BIRTH CONTROL REVIEW

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TO START A CLINIC

THE practice of contraception concerns both sexes and all adults Dr Robert L Dickinson estimates that one quarter of the population needs contraceptive information during half its life time On the basis of the 1930 census, it may be safely computed that sixteen million married women alone might well need contraceptive instruction The official birth control movement, which perforce has been able to cover only a comparatively small part of the field, has been chiefly occupied with the problem of the married woman who for reasons of health needs relief from excessive childbearing But even with this narrowing down, contraceptive instruction is far from adequate—witness the fact that clinical service in the United States from its beginning to the present time has cared for an estimated total of about 150,000 patients These figures are cited not by way of criticism but to indicate the urgency of action

Women who need contraceptive instruction may be divided into the privileged and the underprivileged The first group can afford the services of a private physician and their problem is becoming simpler as physicians become increasingly willing to advise their patients The case of the underprivileged woman is far different and it is desperate Unable to obtain instruction from private physicians in good standing, unable to find free or relatively inexpensive clinical care, she turns to quack methods which are usually unsure and often injurious Patent medicine has been quick to take advantage of the situation Recent studies show an alarming increase in irresponsible advertising of contraceptives and abortifacients in the magazines which are read chiefly by the young and by the poor

The increased activity of irresponsible contraceptive business and the figures quoted above indicate the pressing need for giving wide spread, scientific and free birth control instruction to the underprivileged groups At the present stage of birth control organization, an effective way to do this is by a nation wide extension of birth control clinics

Any group wishing to start a birth control clinic needs to inform itself on two essential points 1 the organized medical and health resources of its community and, 2 the different types of clinics Then and only then can it choose which type will call for the least expenditure of time and money and which will most readily fit into the local picture

Clinics fall into two main groupings intra mural—those functioning in the out-patient service of a hospital, whether within or without the hospital walls, and extra mural—those organized as self-contained units primarily designed to give birth control service

In Michigan, one of the more recently organized state leagues, the emphasis is placed upon the organization of intra mural clinics, contraception rightly takes its place with other hospital or out-patient services On the other hand, in Pennsylvania, one of the older state leagues, the law and the state of the public mind when the Federation was formed forced it to organize extra mural clinics—a costly way, but the only way for Pennsylvania at that time

Of course, the best known of all birth control clinics, the Birth Control Clinical Research Bureau (The Sanger Clinic) in New York, the first in the country and the largest in the world, is an independent organization, occupying an entire building for its services in birth control and related fields

There are advantages and disadvantages, arguments pro and con for both types of clinic These may be summed up briefly as follows

Intra-Mural Clinic It is possible to take advantage of an already functioning organization This not only lessens overhead, but insures proper medical standards and adequate medical supervision The latter is important, as the giving of contraceptive advice is a medical technique and should have all the safeguards which commonly surround such procedure The objection is raised that hospitals are overcrowded and understaffed But this obstacle can be overcome if the organizing group pays for whatever additional professional service is required Another objection is that women do not want to go to a hospital for contraceptive advice This was probably true in the early days of the movement, but newly organized hospital clinics are soon running to capacity and forced to increase the number of sessions

Extra-Mural Clinic Such service can be established where needed, and in distinction to the hospital clinic, it may be moved if and when neighborhood conditions change The requirements of space and equipment are neither elaborate nor costly Furthermore, because the

patients are not sick, the clinic can be informal, and can avoid the hospital atmosphere which so frequently frightens the timid and unsophisticated woman In the extra mural clinic the policy of admission can be more flexible and the records may be kept with only immediate clinic ends in views But two serious objections may be raised First, the advantages of the hospital clinic in the matter of medical supervision and standards cannot so certainly be sustained in the extra-mural clinic Secondly, it is the function of any private group to experiment, to organize and to demonstrate the new and untried Logically, the time comes, whatever the service may be, when the activity should be turned over to the community to administer and finance In birth control work, such transfer (and we should keep in mind that the time of transfer *must* come) can more readily be made if birth control service is established within the hospital or tied into some other existing health service than if it is an independent enterprise

Whichever type of clinic is decided upon, data on costs will be needed The essential items may be listed as follows

Medical Service It is the accepted practice, in cases where clinicians are paid, to give them $5 an hour The usual clinic session is two hours and the average number of patients to receive attention during a session is eight, including some new patients and some returning for check up This number can be cared for only if the social history is taken by a social worker or nurse The clinician's duty is to take the medical history, make the medical examination, record medical findings and instruct the patient in how to use the prescribed method

