

BIRTH CONTROL REVIEW

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THE WELL-BORN CHILD

HAS the child a right to be well born? Has so-
ciety any need that the child should have that
right? Has the physician, when he undertakes to pro-
mote the health of the rising generation, the right
to have under his care only children for whom healthy
growth and satisfactory development are possible? Is
the time coming when society must answer "yes"? We
believe so

What is it to be well born? We can not yet make
a complete answer. Human traits are numerous, hu-
man heredity is complex, and our social organization
greatly multiplies the intricacies of the problem. Much
careful investigation is still needed upon the details
of human heredity, upon conditions making for fertility
and sterility, and upon the issues which involve not
only the child but the home into which the child is born.
The general principles of heredity and the influence of
environment have been established and are presented
in every section of this report, but much work still
remains to be done to qualify the details of their opera-
tion, particularly in regard to the human race. We must
face this pressing human problem with true devotion
to the interests of the children yet unborn, whose lives
and usefulness, whose very souls depend upon our
pledged faithfulness. The physical and spiritual worlds
are but two aspects of the same thing. Our efforts
must be directed to see the problem whole, not split up
into separate parts, and to frame our investigation with
all human values uppermost in thought. We must seek
the truth, the whole truth, and nothing but the truth.

Although we shall not know until much further re-
search has been accomplished and education digested
what is a practicable social definition of the condition
of being well born or what means society should take
to apply its definition to practice, every physician already
knows of specific types of cases in which it is obvious
that children should not be born. The physician's cri-
teria are better than those applied by the general popu-
lace because his are based on better information and
on a more detached point of view, but there are laws
in many states which limit the freedom and effective-
ness with which a physician may give advice on these
cases.

Upon the serious problems involved in sterilization

of the unfit, control of conception, prenatal handicaps
and birth injuries, we urge the necessity of intensive
study and unfettered education, in order that our chil-
dren may be born with heritage of mental and physical
health and into favorable home environments and thus
become effective directors of our nation's destiny.

T WINGATE TODD

PRACTICAL TALKS WITH STATE BOARDS

I

THE October and November board meetings of
state leagues are the most important of the whole
year, because at this time work for the entire winter
must be organized and launched.

One of the essentials of efficient organization is the
division of labor. In so far as practicable, let each
Board member be responsible for a definite piece of
work, as either chairman or vice chairman of a com-
mittee. The committees needed may vary somewhat
with local conditions, but most state leagues will prob-
ably find it expedient to have committees on 1 County
or town organization, 2 Medical cooperation, 3 Co-
operation of social workers, 4 Clinics, 5 Meetings and
speakers, 6 Fund raising, memberships, donations, ben-
efits, 7 Publicity, 8 Nominations.

If leadership for these widely diverse branches of
the work is not to be found among the present directors
of the league, autumn is the best time to strengthen the
board by adding new members, each of whom is quali-
fied for the chairmanship of a particular committee.
A physician, for instance, would probably make the
best chairman for medical cooperation, while a woman
having a wide acquaintance throughout the state and
able to travel would be a good choice for chairman on
county organization.

Another essential for efficient work is a careful plan.
Ask each chairman to bring to the next board meeting
a brief report on what has already been done in her
field and what her committee hopes to accomplish
during the year. For example, suggest that the chair-
man on cooperation of social workers report what so-
cial agencies now refer women in their care to doctors
or clinics for contraceptive advice, and what steps her
committee will take for winning over other agencies to
this policy, that the chairman on meetings find out what

clubs, civic groups and church societies have not as yet had any discussion on birth control and make plans for getting the subject on their winter program, offering them a choice of speaker and title (organizations that would not consider a talk on "Birth Control" will often welcome one on "Planning the Family," "Rational Parenthood," or "Population Control"), that the chairman on medical cooperation prepare a map showing in which parts of the state there are already physicians willing and qualified to give contraceptive advice and in which parts there is special need for educational work this coming winter, and lay out a program for inviting the physicians in the latter districts to visit already existing clinics, offering them copies of Dr Matsner's Outline, *The Technique of Contraception* and asking them to arrange for discussion of the subject by their county medical societies. A map would be helpful also to the committee on organization. If these maps are hung in the league's headquarters, they can be used to show progress month by month, each new county committee, each new clinic being indicated.

