

BIRTH CONTROL REVIEW

VOL I, No 3
(New Series)

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IN THE life of every woman come other women, less fortunate, less enlightened, many of them crushed under the burden of poverty and childbearing. They are too inarticulate to cry out, too poor to have influence, too weak to demand their liberties. The very fact that they have come into your life gives you a spiritual responsibility toward their emancipation. Sympathy is not enough, palliative emergency help is not enough, philanthropy is not enough—nothing less can you do than help to set them free. Free that they may help themselves! Free that they may grow in wisdom and enlightenment!

Only through birth control will women ever gain control of their bodies or develop their souls. Only through knowledge can they ever unlock the great gates to a future in which joy and happiness will prevail. Only through a new consciousness of birth can humanity at large ever extricate itself from the man-made muddle in which it is grounded today.

MARGARET SANGER

—From address at the World Fellowship
of Faiths, Chicago September 3rd

CHILD SPACING

The spacing of children implies the regulation of the time of conception and childbearing to conform to the best interests of the parents and the living children. Even healthy, strong mothers should guard against too frequent childbearing which may undermine their strength and lessen their ability to take care of their living children.

The argument for child spacing is based upon the assumption that pregnancy should be undertaken voluntarily and intelligently and not be subject to the caprice of the parents, that due regard should be had for the mother's physical welfare and that of the children she already has, and to the economic circumstances of the household. Modern woman, be she Catholic, Jew, or Protestant, is asserting her rights as mistress of her own body and is claiming her right to protect those who are entrusted to her care. Her duties and her obligations in the home are hers and not the concern of any group of individuals who presume to dictate her conduct with regard to her family relationships.

DR PALMER FINDLEY

—The Story of Childbirth

VOLUNTARY MOTHERHOOD

IT IS evident that enormous sums derived from tax assessments and community fund campaigns are going into maternal health work. We as the ones who spend this money are under a special obligation to see that the country is getting the best possible results. The birth of large numbers of children in families already being supported by the public is an unwarranted addition to the financial burden of the citizens, while the birth of children whose heredity includes defective mental and physical strains is a racial crime.

For years those of us who have been working in public health and social service have seen countless cases of misery due to families too large for the father's income and the mother's health. We have met the first insufficiency by supplementing the income, generally from tax funds, sometimes through private charity, and very, very rarely through increasing the father's earning capacity or by enabling older children to make contributions to the family budget. We have met the second insufficiency by establishing prenatal clinics, lying in hospitals, public health nursing service—again from the same financial resources.

Because we have copied the doctor's method of concentrating on the individual's needs or at best the family unit's needs, we have ignored the question of the ultimate effect of our program upon society. We have been dimly aware of mounting costs of government, of a falling birth rate among intelligent human beings, and of a rising survival rate of infants born of those who cannot modify their environment by means of their own ability. We have heard that institutions for the care of dependents in all of the groups cannot be provided in sufficient bed capacity to meet the necessity. What have we done?

We have gone on, complacently or unhappily, pouring water through a sieve. Is there anything which we can do to safeguard not only maternal health but society's health? Has modern medicine, which has made possible such magnificent accomplishments in the conquest of unnecessary death, anything to offer us in controlling unnecessary birth?

We have cut down the morbidity and the mortality of mothers during pregnancy. But to some of us it seems that we have failed dismally because we have

defined maternal health in terms of pregnancy rather than in terms of motherhood, voluntarily assumed. Such motherhood alone can confer upon the race babies who are here because they are wanted, because there is a chance for them to be happy. The children of mothers who welcome them not to poverty, ill-health and misery, but to homes where happiness and comfort and health are present, will be, if we will it, the children of the future. We must broaden our definition of maternal health. We must control not only the physical factors but the social ones which threaten the mothers who need us because they cannot protect themselves and their children. Are we interested in a few mothers or in motherhood?

ELSIE WULKOP

*Excerpt from address at Michigan Conference
of Social Work, Lansing, November 10*

LET US TAKE STOCK

HOW far has birth control spread in the United States? What people has it reached? What are the weak points of the movement, and how can we overcome them?