Nursing Service The work in itself does not require the services of a graduate nurse But to conform to accepted hospital standards and to enlist the cooperation of the nursing groups, both within and without the hospital, it is advisable to adhere to the policy of using only graduate nurses in clinics, even though it is a little more costly The fee for hourly nursing service runs from $2 to $2 50 for the first hour and 50 to 75 cents for each additional hour It makes little difference in cost whether the nurse is employed on an hourly basis or is shared on full-time with another organization Nursing service comes to about $4 to $5 a session, as the nurse is needed beforehand to set up the clinic and afterwards to sterilize gloves and instruments, check and put away supplies and complete the case records

Other Services The keeping of records and follow up of cases should be done by a social worker or secretary, according to the set-up of the organization Salary will be determined by local conditions

Records The actual cost of case record cards varies, and it decreases if they are bought in quantity But it is small in comparison to the cost of taking and keeping records What material should be recorded depends upon the policy and purpose of the organization This is one of the most important elements in clinic procedure and cannot be adequately discussed within the confines of this paper

Supplies The best quality of mechanical device used by women costs, at present prices to clinics, about 50 cents and will last two years or longer, if the patient follows instructions The clinics also supply an additional chemical protection which can be bought (best quality at rates to clinics) for about 15 cents for a 2 ounce tube Six to eight tubes is the average patient's annual requirement If all supplies are furnished free the cost per patient should average not more than $2 to $2 50 per year

Rent The item of rent is probably the most variable of all costs, but $50 to $75 a month should purchase adequate space in districts where extra mural clinics must be established In small communities this figure will be lower, and it is sometimes possible to get unoccupied space as a donation In New York and Chicago extra-mural clinics operate in settlement houses at a very low cost, since the settlement furnishes space, nursing and recording service The organization group has to finance only the doctors fees, the cost of supplies and charges incidental to organizing and maintaining the service

Patients Fees Up to the present time it has been the accepted clinic practice to care for "private patients" at a charge of from $10 to $15 for examination and supplies, and check up visits With the increase in the number of physicians qualified and willing to give contraceptive instruction in their private practice, it has become customary to route the patient of means into private practice and to concentrate on the patient who can pay an extremely moderate fee or none at all The average clinic fee ranges from $3 down to nothing

Experience shows that it is wise, when possible, to collect something, however small, to cover at least in part the cost of supplies, even if the cost in overhead is as much as the total sum involved Clinic records seem to indicate that the woman who pays *something* for her supplies is more likely to follow directions than one who gets service and supplies entirely free

To sum up A clinic holding one two hour session per week with services of physician, nurse and secretary, with outlay for supplies for 300 new patients and 100 old patients may be financed for approximately $2,000 per year

ALICE C BOUGHTON

A Clinic Questionnaire

THE progress of Birth Control in the United States is most concretely expressed in the extension of the clinical services in this field The first active Birth Control Center in the United States was opened by Margaret Sanger in 1923 Today, eleven years later, there are over 150 centers in existence and new ones are constantly being established The majority of these have been organized by local Birth Control Leagues, Social Welfare organizations, Church committees and other lay groups, but many of them have also been opened by hospitals, polyclinics and public health departments, and function as an integral part of these communal organizations In all instances, however, the American birth control clinics are under medical supervision, and contraceptive measures are prescribed there by physicians only In a few cities where no organized clinics are found, contraceptive services are maintained by one or a group of physicians on a clinic-like basis

In an attempt to develop a regular exchange of information and data among the various clinics in this country, Margaret Sanger and I sent a questionnaire in July, 1933, to the physicians in charge of all the known birth control centers in the United States This inquiry dealt primarily with the practical problems of contraceptive technique and research Replies were received from over 90 clinics, located in 24 different states, and representing nearly 150,000 patients As all of the important contraceptive centers responded, the study may be considered as thoroughly indicative of the experiences and opinions of the American physicians most actively engaged in clinical contraceptive work

A full analysis of the results of the inquiry will appear in the next publication of the International Medical Group for Contraception In this brief summary, I shall mention but a few points which will give some picture of the present status of the clinical service in America, and which should be of interest to the readers of the Review

