

BIRTH CONTROL REVIEW

VOL. I, No. 8
(New Series)

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MAY, 1934

THE NEW PUBLIC RELIEF AND BIRTH CONTROL*

IN APRIL, 1933, a total of 4,445,338 families were being given relief, according to reports of the Federal Emergency Relief Administration. Today the number is reported at near 3,000,000. Among these are millions of persons who have never received relief before, and I venture to suggest that the most serious feature of the new relief is not the money that is being given away, but the socio-psychological effects upon its recipients. The effect of receiving relief upon their conception of themselves is something that is difficult to imagine, and much more so to measure. The present administration wisely insists that paying jobs shall replace relief as quickly and as extensively as possible.

What are the added effects upon these families of having new babies when they are on public relief? What of the sex relationships between husband and wife in these normal, self-respecting families, now on public relief? Shall they add further to their misery and their imposition upon the public treasury by having children at its expense, or shall they become the celibates of the New Deal?

Apparently our leaders are unwilling to face this question, or to permit these families legally to consider it.

I am aware that some social workers counter by saying that many people are not interested in obtaining birth control information, and are opposed to its utilization. This is another way of saying that individuals and families differ.

Do those who are aided by society owe anything to society in return? If so, what? There is so much emphasis upon the right of relief, upon the duty of the more fortunate toward the jobless and those in distress that one cannot resist the temptation to ask: What about the rights of tax payers and contributors, and what about the duties of recipients of aid?

One basic indictment of our American people is that it has been built up of successive migrations of persons who have come here primarily to get. With the continuing emphasis during the years upon the opportu-

ities of the New World, the freedom and rights of its citizens and resident non-citizens, is it not time that we said more about building up a counter tradition of duties and responsibilities?

I would not deny help to any needy person. I would not deny the necessity of reconstructing social circumstances which weigh unduly or unjustly upon anyone. I am opposed to any stacking of the cards in the game of life, by which some are bound to win and others to lose. But I do insist that life is not all take, but also some give, that the poor have duties as well as rights, that self-denial is a virtue for the profligate as well as for the proficient.

To summarize—we are now carrying on the biggest relief job in the history of the world. To finance this job we have utilized private philanthropy, apparently to the limit, we have drawn more than liberally upon current public income, and we are discounting the future through the creation of a huge bonded indebtedness. If this relief job is to be a mere doling out of aid, it means that we have learned nothing since the later days of the Roman Emperors, who similarly fed and amused the populace at public expense.

To carry on relief for more than three million families, and to fail to provide them with every opportunity and facility which will permit them sanely to control their reproduction in the light of their present circumstances, is both bad business and bad social statesmanship. If there is one right which every family should have, it is that of self-determination in the function of bringing new life into the world, for self-respecting families struggling under economic distress, that right and its exercise becomes doubly important.

And yet, I would not advocate birth control on the basis of financial considerations alone, important though they are. What gives potency to these arguments is, in my judgment, the spiritual foundation for birth control. I never look at a little child but what I think that human life is too fine and too sacred a thing to be brought into the world except by the voluntary act of responsible persons. To do else is to do violence to that belief in the eternal worth of the human personality which is the basis of the highest values of modern life.

JAMES H. S. BOSSARD,
University of Pennsylvania Philadelphia

*Excerpt from an address delivered at the American Conference on Birth Control and National Recovery, Washington. The complete paper in pamphlet form may be obtained from the American Birth Control League.

A MODERN ANSWER

LESS than four years ago a settlement on the lower East Side in New York City opened its doors to a new movement—a contraceptive service for the mothers of the neighborhood. The work was organized by a social worker in cooperation with social workers and nurses, and was planned to meet the needs of the poorest, most unlettered group of under privileged women, those who had neither the knowledge nor the initiative to help themselves. That the contraceptive centers have successfully met the demands of these women and that social agencies have found the solution of many difficult family problems through this service, is no longer questioned. For as the Mothers Health Center for Contraceptive Advice became known in the district, an ever increasing number of patients applied for help. And social workers, hearing about the center established in one section, asked that the service be expanded so that other groups might avail themselves of this vitally important aid.