Birth control today is in pretty general practice in this country among the upper economic class—people who read and have the means to consult progressive doctors. Young married couples among our relatives and friends decide how many children they want or can afford, and don't have any more. Look at the Social Register of any of our cities, and you will see that few of the married men who have been out of college for ten or twelve years have more than three or four children. The ten and twelve child families of our grandfathers' days are no more. They are things of the past like hoopskirts and stagecoaches.

But when we come to the middle and lower economic classes we still see a good many families too large for the father's wages and the mother's strength. Birth control is gradually spreading among these groups but it has not gone nearly as far as in many of the cities of Northern Europe, where the lower occupational groups are actually having fewer children than the upper. Dr. Frederick Osborn, of the Eugenics Research Association, estimates that in this country it will be twenty years before birth control gets as far as it is in these European cities. But that all depends upon how active the Birth Control Leagues are.¹

Country regions in the United States are much further behind than the cities. New ideas spread slowly where population is sparse. The women of our farms and villages are most of them still in ignorance of modern contraception, and even though there is plenty of space for children in the country a mother on a

farm can be as worn out by incessant childbearing as if she lived in a city slum. Furthermore, farming as an occupation may be as overpopulated as any city industry. Too many farmers means overproduction of farm products, low prices and economic hardship for the farmer. The best remedy is not agricultural subsidy, but birth control. Reduce the size of the next generation on the farms. In that way you will reduce the supply of farm products, raise their prices, and bring prosperity to the farmer. Let us point this out to the N. R. A.

When we consider the lowest economic class of all (those who are chronically dependent because they are socially inadequate) we find that birth control has made practically no progress either in country or city—a baby or an abortion every year is the rule. And notwithstanding the tremendous amount of social service, the numbers of the unfit and the financial burden of supporting them are steadily growing.

The uneven distribution of birth control is its great weakness, and it is the basis for the only intelligent criticism that we meet today. Five or ten years ago our opponents used to say, "Birth Control is immoral. Birth control is against nature." We no longer hear that, but we hear, "Birth control is used by just the people who ought to have a lot of children and not by those who need it most." Which is perfectly true. But, as some one has already pointed out, the remedy for the evils of birth control is more birth control.

In the first place let us bring birth control to the women of our villages and farms. Let us get in touch with the rural nurses and ask them to tell the women that they visit the good news that there are safe practicable methods of family limitation. Let us write to the country doctors offering them Dr. Matsner's Outline, *The Technique of Contraception*, and inviting them to a demonstration at the nearest clinic. Let us have birth control put on the program of meetings of rural branches of the League of Women Voters and send letters on "Planning the Family" to the rural weeklies. Can't we have talks on birth control broadcast? Every farm house has its radio. In England there are two motor caravans traveling around the country districts, each with a doctor and nurse to teach birth control. Why wouldn't this idea be practicable in this country?

In the cities we need more and more clinical service. Remember that although for reasons of expediency most of the pioneer and demonstration clinics were independent, it is less expensive to maintain birth control clinical service in hospitals, settlements and other maternal centers. The tendency seems to be towards this type of clinic. In New York City, only two of the twenty eight

clinics are independent. It is probably best that birth control advice should not be isolated but should be given in connection with other health recommendations. The effectiveness of organized birth control work is shown by the fact that the average number of clinics in states with birth control leagues is 4.6 while states without leagues average only 1.9 clinics apiece. The number in the whole country is now 144.

"But," some people say, "these clinics are useless as far as the really unfit, the 'down and outs,' are concerned. You can't teach birth control to them." This is true in the case of the most extreme types, such as the positively feebleminded. Such defectives should be sterilized. But experience shows that except for these, the socially inadequate can be taught—with patience and tact and persistence. Of course it is to the best interest of such people to have few or no children. No sickly, lazy or incompetent woman, no woman whose husband cannot keep a job even in normal times wants to have a lot of children. The best clinics, such as the one run by the Jewish Social Service Bureau in Chicago, have succeeded in teaching men and women of this type. And it is worth any amount of trouble and expense. From the point of view of society and the future of the race it is more important to teach birth control to one woman who is below normal—either in body, mind or character—than to a hundred normal women. For the children of the socially unfit will also be unfit. No amount of education or charity or attempts at character building will prevent this, for social unfitness is hereditary. Only if we can prevent these people from having children will the next generation be better than this. With birth control and only with birth control can we build a better race.