Once the work is apportioned and planned, progress should be made each month by every committee, and reported by its chairman at the board meeting. Will the state leagues send us the best reports they receive from their committees? We should like either to publish them in the REVIEW or to send them directly to the committees doing similar work in other states, so that each league may have the advantage of the experience of the others.

In subsequent numbers of the REVIEW, we shall discuss the work of the various committees, and we should be glad to answer questions sent in by state chairmen. We hope that this department may be of practical value to them.

ELEANOR DWIGHT JONES,
President, American Birth Control League

Unlimited births lead inevitably to war and misery—see the effect in chronic starvation in China, in militarism in Italy and elsewhere, and in the general history of man.

On the other hand, voluntary restraint prevents the increase and tends toward the eventual disappearance of the best citizens in every country, leaving the future in the hands of the less desirable.

Hope lies in the education of these latter and in further and more drastic measures to prevent so far as possible the reproduction of the mentally and morally defective.

JOSEPH LEE,
President, Playground Assn of America

MICHIGAN STATE MEDICAL SOCIETY ACCEPTS REPORT OF STUDY COMMITTEE

1 Contraception is an important medical aspect of vital importance to the American people.

2 Contraception should be under proper medical supervision and not under the control of the laity.

3 Contraception constitutes an important branch of preventive medicine today.

4 Contraceptive advice and treatment should be given by the family physician.

5 Physicians desiring to give contraceptive advice and treatment should be informed of the most modern and scientific methods, and the Committee suggests that when necessary, further arrangements for post graduate instruction be provided by our State Society.

6 The increase of criminal abortion, which may be conservatively estimated at two million a year in America, would be materially reduced if contraceptive measures were scientifically administered.

7 Contraception would minimize the number of therapeutic abortions in cases where pregnancy should never have occurred because of the presence of serious, organic maternal disease.

8 The Committee is reliably informed that commercial exploitation is being conducted by lay persons not properly qualified to give contraceptive advice, and it believes that such exploitation constitutes a menace to posterity.

9 The medical profession, after a period of several years, in which contraception has been largely under lay administration, should assert leadership in an organized way to control this problem.

10 The Committee is most strongly opposed to the giving of contraceptive advice and treatment without a very thorough analysis of the physical, mental, social, and economic status of the applicant, and it further believes that birth control should just as ardently encourage parenthood where it is indicated as it should endeavor to prevent it where it is contra-indicated.

11 Your Committee, after due investigation and consideration, recommends that the study of contraception should be indorsed by the medical profession of the State of Michigan, and it suggests that a permanent committee be appointed for further research and investigation.

DR ALEXANDER M CAMPBELL, *Chairman*
Grand Rapids

DR JOHN L CHESTER *Detroit*

DR W C ELLET *Benton Harbor*

DR GEORGE KEMPERMAN *Detroit*

DR RAY S MORRISH *Flint*

STATE LEAGUE NEWS

MICHIGAN

Michigan heads the list this fall with news of the utmost significance to the birth control movement. In 1932 the Michigan State Medical Society appointed a Committee, under the chairmanship of Dr Alexander Campbell, to make a study of birth control and report at the 1933 annual meeting. The report, printed on page two, was accepted with the proviso that the committee continue its study under the name Maternal Health Committee.