The contraceptive method of choice is similar in type and character in practically all of the clinics It is a method which has to be employed by the woman, and requires an individual physical examination and instruction This is one of the main reasons why contraceptive advice is still a problem of medical technique The experiences with the method have been very satisfactory Practically without exception, the physicians stated that they found it reliable and adequate "We feel that the method used is most satisfactory," writes one doctor "This method is most reliable," writes another "It has proved to be remarkably successful," writes a third A number of physicians, however, emphasize the fact that the reliability of the method depends to a large degree upon the care taken with the medical examination, the prescription, and instruction of the patient, as well as upon the co operation and responsibility of the patient herself

In spite of the fact, however, that the methods currently employed have proven to be satisfactory, many physicians, in reply to the heading, "Suggestions for Research," emphasized the need of a simpler and more applicable method Such methods are particularly necessary for patients who are irresponsible, uncooperative, or mentally subnormal, as well as for women who cannot be adequately protected by existing methods because of the anatomical condition of their reproductive organs

Trials and experiments with new methods along chemical, mechanical and biological lines are being carried on in several of the American cities Minor improvements in the present day methods are constantly being made, and new lines of investigations followed Considering the fact that until recently the subject of contraception was taboo even among scientific investigators, and that only within the last few years has any experimental work been done in the chemistry, physics and biology of contraception, we may well expect continued progress in this field

Hannah M Stone, M D , *Medical Director*
Birth Control Clinical Research Bureau

Our Newest Clinic

The Clinic of the Maine Birth Control League, incorporated under the name of Maternal Health Clinic, opened its doors on the 28th of February, at 193 Middle Street, Portland

A Medical Advisory Board of seventeen doctors, five of whom constitute an Executive Board, an Honorary Committee of sixteen prominent citizens, and a Board of nine directors, give an adequate working force, and guarantee the success of the movement

The clinic will be open every day from 10 to 12 but for the present a doctor will only be on duty on Wednesdays The Clinic starts most auspiciously and will supply a much needed demand in the community The offices, freshly painted, with furnishings donated by interested friends, is proving a most attractive and valuable housing for the Clinic Two office rooms, a model surgical room and a practice room beside a lavatory comprise the equipment Miss Doris Davison, coming with credentials from the Birth Control Clinical Research Bureau, is the efficient nurse in charge

THE CLINIC INTERVIEW

THE social interview in a birth control clinic should have several goals to establish friendly contact with the prospective patient, sell the idea and ideals of the clinic to the patient—let her know just what is expected of her and what she can expect from the clinic, re-assure the nervous patient, obtain some idea of the problems of the patient—economic and social, and perhaps, in bare outline, the physical and emotional problems In short, the social interview should interpret the patient to the physician, and also (after the first contact) interpret the physician's recommendations to the patient

Because the things we seek from an interview are so varied and so important the person taking the interview should be a person who meets people well A social worker who has family case work experience has much to offer as an interviewer But regardless of the interviewer's background and training, she must be a person well adjusted to life, a person who leads a normal life herself No elaboration is necessary on this point The person who is warped—particularly on sex matters—certainly cannot give to the patients in a birth control clinic the wholesome attitude that all clinics should try to inculcate in their patients

All interviews should be taken by the same person First, to assure consistent information to patients, and second to give the patient a feeling of security and make it *impossible* for her to think, "I talked to another person last week She knows all about me This new one doesn't understand"

Now as to surroundings Privacy is essential for a really worth while interview Patients come to a birth control clinic with mixed feelings Fear and relief, interest, often combined with a feigned indifference, desire for information and hesitance to ask for it If the room is pleasant and comfortable, and the patient and interviewer are alone, these mixed emotions can be untangled a bit, and the patient can be put in readiness for her next contact in the clinic—her doctor

The time for an interview will necessarily vary If it is the patient's first visit to the clinic, the interviewer will want to give as much time as necessary to establish a good contact This is important because the patient's whole future relationship and co-operation with the clinic depends on her first impressions The patient's innate ability, of course, has some bearing on the length of interview If she wants to talk she should be made to feel that she will have a sympathetic listener always

A patient should never have her personal problems discussed or even mentioned before other patients

Making notes on the record during the interview occasionally decreases good contact with the patient However, most patients are satisfied if they are told that the doctor would like to know these things to help him understand her particular case

The question of material to be gathered in the interview comes up The outline worked out by the National Committee on Maternal Health seems well adapted for use in clinics, and if followed by new clinics coming into the field would certainly make possible a telling compilation of facts from different sections of the country

The person taking the history might well stay in the field of social data Questions relating to the sex life of the patient come within the realm of the physician's contact with the patient We are striving to impress people with the idea that it is essential to have medical advice on contraception and other matters pertaining to maternal health and well being Patients will probably be more honest with a physician in discussing their sex habits than they will be with a lay person—even a trained nurse or social worker