Today there are fourteen mothers health centers in New York City, Brooklyn and Long Island. Some are in settlement houses, others in health centers, a parish house, a family relief society, a dispensary and a day-nursery. Since the inception of the work over 5,000 mothers have been advised. They presented problems of health, of marital maladjustment, of hereditary weaknesses. A few records will serve as illustrations.

Mrs Angela M. Referred by Home Relief. Registered November, 1932. Age, 35, husband 38. Married twenty years. Catholic. Suffered from diabetes. Twelve pregnancies, five living children. Patient was referred to a hospital for a therapeutic abortion and sterilization. *Is now improved in health and able to care for home and children.*

Mrs Rose V. Referred by another patient. Registered March, 1934. Age, 28, husband 32. Married five years. Husband on CWA. Catholic. General health poor. Six pregnancies all resulting in spontaneous miscarriages at from three to five months. Couple was happy until repeated miscarriages made wife anemic, nervous and worried, they wished to have a baby, but both became discouraged. Patient was advised and referred to hospital for treatment. Tests are being made and her health built up. *She feels happier and is confident that when she gains in strength, she may successfully bear and rear a healthy baby.*

Mrs Rebecca S. Referred by Childrens Court. Registered July, 1933. Age, 43, husband, 46. Married twenty-eight years. Protestant. West Indian Negroes

Suffering from general debility. Twenty pregnancies—five living children, fifteen died in infancy. Two of the children are in a reformatory, three at home. Instructed in contraceptive technique and is using the method successfully. *She states that she is having the first rest she has ever known.*

Mrs Anna K. Referred by a Health Agency. Registered April, 1932. Age, 28, husband, 37. Married fifteen months. Husband on CWA. Catholic. High strung and extremely nervous—one pregnancy, baby five months old. Very unhappy family, poorly adjusted to married life. Husband domineering and unkind, wife frightened and planning to leave husband. Was instructed and advised to try to live with her husband. After a few months patient looked better and was no longer "afraid." Changed her mind about breaking up marriage. *Child is well cared for and home life quite satisfactory.*

Mrs Amy R. Referred by settlement. Registered January, 1933. Age, 32, husband, 37. Married thirteen years. Protestant. Extremely nervous, rundown condition. Sixteen pregnancies—fourteen abortions, two living children. Home life unsatisfactory, husband a chronic deserter. He disappears for several months, returns home periodically and just long enough to impregnate wife. She has had fourteen abortions in ten years, culminating in three in 1932. Social worker found woman in bed very frequently and finally put her down as a lazy malingerer. It was only after the patient visited the contraceptive center that her history revealed the difficulty. She was instructed and feels that *if she can protect herself from further pregnancies her husband will stay at home.*

Mrs Lena S. Referred by Hospital Social Service. Registered March, 1931. Age, 39, husband, 43. Married twenty-two years. Hebrew. Health very poor owing to recent miscarriage. Twelve pregnancies—nine living children, oldest twenty-one. Woman found method difficult but was eager to learn and very cooperative. She used it successfully for about two years. Husband quarrelled with her and revenged himself by destroying the materials. Very difficult home situation for some months when wife refused to live with her husband. Their differences were finally overcome and husband gave wife money to buy new supplies. *She comes to clinic regularly and adjustment seems stable.*

Mrs Eva K. Referred by Family Society. Registered November, 1931. Age, 38, husband, 39. Married fourteen years. Hebrew. Pale and undernourished, four pregnancies, four living children. Husband had con-

scientious scruples against using contraceptives, and couple had lived in absolute continence for three years. Relations were strained and both husband and wife were ill, nervous and irritable. Home atmosphere grew steadily worse. Patient reports that her husband was finally won over to the idea that contraception was less sinful than constant quarreling and bitterness. *Children much happier now that the parents are on better terms.*

Social workers are familiar with conditions such as are illustrated in these case histories. They are offered as evidence that intelligent use of contraceptive service is a modern answer to an ancient problem.

CAROL K. NASH,
Field Secretary New York City Committee

A QUESTION OF PUBLIC POLICY*

FROM the viewpoint of individual ethics most of the opposition to birth control derives from personal prejudices or from institutional tradition, and an attempt at rational argument against either of these kinds of opposition is futile. But there are questions involving science and public policy which can be discussed objectively, and my concern is mainly with questions affecting public policy.