A second committee, consisting of Dr Harold C Mack, Chairman, Detroit; Dr Norman Kretzechmar, Ann Arbor; Dr B W Malfroid, Flint; Dr Harry Nelson, Detroit; Dr C E Toshach, Saginaw, was appointed by the Section on Obstetrics and Gynecology. It undertook to "investigate and summarize available information relative to the status of birth control in theory and practice, and to determine the attitude of the medical profession of the state of Michigan concerning this subject." Eighteen hundred and forty-six answers were received in reply to a questionnaire sent to each member of the Michigan State Medical Society. The question "Are you in favor of birth control?" was answered as follows: 83 per cent, yes; 11.2 per cent, no; 5.5 per cent, no answer. Of the 1846, 144 stated objections to birth control. Among these the following were listed: religious, unnatural, public would take advantage of it, race suicide, ignorance, unlawful, unnecessary, patriotic reasons. The committee has prepared full reports, dealing with the subject from the legal, economic, religious and medical standpoint, which will be published in the MICHIGAN STATE MEDICAL JOURNAL. The following brief excerpt indicates the attitude of the committee:

"An analysis of the questionnaires returned indicates that a favorable attitude is held by a large majority of the profession. It seems plausible that eugenic aims can best be realized by extending the knowledge of contraception to and enforcing sterilization upon undesirable elements of society whose rate of propagation is in excess of that of the apparently more desirable classes. A judicious birth control program must also combat voluntary and involuntary sterility among the eugenically more desirable elements if the harmful effect of a differential birth rate is to be overcome. In the final analysis the physician must be guided by the social and economic needs of the individual and the family, for what is best for the health, and the social and economic welfare of the individual is undoubtedly best for the race.

"We, as a committee, are of the opinion that the birth control movement should be guided by the medical profession to exercise a proper control of its activities, to assure a more judicious use of methods which are both harmless and effective when necessary or desired, and to prevent exploitation of the laity by unethical agencies and individuals."

ARKANSAS

The clinic in Little Rock, which is maintained by the Arkansas Eugenics Association, chiefly serves women referred by social agencies. The physicians, nurses and clerical workers serve without compensation.

CONNECTICUT

The Connecticut Birth Control Bill, which was passed by the House and rejected by the Senate in May, was referred to a conference committee of both houses in an attempt at compromise. The resultant substitute measure required the consultation of two physicians, one of whom was to be designated by the State Commissioner of Health. The Connecticut League, feeling that the bill was not consistent with the spirit of the birth control movement, did not support it. The lower house passed the revised bill by a vote of 174 to 60, but the Senate tabled it by a *vrva voce* on the last day of the session.

DELAWARE

The Board of Directors, meeting on September 13th, initiated plans for raising funds to carry on the winter's work. The Wilmington clinic, maintained by the league, is open one day a week, with Dr Verna Stevens in charge at the morning session and Dr F Earle Spencer at the afternoon session. Mrs Ella N McComb, R N, is in full time attendance. Approximately one third of the patients come from the underprivileged group and pay no fee.

ILLINOIS

The League had a booth at the International Congress of Women, held at the Falmer House, Chicago, in August. Visitors from all parts of the world were told about the work in Illinois and given information about the movement in America. The League will continue this winter to maintain its nine clinics.

KENTUCKY

The first Kentucky clinic opened in Louisville on June 19th with one session weekly. Dr Esther Wallner is the staff physician and Mrs Lucille Rogers is the social worker.

MISSOURI

The following statement regarding the name of the Missouri organization will be read with interest:

The Maternal Health Association of Missouri was

begun and supervised by leading obstetricians of St Louis who saw the need for some form of Birth Control in the State Their idea was to make contraceptive advice available in order to conserve the health of the mother when threatened by such conditions as,

- (a) Constitutional diseases of the mother
- (b) Hereditary diseases of either parent
- (c) Criminal abortion which often follows too frequent childbearing
- (d) Too many children, undermining the mother's health and reacting on the new born child

St Louis being a very conservative city, it was felt that the people would more readily accept the organization under the head of Maternal Health Association than to use a name containing the phrase "birth control," which immediately arouses prejudice In accordance with our name we advise only women who have had one or more children We hope, however, to extend our field of activity as soon as the Federal and State laws permit

The Association is organizing a lending library to stimulate a better understanding of birth control The National League has presented a file of the REVIEW, and other material to the library

NEW YORK

The New York State Federations steadily developing its county committees Six counties are already organized