This twentieth century will be remembered not as the century of the Great War, or the Great Depression, the airplane or the wireless, but as the century when man began to *control his own evolution by birth control*.

ELEANOR DWIGHT JONES

Excerpt from Address at the Annual Meeting of the Pennsylvania Birth Control Federation, November 23rd, Philadelphia

THE GOOD WORD SPREADS

A Florida teacher writes: "I have just consummated a reading in the Reader's Digest of the article entitled *The Question of Sterilization*, taken from the BIRTH CONTROL REVIEW. May I compliment you upon this article? I have been an instructor in biology for a number of years, and I am particularly interested in that branch known as human biology. Recently, I have become tremendously interested in birth control. I am indeed pleased to know of your existence."

S T A T I O N S - T - O - R - K

Mr. Stork Announcing

My work I won't shirk
But when fear of want threatens,
Don't crowd me with work!

If thoughts of babies, ill fed and unwanted,
Your own, your neighbors, or those of the poor
Distress your soul, why not help end the trouble?
Boycott the stork, unless above his door
The bluebird happiness proclaims that he
Will do his part to help recovery.

There might be too much food or too much cotton,
Though the reason's hard to understand
Let the truth be known and not forgotten
A surplus Baby Crop's not in demand.

"Prevent and don't destroy", that is our motto
Involuntary parenthood we say
Should never be. Our stork brings wanted babies,
His code is better than the N R A.

KATE BRADFORD STOCKTON

These verses were sent to the REVIEW by the Tennessee Birth Control Bureau. Mrs. Stockton is a mountaineer woman, who hopes to establish clinical service for the mountaineers.

ONE OUT OF FIVE

LAST evening I saw a community chest drive film. The running comment stated that one child out of every five born in the United States is supported by public charity. It seems to me that the time is ripe for a new deal in social legislation in this country. We appear to be about to recognize Soviet Russia. It would be far more sensible of us to adopt her system of legalized birth control, which is the most enlightened in the civilized world. I have seen it work, just as I have seen Pennsylvania and West Virginia coal miners, out of employment for years, breeding annually and relentlessly at public expense. Sentiment in this country is growing more strongly favorable to birth control each year, but its opponents, with a psychology akin to that of the dries during prohibition, are still powerful enough to block legislation in its behalf. I move, therefore, that the New Dealers make a ruling that opponents of birth control be the sole supporters of that one child out of five. I, for one, do not propose to do it any longer.

EVE GARRETT

—*New York Times*, November 19th

WHAT THE STATE LEAGUES ARE DOING

RHODE ISLAND HOLDS ANNUAL MEETING

THE annual meeting of the Rhode Island Birth Control League was held in Providence at the home of Mrs Henry Salomon, president, on November 2nd. Officers and chairmen of standing committees reported on their work and Mrs F Robertson Jones spoke on the aims of the birth control movement.

The president's report traced the history of the League since its organization two and a half years ago, and concluded "It is planned to make each county of the State—Providence, Bristol, Newport, Kent and Washington—a separate committee of the League. Each county will be in charge of an active committee composed of a representative from each town, these representatives will be selected by a county chairman who will in turn be appointed by the Board of Directors. Kent, Bristol and Newport counties are already functioning. The ever increasing demand upon the facilities of the Providence clinic by patients residing outside of Providence county shows that these committees are vigorously promoting the aims of the League.

"Members of the League will be gratified to know that the work of the League is now publicly endorsed by one hundred and nineteen prominent physicians of Rhode Island.

"With the completion of the state organization plan, Rhode Island takes its place with fifteen other state leagues in furthering the growth of birth control work throughout the United States."

