit of women who were referred not only for **m****e****d****i****c****a****l** but for economic and social reasons as well. The **c****l****i****n****i****c** has continued to function in much the same **f****a****s****h****i****o****n** as **p****r****e****v****i****o****u****s****l****y**, except for the fact that the **h****i****s****t****o****r****i****e**s have been simplified, follow-up is less intensive and patients are no longer **l****i****m****i****t****e****d** to those referred for medical reasons alone.

The Medical **A****d****v****i****s****o****r****y** Board of the **c****l****i****n****i****c** **c****o****n****s****i****s****t****s** of Dr. **J****M****C** Bergland, **c****h****a****i****r****m****a****n**, Dr. Charles D. **A****u****s****t****r****i****a****n**, Dr. Thomas R. Boggs, Dr. Louis H. Douglass, Dr. George G. Fmney, Dr. Louis **H****a****m****m****a****n**, Dr. Adolf Meyer, Dr. Edwards A. Park, Dr. Arthur M. Shipley, Dr. Harvey B. Stone, Dr. Richard W. Telinde, Dr. Ralph P. Truitt.

## PORTO RICO

Alice Brainard De Behne, member of the Executive **C****o****m****i****t****t****e****e** of the Porto **R****i****c****o** League sends **t****h****i****s** news.

I am **w****r****i****t****i****n****g** to inform you of the closing of the Birth Control **C****l****i****n****i****c** which, as you know, was opened in San Juan by Miss **V****i****o****l****e****t** Callender last November. Almost superhuman efforts have been made to keep the clinic going but the lack of funds to carry on the work has made its **c****l****o****s****i****n****g** necessary.

It would seem that there **i****s** no place where clinics for the **d****i****s****s****e****m****i****n****a****t****i****o****n** of birth control **i****n****f****o****r****m****a****t****i****o****n** are more needed than in **t****h****i****s** **e****x****c****e****s****s****i****v****e****l****y** **o****v****e****r****-p****o****p****u****l****a****t****e****d** island. That such **i****n****f****o****r****m****a****t****i****o****n** is **d****e****s****i****r****e****d** has **b****e****e****n** **a****m****p****l****y** **p****r****o****v****e****n** by the number of patients treated **i****n** the few months that the **c****l****i****n****i****c** functioned and the many applicants **n****e****c****e****s****s****a****r****i****l****y** refused because of lack of funds.

Miss Callender has **g****i****v****e****n** of her time and energies without **r****e****m****u****n****e****r****a****t****i****o****n**. I hope all who have this movement at heart will **g****i****v****e** her credit for what she has done in face of most **d****i****s****c****o****u****r****a****g****i****n****g** **d****i****f****f****i****c****u****l****t****i****e****s**. She would **w****i****s****h**, I am sure, that **a****p****p****r****e****c****i****a****t****i****o****n** be **g****i****v****e****n** to those who assisted her in **f****o****r****m****i****n****g** the **L****e****a****g****u****e** and carrying on the **c****l****i****n****i****c**, among whom I would wish particularly to mention Dr. **L****a****v****a****n****d****e****r****o**.

Unless some **f****i****n****a****n****c****i****a****l** subsidy from sources **o****u****t**-

side of Porto Rico can be found, it will be useless, in my opinion, to try to continue the work here. There are many wealthy people on the island but it is very difficult to interest them.

The following excerpt from a speech by Dr Ramon Sifre, Arst Commissioner of Health San Juan will be read with interest

"In many regions of the world, like in our own country, the population is growing so fast that according to statistics of the Department of Health, our population will be doubled in 45 years. I think we all agree that as our population increases, our economical situation is growing worse day by day and nobody, but the obtusest, will deny that this excessive increase has much to do with this situation. We can scarcely cope with the problem of over-population. And we do not foresee any brilliant hopes ahead of us, unless we control our birth rate in an effective manner.

"In the name of a sane and healthy standard of motherhood for this country of ours, let all public spirited citizens join in an effort to put this movement on a satisfactory and scientific basis."

Address before the San Juan Rotary Club,  
February, 1933

### CONTRIBUTORS TO THIS ISSUE

ALICE WITHEW FIELD, social science research worker, is author of "Protection of Women and Children in Soviet Russia"

HENRY G ALSBERG, journalist, is now engaged in writing a book on political persecution in Europe

S C MUKERJI, M D, is director of the Community Health Demonstration in India

C KIRKPATRICK, is on the faculty of the University of Minnesota

GLADYS GAYLORD is executive secretary of the Maternal Health Association, Cleveland

VIRGINIA C FRANK is executive director of the Jewish Social Service Bureau of Chicago

GEORGE BEDBOROUGH, English lecturer and author, has long been active in the international birth control movement

### SPECIAL MEETING

A special meeting of the American Birth Control League will be held at 11 A M, October 6, 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 and to create the office of honorary vice-president. 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  
689 MADISON AVENUE NEW YORK CITY  
Telephone—REgent 4 2137

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#### BIRTH CONTROL REVIEW

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STELLA HANAU Editor

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Published by The American Birth Control League, Inc

# AMERICAN BIRTH CONTROL LEAGUE

689 MADISON AVENUE, NEW YORK CITY

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

**PROGRAM** To acquaint physicians with the best contraceptive technique

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

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

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

To conduct an educational campaign with the cooperation of physicians, clergymen, teachers and social workers

Join your state league if there is one If not, join the *American Birth Control League* and help organize your state and your community

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