Albany County The Albany County Committee was organized in May, 1933 Birth control service is provided through a clinic at the Albany hospital Special committees on education and membership will carry on the chief activities this fall

Kings County Three mothers' health centers are now operating The attendance has been very favorable and there is an excellent advisory committee of Brooklyn doctors

Monroe County A Medical Advisory board has been formed It is hoped that a settlement or hospital will soon be found in which to open a center

Nassau County The Nassau County Committee opened a center in the Matinecock Neighborhood Association at Locust Valley, Long Island, on May 3rd, 1933 There have been 21 sessions through September 15th Up to the present time all expenses of the Center (salaries, supplies, equipment, printing, rent, etc) have been met by contributions from interested neighbors A general appeal for funds has just been sent out in Nassau County Patients have come chiefly from the local Visiting Nurses Association and Welfare agencies

New York City Committee Eight mothers health centers are now sponsored by the New York City Committee Attendance at these centers comes chiefly through social agencies, as a result of the New York City Committee's activities in contacting social workers

Onondaga County The Maternal Welfare Service of the Onondaga Birth Control League opened its center at 464 James Street, Syracuse, on June 20th Dr Sarah E White is in charge The Associated Charities, the Children's Bureau, the Free Dispensary, the Jewish Charities and three hospitals have endorsed the center and their social workers are authorized to refer patients

The Federation announces with deep regret the death of its first vice president, Mrs CHAUNCEY J HAMLIN of Buffalo Mrs Hamlin was a leading spirit in national and local birth control work

PENNSYLVANIA

The Pennsylvania Birth Control Federation in conjunction with the South East Pennsylvania Birth Control League conducted a campaign this summer, not only to raise money but to interest new people Before this campaign started a list of approximately 5,000 names was carefully compiled, including executive committees and board members of social agencies and hospitals throughout the south east district It is interesting to note that 50 per cent of the returns came from new people

The South East Pennsylvania League has been coordinating the organization and the clinical work There are now seven Philadelphia clinics, the newest one is at 2104 Jefferson Street, under the medical direction of Dr Virginia Alexander Our Pittsburgh clinic has enlarged its quarters and is planning for a much larger centralized clinic for the winter The Committee in Easton has already raised sufficient funds to support its clinic for the ensuing year Bethlehem, Wilkes-Barre, Lancaster, Chester and Reading have flourishing clinics There is every prospect of opening additional clinics in other counties this fall

The State Federation and South East League will hold their annual meetings and election of officers in November as usual

A Pennsylvania Appeal Letter

The severely pruned budget of our three groups for the coming year requires \$15,000 additional funds This money is to go toward the actual work of giving needy mothers medical advice and attention which they seek from established clinics It will also give aid and

counsel to many groups who wish us to open other Maternal Health centers

The **insistent** demand for **Birth Control** has doubled in the last year. The **significance** of spacing **childbirths** increases in these present **times of business depression**. It is fundamental **relief** because it is **preventive** and not **palliative**. The work in **clinics** and in **educating** the public to its **effectiveness** furnishes not only **immediate** help but Insurance for our **social** structure in the future.

May we suggest that **this** work deserves a **worth while** place in your **philanthropic** budget?

THE NEW DEAL

AN ANTHROPOLOGIST tells of an aged woman being fastened as a target for her grandson's arrows that for the sake of the many a **life** which had finally become burdensome to the group should be **extinguished**. We **rightfully** recoil from such **barbarity**, but **is it** more **civilized** to burden **society** with the care of hopelessly **handicapped individuals** who are never able to become an asset to the group, and whose birth and **existence** bring chiefly **suffering** to themselves and others?

The goal of the New Deal involves **opportunity** for youth, **justice** for the worker, and **security** for old age. The **rightful** complement of the N R A **drive** for **economic** and **social rehabilitation** is an adjustment of the **population problem**. Never was the **promotion** of a sound and **scientific** program for **birth control** more **essential**. For there is no surer method of perpetuating the vicious **circles** of poverty and **social inadequacy** which retard progress than by the reckless **breeding** of those who are most poorly **equipped** in culture and economic status to rear **families**. The acceleration of the movement for **sterilization** of the mentally unfit denotes an **intelligent appraisal** of that aspect of the problem, the tragedy of large **families** among the lower **economic strata** is still **outstanding**.