In times of economic depression, such as the present, there is a good fiscal reason for the use of birth control. If a family is being supported by public relief or private relief and continues to have children, it is adding to the burden of the community and to the distress of the family itself. If the social worker could send wives of child-bearing age to a birth control clinic for contraceptive instruction, they might reduce the relief bill of the city somewhat, and they would certainly reduce the distress of the hard-pressed family.

In summary I should like to state three propositions: (1) a universal understanding of contraceptive technique would be a means of controlling the population quantitatively, (2) careful instruction of the population groups of lower ability in the technique of contraception would be a means of improving the quality of the population, (3) free and medically authoritative use of contraceptive information would relieve the governmental units of some poor relief expense and the individual family of much distress, when it is economically inadvisable for them to have another child at a given time, or for that matter, if they do not want another child for any reasons whatsoever.

R. CLYDE WHITE,
Indiana University Indianapolis

SICKNESS, UNEMPLOYMENT AND DIFFERENTIAL FERTILITY—*A Digest*

LOW social status, unemployment, and low income in 1932 went hand in hand with a high illness rate and increased malnutrition among children. It was in these same groups of families that a high birth rate prevailed. Whatever the broad implications of the findings may be, it is evident that a high birth rate during the depression prevailed in families which could least afford, from any point of view, to assume this added responsibility.

This quotation, from an article by Edgar Sydenstricker and G. St. J. Perrott, entitled "Sickness, Unemployment, and Differential Fertility," appearing in the April issue of the *Milbank Memorial Fund Quarterly*, summarizes the conclusions drawn from a preliminary analysis of the data secured in connection with a study of the health of those elements of the population which have borne the brunt of the depression. The study was conducted by the Milbank Memorial Fund in cooperation with the United States Public Health Service. It was made by means of a special house-to-house canvass of severely affected areas in ten localities. From the families interviewed, information was secured relating to the occupation, regularity of employment and amount of income received by each member of the family in each year from 1929 through 1932, the births to each mother, and the mother's age and date of marriage, and each illness during a three-month period in the late spring of 1933.

In the group studied, the average income per family in 1929 was about \$1,700, and only one-third had incomes less than \$1,200. In 1932, the average income was only \$900. Three-fourths of the families had less than \$1,200, about one-fifth of them were actually on relief, and many others had no means of support.

In each of the communities surveyed, the sickness rate in 1933 was more than 50 per cent higher in families whose incomes had dropped most during the preceding four years than in families remaining in the higher income class. There was more illness in families without employed workers than in those with part-time workers only, and more in those with part-time workers than in the families in which there were full-time workers.

Since the illness rates excluded sickness beginning before the period of record, in the late spring of 1933, they had little if any connection with any ill health that caused unemployment in earlier years. In fact, ill health as a cause of unemployment was found to be relatively unimportant in comparison with lack of work.

Supplementary investigations of samples of the famil

*Excerpt from paper read before the Indianapolis Medical Society, October, 1933.

ies for which sickness data were secured showed that the food supply of wage earning families with low income due to the depression was considerably under the minimum recommended by most nutritional authorities, and medical examination of 1,000 school children from families in areas severely affected by the depression in New York City and Pittsburgh showed that there was a direct association between malnutrition and low income and drop in income

The relation between the birth rate and the change in income status during the four years from 1929 to 1932 has also been ascertained from the tabulation of the records for 8,000 families in the survey districts of eight cities. The birth rates used are the average annual number of births per 1,000 married women age 15 to 44 years for 1929 through 1932. For the entire sample comprising the families of unskilled laborers, skilled laborers and the white-collar group in which there were very few families with incomes of over \$3,000 in 1929, the birth rate was 152 as compared with 126 for the United States Birth Registration Area. The difference between the birth rate of the survey group and that of the urban population would be still greater.

Even in this selected working class population differential fertility according to social class persists. The birth rate in families of unskilled laborers was 182, in families of skilled laborers 150, and in those of the white collar class, 134. But in each of these classes, the birth rate was highest in those families where there were no employed workers and lowest in those families where there were full-time workers. The average birth rate for 1929 to 1932 was 175 in families with incomes of \$1,200 in 1929, as compared with 115 in families having \$2,500 or more.