CAROLYN BRYANT *Executive Secretary*
Maternal Health Clinic Cincinnati

SOME CLINIC PROBLEMS

Excerpt from a talk given at a meeting for social workers at Union Settlement New York City, on March 19

"HOW do you make your contacts, who refers mothers to you?" we are often asked With the exception of the Catholic Charities and other Catholic organizations I really think that every social, health and relief agency in the district and some out of the district have sent mothers for contraceptive advice This includes, as well as the organizations represented here today, social service workers of hospitals including city hospitals, physicians in baby health stations, home relief workers, school teachers, the Children's Court This past year 188 mothers were referred by former mothers This helps us in checking up our mothers who seem long in returning, it also makes the clinic a place for family reunions for sisters, sisters-in law, cousins, and aunts

That we have problems is very evident from the fact that sixty one mothers did not return to the clinic last year after being fitted In looking through those records I find that the majority are mothers who have at least two babies or more — therefore very busy mothers—and most of them are Italians This might indicate that the husbands object

The task of follow up work is difficult in spite of

the fact that district nurses and social workers have helped a great deal I have visited a few of the famil ies and found some who intended to return but just hadn't found time One didn't have a warm coat or warm clothing for the baby so she couldn't get out until Spring In another home I encountered a husband, the family was preparing to move to the Bronx to live with in laws as the husband was unemployed He frankly said that he did not care to have his wife return to the clinic because he did not believe in it He made me very welcome, however, and we discussed the matter He was much interested and said he thought it was all a very good idea, but he just had not understood I gave him the address of the Bronx clinic and he said he would take his wife there as soon as they got settled It is wise to ask the mother to make sure that her husband approves or ask him to come to the clinic with her I think that many men disapprove simply because they don't understand We very seldom hear now that "I should like to come to the clinic but my husband won't allow me to" More husbands come along to hold the baby or to interpret, or come for the wife's supplies

As to fees, we do not allow lack of funds to pay for material to be a problem Some relief organizations pay for their clients' supplies, other do not We tell mothers that they may pay later when their husbands get a job We do try to make them understand that though the material is not free, it can be paid for at any time and they must be sure to call for supplies whether they have money or not

One rather tragic problem is that of the mothers who come to late, pregnant Very often they have had referral slips given them long ago but they just put off coming I suppose there is nothing to be done about that except more pressure on the danger of waiting It is contrary to our policy to examine patients whose menstrual periods are overdue

We have an occasional call from mothers and social workers saying they would like to send a mother for advice but she has a young baby and no one to care for it We have a baby basket here and toys for older children, though of course it is better for the mother to leave her children at home, if she can

What of the value and success of the work in relation to age and number of children? We are most successful with the young mother who has only one baby She is not interested in family planning if her baby is very young, but she has not forgotten nine months of pregnancy and the delivery One baby seems quite enough She is interested in having her health taken care of so she can care for her baby When the baby is a year old she may begin to think that a little later she might want another one The mother who has three or four is already tired and worried, a little more difficult to teach, perhaps, because she is nervous and apprehensive It takes some time to convince her that there *is* such a thing as a safe method of birth control After being convinced of this, however, it is a pleasure to watch the change and to see how she begins to enjoy life again Women of the large family group have tried every birth control method known to the house wife and it is still harder to convince them that there are safe and certain methods

Workers tell us sometimes that they have patients who are too stupid to learn We should give them all the benefit of the doubt We have some mothers considered very dull who are using the method successfully

In conclusion, I wish to say that it has given us a tremendous lot of satisfaction to see mothers come so worried and in a few months enjoy their babies and homes

Rose Ann Rennie, *Staff Nurse,*
Union Settlement New York

Birth Control in Hawaii

The Palama Settlement Clinic Honolulu

A BIRTH control clinic conducted under the same roof and in the closest conjunction with a prenatal clinic, a venereal disease clinic, a child health conference, a general medical clinic, and a generalized public health nursing organization, presents a set-up which may well be unique The value of such a relation ship is obvious and under the stimulation of medical and nursing directors who regard control of conception as a major public health and social welfare measure, and with the hearty support of its medical advisory committee and its Board of Trustees, Honolulu is receiving through its Palama Settlement an unusually effective service Many of the services of a family guidance clinic are also given by the birth control clinic