And yet the menace of "breedocracy" is abroad in the **spirit** of the world. Italy, France, and Germany, among others, are **promoting** **artificially stimulated drives** for **increased populations**. A false **nationalism** may easily inspire a **similar mob sentiment** here.

I honor the work of the **American Birth Control League** to the end that **recognized clinics** may openly and **scientifically** instruct the needy in methods of **birth control**. Only a foolish **obscurantism** insists that a **social invention** which has already taken its place in the culture patterns of more favored classes shall be "bootleg" knowledge for the many.

WILLIAM WHITCOMB WHITEHOUSE,
Dean Albron College Michigan

BRIEFS

England THE PRACTITIONER, a **medical journal**, brings out its September issue as a **special birth control** number. Lord Thomas Horder, president of the **National Birth Control Association**, points out that **birth control** becomes a less **controversial** subject every year. Havelock Ellis discusses the need for **population restriction**, and Dr Eardley Holland states that "contraception does not exert any **injurious physiologic** or **psychologic** effects."

The London Correspondent of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, under date of September 23, writes "The **birth control** movement has made progress in the half century since Charles Bradlaugh's **prosecution**. This progress, like its **inception**, has largely been due to the work of lay persons, and the **medical profession** with the **exception** of one prominent advocate, Dr C V Drysdale, for a long time took no part in the movement. The **publication** of the works of Dr **Marie Stopes** (who is not a **physician** but a doctor of **science**) has recently given further **impetus** to the movement, in which an **important section** of the **medical profession** has at last **joined**. The only **opposition** has come from **religious** persons, on the ground that **birth control** is **immoral**. The **Roman Catholic Church** is **uncompromisingly** condemnatory and its members in the **medical profession** attempted to **organize** some **opposition**. But nothing is heard of this now, not because the opponents have changed **their minds** but because they **realize** that they cannot check the movement. It has now too many **influential supporters**."

France A **special** number of the French **periodical PAMPHLET** is devoted to **birth control** and the **problems** of removing legal **restrictions** in France. Alfred Fabre Luce, the **editor**, pleads for the use of methods which are **scientific** and in accord with the **dictates** of **public health**. He laments the fact that in France, alone, the spread of **birth control practice** is not **fully** developed, and explains the **attitudes** of the **Catholics** and the **Protestants** toward the problems of **family limitation**. He sees in all **countries** a tendency to **recognize** the **necessity** for some form of **family limitation**.

Germany A new **sterilization law**, designed "to aid in the **elimination** of **offspring** with marked **hereditary** defects and thus to promote a **racial improvement**," will go into effect on **January 1st**. It is **anticipated** that this law will be followed by **positive legislative** measures to protect **families** of sound **heredity**.

Holland An **Institute for the Investigation of Heredity** has recently been **established** at the Hague. At the

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request of its director, Dr J Sanders, the League has sent a complete file of the REVIEW and other publications to the Institute Library

India A Calcutta press dispatch announces that the Governor of French India has invoked the French anti Birth Control Law of July, 1920, in all French settlements in India (*Amrita Bazar* Patzka — Aug, 1933)

Annie Besant champion of birth control, free speech, woman suffrage, home rule and other liberal causes, died in India on September 20th Mrs Besant would have been 86 years old on October 1st She and Charles Bradlaugh were tried on the charge of distributing 185,000 copies of Dr Knowlton's book *The Fruits of Philosophy* in 1877 Their trial and exoneration brought birth control before the public and resulted in the formation of the Malthusian League

Wisconsin A substitute amendment taking the place of the "O'Malley Birth Control Bill" was passed by the Wisconsin Legislature in July The unfortunate feature of the bill, which is concerned only with the advertising or display of indecent articles, lies in the definition of the term The Act reads as follows