"The work of the clinic for the year ending November 1, 1933, continues to merit support as a logical part of the general community program," said Dr Charles S Brackett, Chairman of the Clinic Staff and member of the Board of Directors. "Contraceptive advice, such as is offered to those most in need of this service, should not be expected to take the place of other relief measures, but it is one important approach to the alleviation of distress—physical, mental and social. In such a period as the present there is demonstrated beyond a doubt the need for every form of effort which can contribute to the general welfare. Contraceptive instruction is certainly a part of preventive effort."

The average family of the mothers who come to the clinic is four children, some families, however, having as many as seventeen children. The average family income is \$8.40 per week. Thirty-two per cent of the patients have husbands wholly unemployed, most of them dependent on charity. Forty-one per cent of the patients are given free advice, the remainder paying a small fee.

Officers for 1933-34 were elected as follows: Mrs Henry Salomon, president; Mrs Ashbel T Wall, Jr, Mrs A Livingston Kelley, Jr, Mrs Robert H Whitmarsh, vice-presidents; Mrs Raymond E Ostby, treasurer; Mrs Thomas K Chaffee, assistant treasurer; Mrs William Adams Brown, Jr, secretary.

PENNSYLVANIA ANNUAL MEETING

The Pennsylvania Birth Control Federation and the Southeastern Pennsylvania Birth Control League held a joint annual meeting on November 23rd, at the Bellevue-Stratford Hotel, Philadelphia. At the morning session, reports from affiliated groups and standing committees presented an inspiring picture of state-wide birth control work. Clinical service is growing by leaps and bounds. Dr Clarence James Gamble, who succeeds Dr Stuart Mudd as president of the Pennsylvania Federation, gave the following summary of clinical service for the year ending November 1, 1933:

	<i>New Patients</i>	<i>New patients per 100,000 population</i>	<i>Increase in number over previous year</i>
Philadelphia	2282	117	23%
Pittsburgh	613	92	
Reading	316	285	45%
Bethlehem	148	256	
Chester	110	177	75%
Easton	96	278	
Lancaster	77	128	
Wilkes Barre	22	25	

A large and interested audience attended the luncheon. Dr E A Whitney, Chief Physician, Elwyn Training School for the Feeble-minded, spoke on the need for a sterilization law and urged support of the new sterilization bill to be presented at the next session of the legislature. Dr B L Scott, Director, Bureau of Correction of the State Department of Welfare, also pointed out the benefits of the proposed sterilization law. Dr S C Mukerji, Director, American Friends Service Committee on Community Health Demonstration in India, spoke on India's need for birth control. The comprehensive health program, which he hopes to establish in Bengal and Calcutta, will include maternal and infant care, birth control, and preventive health education. Mrs Morton Keeney, president of the Michigan League, and Mrs F Robertson Jones, president of the National League, also spoke. An excerpt from Mrs Jones' address is given elsewhere in this issue.

For Social Workers

The Philadelphia Maternal Health Committee held a tea for West Philadelphia and Delaware County so

cial workers in the auditorium of the Christian Association of the University of Pennsylvania, on November 13th Mrs Dale Kitzmiller, secretary of the 69th Street clinic, organized the meeting Social workers from county relief and family welfare associations, visiting, school, hospital and factory nurses were present, to the number of about 150

Mrs Stuart Mudd presided, and Miss Edith J McComb, Director of Social Service of St Christopher's Hospital spoke on *The Contribution of the Clinics to Hospital Social Work* Miss McComb stressed the fact that social workers must "sell birth control service" to their clients by interpreting its value to them, that birth control advice had been found to have a very helpful effect on those who came to her for advice on family difficulties, and that it often played an important role in straightening out emotional problems Dr Clarence James Gamble, president of the Pennsylvania Federation, and Dr Lovett Dewees, Chief of Staff of the Maternal Health Centers, spoke Referral slips, a listing of clinics, one hundred copies of the November REVIEW and a general information sheet for social workers were distributed The following paragraphs are worth quoting