The facts brought out concerning the birth rate in relation to the change in income and employment status are most interesting. The authors classify families with incomes of \$2,000 or more as "comfortable", those with incomes of \$1,200 to \$2,000 as "moderate," and those with \$1,200 or less as "poor." They find the birth rate in families which were poor in 1929 and continued poor through 1932 was 178, a rate 66 per cent higher than that in the families which stayed in relatively comfortable circumstances. The birth rate was also higher for families which dropped from "moderate" in 1929 to "poor," in 1932 than for families which remained in moderate circumstances. From these facts "it appears that high fertility was associated with inability to succeed in the severe competition for jobs brought about by the depression." As would be expected, the birth rate

was higher in families on relief than in those not on relief. The authors point out that "doubtless families with more children, especially infants, were singled out by welfare agencies for greater attention than smaller families, or families without infants, but the fact remains that the higher birth rate in these poor families is directly related to the necessity for public and private charity."

A reprint of the complete article may be obtained from the American Birth Control League

A CONTRIBUTION TO SOCIAL WORK

THERE is no group that knows the problem of over sized families and small, inadequate incomes better than the social workers or the public health nurses. Unless the number of children in these low bracket income or dependent families is limited, there is little real constructive or preventive work that the social worker can do. These past four years of depression have taught us many things. We are now willing and ready to face reality.

We, as social workers, must be able to sell to our clients the value of birth control. We must interpret it clearly, therefore, we must know something about it ourselves. If we told a mother to have her child protected against diphtheria by vaccine without further discussion of the matter, few children would be protected. This is true of all health work, including maternal health. We must have the knowledge and take the time and interest to interpret its value to our clients. There must be some way for women who cannot afford to pay for this service, to receive it, either free or at reduced cost.

We cannot measure the value to the community and to the family of the birth control clinic or, as it is often called, the maternal health clinic. It has a definite contribution to make to social work. One of the medical social worker's greatest problems is the large family with a very low or no income. She is professionally equipped to help the patient or the parents plan medical social care, but is confronted with the problem of six, eight, or perhaps twelve children in the family. The income may vary from a County Relief Board order to \$25 a week, the latter is so rare these days that the social worker considers it affluence. She finds the mother in ill health, worn out by frequent pregnancies, she finds sickness, undernourishment, poor housekeeping, poor child training. She asks herself constantly, what can be done about this problem?

How much do expensive hospital and convalescent care, free medicine, free appliances, special diet, etc.,

really mean in these families? How can this mother, worn out by constant childbearing, periodic unemployment on the part of the father, debts, etc. accept medical social interpretation and medical social planning? It is humanly impossible in most cases. Yet all this medical care is an expense to the community and the tax payers. Can these parents or their children ever pull themselves out of many of these situations, or must they face a mere existence or community dependency for the rest of their lives? Is this the sort of living we, as social workers, are anxious to provide for the children that come under our care?

In homes where the mother has been to the maternal health clinic, there is the opportunity for her to know, to train, and to take an interest in the problems of her living children, in her home, the school, recreation, and the future. There is less marital friction, and the agonizing fear of pregnancy has been eliminated. Maternal health in general has been given real thought. The children have a better chance. The mother and father have more time and energy to listen to and assimilate the social worker's interpretation.

Many social workers, at this point, will say—what about the mother who is too unintelligent or too indifferent to benefit by the instruction given at the maternal health centers. I am particularly interested in that group. To my mind it presents an ever greater problem. Its offspring, as a rule, are not capable of fitting into our complicated social scheme. Even if these children were mentally normal, their feebleminded or moronic mothers or fathers are not capable of caring, training, or providing for them. We, as social workers, must face this problem—and become actively interested in it. Certainly it is a problem for the state, but we, as citizens and tax payers, should be alive to it and see that something concrete is done through birth control and sterilization. Since we do not hesitate to spend millions for the care of chronic dependents and delinquents, we should not hesitate to spend a few thousands in preventing untold misery and expense to the future generation.

We have after all only a definite amount of money to spend for the care of people who are either wholly dependent, or not entirely self-supporting. How shall we spend it—constructively on families who will give back to the community more than was expended on them in worthwhile citizens, or on the "several generations" of chronic dependent families, who become more dependent, more delinquent, and less capable mentally and physically.