CHAPTER 420, LAWS OF 1933

To create section 351 235 of the statutes, relating to the advertising, display or sale of indecent articles, and providing a penalty

SECTION 1 A new section is added to the statutes to read 351 235 ADVERTISING OR DISPLAY OF INDECENT ARTICLES SALE IN CERTAIN CASES PROHIBITED

(1) As used in this chapter, the term indecent articles means any drug, medicine, mixture, preparation, instrument, article or device of whatsoever nature used or intended or represented to be used to procure a miscarriage or prevent pregnancy

(2) No person, firm or corporation shall publish distribute or circulate any circular, card, advertisement or notice of any kind offering or advertising any indecent article for sale nor shall exhibit or display any indecent article to the public

(3) No person, firm or corporation shall manufacture, purchase, or rent, or have in his or its possession or under his or its control, any slot machine, or other mechanism or means so designed and constructed as to contain and hold indecent articles and to release the same upon the deposit therein of a coin or other thing of value

(4) No person, firm or corporation shall sell or dispose of or attempt or offer to sell or dispose of any indecent articles to or for any unmarried person, and no sale in any case of any indecent articles shall be made except by a pharmacist registered under the provisions of Chapter 151 or a physician or surgeon duly licensed under the laws of this state

(5) Any persons, firm or corporation violating any provision of this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than one hundred or more than five hundred dollars or by imprisonment in the county jail for not to exceed six months, or by both such fine and imprisonment In addition thereto, any license, permit or registration certificate issued under any law or ordinance to any such person, firm or corporation, shall be cancelled or revoked

SECTION 2 This act shall take effect upon passage and publication

AN ESSENTIAL part of the population problem is to get the people to see that they are confronted with a condition, not a theory Fixed attitudes and prejudices are hard to break down, and the public is not easily impressed with what it has been taught to regard as at most a remote danger The American farmer will not soon believe that overpopulation is imminent There are, moreover, speculative and other interests which profit by population increase And there are many timid, optimistic folk, dominated by traditional moral and religious sentiment, whose rationalizing proclivities prevent them from facing the issue squarely To avoid admitting early danger of overpopulation, they institute an imaginary migration to the jungles of South America, or grasp at the straw of synthetic food and intra atomic energy It goes without saying that no bank would lend money to a business man whose plans for future solvency were as visionary as those of the optimists who think we need not worry over population increase It is a fault of population theory that it is man-made This also puts a black mark against traditional optimistic attitudes, and against cameralistic and mercantilistic population policies from Frederick the Great down to our own time Such attitudes and such policies never count the vital costs of a high birth-rate—the costs to the women of the race

A B WOLFE

Scraps Foundation for Population Research

SUGGESTED READING

The **American Birth Control League** has initiated a book department **equipped** to fill all orders for books at regular **list prices**, and to suggest **authoritative** books on birth control, **marriage**, sex **education**, **eugenics** and allied subjects. The **following** recent books are recommended for your league, **community**, or personal **library**.

GROWING INTO MANHOOD by **Roy E Dwkerson**, *Association Press* Y M C A N Y \$1 00

LIFE IN THE MAKING, by Alan Frank **Guttmacher**, M D *Viking Press*, N Y \$2 75

MY FIGHT FOR BIRTH CONTROL, by Margaret Sanger *Farrar & Reinhart*, N Y \$3 00

THE HYGIENE OF MARRIAGE, by **Millard S Everett** *Vanguard Press* N Y \$2 50

THE SEX FACTOR IN MARRIAGE, by Helena Wright *Vanguard Press* N Y \$2 00

THE REVIEW FOR PERMANENT RECORD

If your **personal file** of the **REVIEW** is **incomplete**, we shall be glad to supply **missing numbers** **without charge**. **Write** at once, as some **issues** are already out of **print**.

The **REVIEW** is now **available** for **public reference** in more than 150 libraries throughout the country. Requests for **additional** copies are coming to us **daily**. If you have no further use for back numbers of the **REVIEW**, **kindly** send them to the League office by express or parcel post collect. In **this** way, you **will** help us **put** the **history** of the **birth control** movement on permanent record in many **communities**.