The clinic's services include sterilization by vasectomy and referral of women to the City and County hospital service for salpingectomy, as well as temporary control by birth control methods

During 1933, 955 women have sought advice at the clinics, making 2936 visits The Japanese, Filipino, Portuguese, Porto Rican and Korean groups are represented on the clinic register in considerable excess of their proportion in the general population of the city, the Hawaiian, Chinese and Caucasian in less proportion Roman Catholics represent 39 per cent of the patients, Buddhists 36, Protestants 20 and others 5 per cent Fifty seven per cent of the patients are referred by

the Palama medical department or the public health nurses Much service is performed for the social agencies and the Territorial Unemployment Relief Committee An aggressive follow up service by clinic visit, home visit and letter is conducted

One hundred fifty sterilization operations have been performed during the year without a complication or a complaint A motion picture in color has been taken to show the technique A medical report of the clinic's work is under preparation

The clinic was opened in July, 1931 The medical director, Dr Joseph Wincy Lam, the physician, Dr Muriel Cass, a full time social worker, a full-time clerk interpreter a part time nurse and an attendant conduct three three hour clinic sessions a week, exclusive of all surgical work Salaries amount to $4,000 a year, exclusive of the medical director, other expenses, chiefly supplies are $1,000

The medical department, of which the birth control clinic is a part, is supported equally by the City and County government and the annual United Welfare Fund

PHILIP S PLATT, *Director*
Palama Settlement, Honolulu

SOUTHERN CALIFORNIA CLINICS

THERE are a number of Mothers Clinics scattered throughout Southern California One of the oldest of these clinics is the one connected with the Dispensary of the Pasadena Hospital, established six years ago The Hospital supplies professional services to the clinic, its expenses are met by the Community Chest, and its service is, of course, available to residents of Pasadena

An outstanding achievement in Mothers Clinics is that run by the Woman's Hospital of Pasadena Here a group of socially far sighted women have made possible a maternity service which, logically, recognizes the cycle of conception, pre natal care during pregnancy, confinment and contraceptive service

Several years ago the Woman's Hospital of Pasadena was founded to provide modern hospitalization for maternity cases at low rates It is a small hospital, charmingly situated, scientifically and attractively equipped to meet the needs of families of limited incomes It cares for the expectant mother who does not go to the General Hospital, but whose budget can not meet the customary hospital expenses During its relatively brief existence, the Woman's Hospital has proven itself so vitally helpful that it is now a beneficiary of the Pasadena Community Chest In addition to hospitalization during confinement, the patient has access to the Pre natal Clinic and to the Mothers Clinic of the Woman's Hospital Observation of the cases served by the hospital indicated the need for a Mothers Clinic directly connected with the institution This clinic, founded in May, 1933, and supported by private funds, offers its services not only to patients of the hospital, but to outsiders as well

The close contact with the patient in a small hospital during pregnancy and confinement offers an unusual opportunity for building up a sound psychological attitude about contraceptives and for training the patient in their use The executive director and the social worker are able to discuss the question with the patient in the light of her own particular problems, to help her plan for the care of this child and to advise her about timing the coming of the next, to give her literature about contraception, and to make her understand the function and value of the Mothers Clinic

In Los Angeles County there are at present fourteen Mothers Clinics serving the county population from finely equipped medical centers operated by the County Health Department They are financed by that department, that is, the buildings, equipment, and the nurses of the staff are paid for by the department Because of the present financial situation, physicians are volunteering their services, and only tubercular and venereal cases are accepted Other patients are referred to physicians who cooperate with the County Health Department in giving the patients the benefit of clinic rates

RUTH AMBERG LACHENBRUCH

COUNTY BIRTH CONTROL SERVICE

THE experience of Pennsylvania in organizing county committees may hold suggestions for younger state leagues Some of our local groups were organized for legislative work before it was thought possible to have clinics More recently local committees have been formed primarily for clinical service

In promoting clinical work in an unorganized county we have started usually in the largest center of population and contacted members of the Boards of Social Agencies, Hospitals, etc, also the executives connected with these institutions, as well as other socially minded people We then set a date for a meeting of such representatives and avoid newspaper publicity

When the group meets we explain to them what has been done in other counties the number of social agencies sending patients to contraceptive clinics, give them some idea of how the clinics are conducted, of how the money is raised to support them, etc At this meeting a Nominating Committee is appointed to select the officers and a date set for the next meeting