"Every patient is examined and advised by a physician and taught if possible a better method of contraception The method generally recommended is mechanical, simple, harmless and effective It is in no sense an operation and does not interfere with desired pregnancies

"Social workers are welcome at the clinics at any time It is hoped that you may be able to come in from time to time with your patients It is not necessary to call your attention to the need for this service, but it may be helpful for you to know exactly what it is and what is being done in order that it may serve you and the community more efficiently "

CONNECTICUT

The Connecticut Birth Control League held a meeting in Greenwich on November 23rd Dr Cheri Appel spoke on *The Work of the Greenwich Clinic* Rabbi Feldman of Hartford and the Reverend Robbins W Barstow discussed *The Moral, Social and Economic Aspects of Birth Control* The annual report of the Greenwich Clinic, just published, shows that it has helped over 800 women during the past year More than sixty per cent of these women came from families receiving relief from the town funds

The Connecticut League is organized by counties as follows

Fairfield Mrs Jean Allee Shope, Ridgefield

Hartford Mrs R W Barstow, 163 Elizabeth St

Litchfield Mrs Mabel Spinney

Middlesex Mrs Charles Howland, 34 Home Avenue, Middletown

New Haven Mrs Allen Cowperthwaite, 143 Cottage Street

New London Mrs E C Streeter, Stonington

Tolland Mrs George Siswick, 63 Grant Avenue, Stafford Springs

Windham Mrs Francis U Johnstone, Putnam

DELAWARE

The November meeting of the Delaware Birth Control League was held in Wilmington at the home of Mrs Union Worthington on November 9th Mrs H Wilson Moorehouse, secretary of the Southeastern Pennsylvania Birth Control League, gave an account of the development of the Pennsylvania League and the work of its clinics Mrs Robert Enders of Swarthmore also spoke Dr John Henry Mullin closed the meeting on a hopeful note, expressing his belief that every hospital will eventually include birth control service in its regular clinical work

INDIANA

The Indiana Birth Control League held a tea on November 1st at the home of Mrs J A Goodman Miss Elsie Wulkop spoke on *The Relation of Birth Control to Family Welfare*, and Mrs Lee Burns told of the immediate aims of the League During the general discussion, Mrs H E Barnard described her recent visit to London clinics The tea, which was attended by about one hundred people, resulted in an increased membership and further offers of help

KENTUCKY

The Kentucky Birth Control League reports that its clinic is active and that satisfactory cooperation with other clinics in Louisville is being established Membership is growing and a worthwhile group of people are sincerely interested Immediate plans call for offering talks on birth control to civic and philanthropic groups

Mrs Charles G Tachau, president, writes "We are particularly interested in the article *Enlisting the Aid of Social Workers* in the November REVIEW and are already trying out some of the suggestions "

MINNESOTA

At the November meeting of the Minnesota Birth Control League, the Social Service Committee reported that it had been contacting the Social Service nurses in the various large stores and industrial plants throughout Minneapolis It plans to connect with the heads

of the different welfare groups, following along the lines of the suggestions for such work in the last REVIEW

A committee was appointed to select a group of doctors throughout the state to serve on a special Medical Advisory Board. On December 11, a special committee headed by Mrs. Frederick G. Atkinson, president, will speak before a group of representative men and women in Duluth. It is hoped that a branch organization will be formed, and a clinic opened there.

NEW YORK

A successful benefit performance of the musical comedy "Roberta" was held by the New York City Committee on November 23rd. A distinguished group of two hundred and fifty patronesses sponsored the enterprise, and approximately six thousand dollars (\$6000) was cleared for the support and development of the Committee's Mothers Health Centers.

THE NEED FOR BIRTH CONTROL IN INDIA

The economic conditions of India condemn millions of its people to a state of permanent and inescapable poverty. This poverty has many causes but the most fundamental are the density of India's population and its defective agricultural organization. Closely dependent upon these, too, are high rates of infant and maternal mortality and a generally low level of health. It may not be true to suggest that the population of India is too large for its potential natural resources, but that its existing resources cannot support a population which is expanding at the present rate is surely not a matter for dispute. The penalties for ignoring these facts are famine, a wretched standard of living and an appalling death rate.