The **following** numbers are **particularly** needed — February, **April**, 1931, January, **April**, May, November, 1932

Never did the **social exigencies** of the hour so completely **justify** a clear **insistence** on the reasons for and the **mechanics** of **birth control**. At no other **time** in my **life** has it seemed to me so important that care should go to the **bearing** of **children**. I am glad to see the **American Birth Control League** undertake the **responsibility** of **advising** the **public** in **this** matter, with renewed assurance and enlarged **intelligence**. I feel that the matter has become more and more one of general **social** concern, and **wish** you every success in the conduct of your **campaign**.

MARY AUSTIN

ANNUAL MEETING

The annual meeting of the **American Birth Control League** will be held in New York on January 17th and 18th, 1934. Program and speakers will be announced in the next **issue**. All members and friends of the birth control movement are urged to **attend**.

The American Birth Control League

AFFILIATED STATE ORGANIZATIONS

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IN REPLY

We **invite** our readers to send **inquiries** on all **phases** of **birth** control work for reply and **discussion**. Each subsequent **issue** will reply **in detail** to one question of general **interest**.

Is the number of contraceptive clinics declining or increasing?

The first **birth** control **clinic** in **America** was opened by Margaret Sanger **in** October, **1916**. The following figures **indicate** the steady growth of **clinical** service since then. In January, **1932**, there were **104** centers for **contraceptive** advice, in January, **1933**, there were **121**, by June the number had **increased** to **133** and today, October, **1933**, the total has reached **137**.

Should welfare groups be asked to pay fees for clients they send to birth control clinics?

Logically, yes, since they must pay for the care of the unwanted **child** which might be born if **contraceptive service** were not **available**. **Practically**, the request should not be **so insistent** as to alienate the welfare groups. There **is** a **growing** tendency to **see** **birth** control as a matter of **public health**. **As** such it might well be financed by welfare groups and public funds. In **this connection** a **interesting** note that the clinic in Grand Rapids, **Michigan**, **is** tax supported.

Where can one find data on the so-called safe period, suitable for lay reading?

The two **books** issued for the laymen by the **Catholic** press are *The Rhythm of Sterility and Fertility in Women* by **Leo J. Latz, M.D.** (Latz Foundation, Chicago) and *The Sterile Period in Family Life* by **Very Rev. Valere J. Coucke** and **James J. Walsh, M.D.** (Joseph F. Wagner, New York). A **review** and **scien-**

tific criticism of the theory and of these two books by Professor **Carl G. Hartman** was **published** in the May **1933** issue of the **REVIEW**. **Dr. Eric M. Matsner**, **medical director** of the League, sums up the matter as follows: "There are a **series** of **non-fertile** days in the menstrual cycle. But the **variation** between **different** women makes it impossible to apply any general rule which would safeguard all women."

Has any religious group recently endorsed birth control?

An **influential** group of Quaker—the **Special Committee** of the Women's Problems Group of **Philadelphia** Yearly **Meeting of Friends**—issued a statement favorable to the movement in April, **1933**. It **emphasized** the **positive** aspects of **birth** control in these **well-chosen** words:

"In the **minds** of a great many people the term 'birth control' has come to mean but one **thing**, **limitation** or **prevention** of the birth of **children** through **contraceptive** methods. We understand it to **imply** much more than that. We use the term in a broad sense to mean voluntary parenthood by the regulation of the number of **children** and the **time** of their **conception**. **This** means **planning** for **children** and **spacing** them according to the best interests of the **family**."

How can social workers be contacted and brought into the movement?

This question is of **vital** importance and is frequently asked. It effects the **financing** of **clinic** work, the number and **kind** of **patients**, the place of birth control in **social** service work. We have asked **Carol K. Nash**, field secretary of the **New York City Committee** and a **social** worker of **wide** experience, to **discuss** the matter fully in the **November** issue. —EDITOR'S NOTE

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