We always work with a Nominating Committee and assist them in lining up their ticket and working up the second meeting By the time this meeting is called there is a great deal of enthusiasm, and it is usually rather well attended At this time some form of by-laws are drawn up and the date of the regular monthly meeting set Chairmen are appointed for Finance, Membership, and Clinic Committees

As soon as stationery is printed an appeal goes out, sometimes to several thousand people, explaining the aims of the organization, and asking for membership and contributions Immediately the Clinic Committee with the help of the field worker begins to search for a suitable place for the center Sometimes it has been opened in a room in a social agency, but usually it is started in the offices of a physician who is sincerely interested and willing to lend his or her equipment, sometimes giving service free of charge until the number of patients increase, and extra medical help is needed No doctor is asked to do the clinical work unless he has visited an established clinic and learned the technique Uniform record charts are used in all the eighteen clinics in Pennsylvania

Very often a nurse who is married and not in active practice will offer services, and we always are successful in getting volunteer work for the taking of histories, checking up the cases, and sending notices for the patients to return

In some of our counties the medical societies have been decidedly opposed, but we notice that if some prominent doctors lend their names as members of the Medical Advisory Committee of the clinic, the attitude of the other physicians seems to change and there is no further opposition

County birth control committees have always supported their clinics after the organization has really started

Alleyne C Martin, *Executive Director*
Pennsylvania Birth Control Federation

The Review announces with deep regret the sudden death of Mrs Alleyne C Martin on March 24th at the Norfolk Hospital, Virginia Mrs Martin was executive director of the Pennsylvania Birth Control Federation for seven years, and planned the whole work She had been in Virginia for the past six weeks in behalf of the National League, completing the organization of the Virginia Birth Control League An able executive and an indefatigable worker, she was in large measure responsible for the success of birth control work in Pennsylvania We can only hope that the Virginia League, to which she devoted her last days, may be an honor to her

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BIRTH CONTROL LEAGUE OF DELAWARE

THE Delaware League, at the end of its third year, has asked some of its physicians to evaluate birth control and the work of the Delaware League Their statements are most encouraging

"Birth control as a branch of medicine is no longer a question for debate among physicians It is a well-established fact that if we are desirous of decreasing our infant mortality and maternal morbidity, we must educate the public, particularly the poorer classes, to the value of birth control In the January issue of the *Journal of Obstetrics and Gynecology* Dr Tolland cites one thousand ward cases from the Philadelphia Lying-In Hospital, among which he finds about forty per cent who were in vital need of contraceptive instruc tion

"Would it not be a great step forward if all hospitals would recognize the need for birth control and establish clinics for their own patients?"

F EARLE SPENCER M D Clinician

"The Birth Control League of Delaware was indeed fortunate in having Mrs Sanger to speak in February Her talk was a stimulus, and with such speakers and meetings, added to the splendid work of the League here, our movement will be better understood and progress will be rapid"

JOHN H MULLIN M D Council Member

"The Birth Control League of Delaware, which opened its clinic in Wilmington in June, 1931, has been of service to more than six hundred patients An analysis of the economic status of the patients shows that the largest group is from the lists of the unem ployed, the next largest is those whose means of susten ance are entirely inadequate This clinic has been able to assist the very neediest type Delaware has so far operated only one clinic, but the need for clinics in rural counties is very real Women have been sent from the farthest end of the state for advice from the Wilmington

"It is our feeling that until such time as our whole economic structure is reorganized to assume such Utop ian characteristics as will prevent the widespread exist-ence of hunger and misery among our poorer classes, the need for birth control will continue as a form of Christian service"

VERNA A STEVENS M D, Clinician

The Women s Medical Association of New York City, at its meeting on March 21st, unanimously passed a resolution urging the American Medical Association to endorse the Federal bill, and it also went on record as approving of the spread of scientific birth control information At the suggestion of Dr Sophia Kleeg man, a committee of three was appointed to ask Com missioner Goldwater to establish contraceptive clinics as a part of the regular gynecological service of post natal clinics in every city hospital

The New York City Committee has issued a leaflet describing its work in initiating clinical service in set tlement houses It includes some data on set-up and costs of such centers

The Committee, in cooperation with the Birth Con trol Clinical Research Bureau, has recently developed a clinic record chart which will be used throughout New York State The advantages of this uniform pro-cedure are obvious

Copies of the leaflet and record chart may be had on request

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HALF of the $39,600 needed to carry on our work this year has been raised Help us complete our budget, so that we may meet the many and urgent demands for birth control service Send in your membership dues now instead of later in the year Contribute what you can, be it large or small

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