Western experience has shown the tragic waste that results from allowing nature to fix the limit of population. It has shown, too, that higher standards of living are correlated with a deepening sense of individual and social responsibility towards women and children. India is ready to profit by this experience.

The practice and ideals of birth control have permeated the educated classes and have had, according to Indian economists, a far more widely reaching effect than has been generally realized. India seems well abreast of other Eastern countries in its demand for scientific birth control knowledge. This knowledge must be supplied at once. It will raise the standard of living, it will stem the present wastage of human life, and it will prevent the widespread resort to abortion with its danger to maternal life and health.

—*Birth Control International Information Centre*

THIRTEENTH ANNUAL MEETING *American Birth Control League*

THURSDAY JANUARY 18TH
At the PARK LANE HOTEL, 299 Park Avenue, N. Y.

10 30 A. M. American Birth Control League—Elections, Reports and Plans

Mrs. F. Robertson Jones, *presiding*

2 30 P. M. State Leagues—Reports and Plans

Mrs. George A. Dunning, *presiding*

7 30 P. M. Dinner meeting

"How Birth Control Affects Family, State and Race"

Henry Pratt Fairchild, Ph. D., president, Population Association of America, *presiding*

Speakers

C-E. A. Winslow, Dr. Ph. D., Professor of Public Health, Yale Medical School

Stephan Duggan, Ph. D., Director, Institute of International Education

Harry A. Overstreet, Ph. D., Professor of Philosophy and Psychology, College of the City of New York

FRIDAY JANUARY 19TH

At the Y. W. C. A., Lexington Ave. and 53rd St., N. Y.

10 30 A. M. Round Table Discussion on Practical Problems

1 30 P. M. Luncheon Meeting

"Birth Control and Dependency"

Members of all birth control organizations, friends, foes and the general public are cordially invited to attend.

NEWS FROM EVERYWHERE

The Family Relations Institute of Buffalo, New York, opened its doors at 11 Niagara Street, on May 25th, 1933. Clinic sessions are held Tuesday morning and Thursday evening with Dr. Milton Kahn in charge, assisted by Miss Mary Carter, R. N. The Institute is also open daily (except Sunday) from 9 to 1 to receive patients, answer inquiries, and operate a lending library. A medical, legal and clerical advisory board cooperate, and the Episcopal, Presbyterian, Jewish, Baptist, and Methodist Churches send volunteer workers to take care of the office, each church being responsible for one morning a week.

The Future of Marriage was discussed by Dr. John Haynes Holmes, pastor of the Community Church, and Mrs. F. Robertson Jones before the Cultural Circle, on November 20th at the Hotel Astor, New York.

The New York State Federation of Women's Clubs at its thirty-ninth convention, held in Elmira, November 13th, stressed "woman's responsibility in producing a more intelligent, healthier race" The American Birth Control League expressed its approval and offer of cooperation in the following telegram to Mrs Charles Moore, president

"We congratulate the New York State Federation of Women's Clubs on its interest in the building of a happy race If the Federation plans to exert its influence in favor of race betterment the American Birth Control League will be glad to cooperate to the extent of its ability in the promotion of birth selection, so that there may be more children born of good stock and fewer of bad stock"

The Connecticut League of Women Voters, at its annual convention in Greenwich on November 23rd, voted to add the item "Birth Control Legislation" to the study program of the League's department of social hygiene This action, it is pointed out, does not commit the League to the support of any proposed legislation concerning birth control A similar proposal was voted down in Waterbury two years ago That Connecticut will soon have a body of women informed on the birth control movement and its aims is a matter for congratulation

Los Angeles, California men's and women's organizations initiated an educational campaign for a better understanding of the birth control movement with a dinner meeting on November 1st Dr Graham Laing, of the California Institute of Technology, and Dr J L Pomeroy, superintendent of the Los Angeles County Health Department, spoke

ACKNOWLEDGEMENT

The article "The Well-born Child," which appeared in the October issue was taken from a report of the Committee on Growth and Development (Part I, pages 45-7) White House Conference, published by the Century Company, 1932 While the article was originally written by one member it represents, in its present form the views of the Committee itself The REVIEW feels greatly encouraged that the Committee should take so definite and significant an attitude upon this most important question

Is Sterilization Legal in the United States?

Sterilization may be legally practiced in twenty-six states today The first sterilization law was enacted in Indiana on March 9th, 1907 Since then sixty-three different acts have been passed and a total of 15,156 sterilizations are recorded as of December, 1931

THE AMERICAN BIRTH CONTROL LEAGUE

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- VIRGINIA BIRTH CONTROL LEAGUE
2025 Monument Ave Richmond

The president and secretary of each state league is given in the October issue

BOOKS RECEIVED

MATERNAL MORTALITY by the New York Academy of Medicine Committee on Public Health Relations *The Commonwealth Fund New York 1933* \$2 00

VOLUNTARY MOTHERHOOD by Antoinette F Konikow, M D *Buchholz Publishing Company Boston 1933* 50 cents
(Sold only to physicians)

BOOK REVIEW

LIFE IN THE MAKING by Alan Frank Guttmacher, M D *Viking Press New York 1933* \$2 75

In *Life in the Making* Dr Guttmacher has presented in a delightfully readable manner the story of human reproduction, simple enough for the intelligent lay public yet without compromising accurate scientific facts. He has made an age old and what could have been an age-worn subject an intensely vital, human and absorbing story. By giving an historical resume of the beliefs and superstitions of primitive peoples he has created a particularly interesting background for the authentic scientific knowledge of the present time.

Fertility and sterility are treated in a thoroughly competent fashion. The lore of sterility is most entertainingly recounted and the treatment for sterility given, including an explanation of artificial insemination and its use in humans.

For the already enlightened the book will add much of biological and historical interest and for those still uninitiated in the science of procreation it should prove an excellent introduction and stimulus to further reading. Dr Guttmacher has anticipated the need of his readers by appending a list of supplementary reading.

BESSIE L MOSES M D

WHY YOU SHOULD BE INTERESTED
IN BIRTH CONTROL

- 1 In order to space births to meet your ability to care for more children
- 2 To safeguard your health and the happiness of your home
- 3 To give the children you already have a proper amount of parental care
- 4 To preserve your economic independence and a decent standard of living in your home
- 5 To lift the heavy burden from organized philanthropy

—Leaflet issued by the Mother's Clinic Detroit, Michigan

SUGGESTED READING LIST IN POPULATION

DANGER SPOTS IN WORLD POPULATION by Warren S Thompson *Knopf N Y* \$3 50

MANKIND AT THE CROSS ROADS by E M East *Scribner N Y* \$3 50

POPULATION PROBLEMS IN THE UNITED STATES AND CANADA edited by Louis I Dublin *Houghton Mifflin N Y* \$4 00

POPULATION TRENDS IN THE UNITED STATES by Warren S Thompson and P K Whelpton *McGraw Hill, N Y* \$4 00

STANDING ROOM ONLY, by E A Ross *Century Company N Y* \$3 00

THE PROBLEM OF POPULATION, by Harold Cox *Putnam N Y* \$2 50

Order your books from our Book Department

We are glad to suggest books on the birth control movement and kindred subjects, to furnish reading lists for study groups and advise on the selection of books for birth control reference libraries.

BIRTH CONTROL REVIEW

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Sent to all members of the American Birth Control League and affiliated State Leagues

JANUARY MEETINGS

CONFERENCE ON BIRTH CONTROL AND NATIONAL RECOVERY
Under the auspices of the National Committee on Federal Legislation for Birth Control

January 15, 16, 17, Mayflower Hotel, Washington, D C

THIRTEENTH ANNUAL MEETING

American Birth Control League and Affiliated State Leagues
January 18, 19, Park Lane Hotel, New York, N Y