EDITH J. McCOMB,

St. Christopher's Hospital for Children Philadelphia

A CLINIC IN EVERY COMMUNITY*

MALTHUS called attention to the fact that human beings have a reproductive capacity in excess of their replacement need, so that, unless they restrain it, they will multiply themselves into poverty and misery. Darwin showed that every species has excess prolificacy and that this brings on the "struggle for existence" which tends to result in the "survival of the fittest."

Now an outstanding achievement of the last seventy five years has been the *conquest of disease* as exemplified in our getting the better of typhus, typhoid, tuberculosis, the bubonic plague, cholera, syphilis and malaria, as well as a host of minor diseases. The experts hope for the entire mastery of infectious diseases so that the chief causes of death will be accident and the degenerative diseases.

Speaking roughly, the effect of our new mastery of disease has been to cut the death rate in two—peoples with a death rate of 24 per 1000 in the middle of the last century may hope for a death rate of 12 today. If their birth rate remains unchanged, they will expand their numbers at such a speed that in a generation or two they will be at the end of their undeveloped natural resources and will not know which way to turn.

Birth control is the only answer to the death control which has become so effective. How can any sensible person expect to see the death rate cut in two and nothing happen to the birth rate? Even the Pope, sworn enemy of all "artificial" means of keeping down the size of the family, calls the attention of the faithful to the infertile days of the wife's 28-day cycle.

The American birth rate has been brought down too much among the well off, too little among the ill off. The educated, emancipated, the gifted, are curbing their increase much more sharply than the ignorant, the dull, the common-place. Fertility has been brought down sufficiently but the distribution is bad. We need to encourage larger families among the successful, smaller among the unsuccessful. Couples able to do well by their children should have more of them, those unable to do much for their children should have fewer, but they cannot have fewer unless they are permitted to learn how to have fewer. This is the justification for setting up in every community a "maternity clinic" where the poor or debilitated mother may obtain the information she requires.

EDWARD A. ROSS,

University of Wisconsin, Madison

*Excerpt from address "Birth Control in the Present Crisis," delivered in Evanston, Ill., March, 1934.

NEWS NOTES

National The Birth Control Bill S 1843 was reported favorably out of the Judiciary Committee on April 24th and is now on the calendar of the U S Senate This is the first time in sixty years that the Senate can vote on this vital measure Margaret Sanger asks that readers of the REVIEW write their Senators urging them to act favorably during this session of Congress

The American Eugenics Society will hold its annual meeting on May 15th at the Town Hall Club at 7 P M The topic for discussion is *Eugenics in a Planned Society* Speakers are Leon F Whitney (toastmaster), Dr Willystine Goodsell, Dr Robert E Speer, Professor Ellsworth Huntington and Reverend George Reid Andrews The public is invited

Arkansas Endorsement of the Little Rock Birth Control Clinic of the Arkansas Eugenics Association by approximately one hundred Arkansas physicians attending the state Medical Association's annual convention April 16, 17 and 18 at Little Rock climaxed a year of progress by the state Eugenics group

The visiting physicians were shown through a specially arranged exhibit, which was also on view at the Arkansas Convention of Social Workers, April 9, 10 and 11 The contraceptive devices on display were carefully explained to social workers gathered from all sections of the state Each of them left the exhibit with a better knowledge of the work ahead of them in the social work field

Another highlight of the year was the annual meeting of the Arkansas Eugenics Association at the Woman's City Club, Little Rock on March 7, at which Rabbi Ira B Sanders of Temple B'nai Israel, Little Rock, was the principal speaker "The nation must take a more intelligent attitude toward birth control," he said "It is certainly more the will of God to produce children intelligently so that they may have opportunity to advance to high types of manhood and womanhood than to produce a greater number of children than the earth can provide for, and who will have to suffer for no fault of their own"

If sufficient funds are obtained, the Arkansas Eugenics Association will establish a free clinic for Negro women and arrange for service in the rural section where the need is greatest

Connecticut The Connecticut Birth Control League now has an office at 679 Farmington Avenue, Hartford, with a full time secretary in charge A small Executive Committee is functioning under the Board

Recalling the distinguished professional attainments of DR JAY SCHAMBERG, a member of the Medical Advisory Board of the American Birth Control League, his outstanding personality and his courageous advocacy of birth control, the directors of the American Birth Control League wish hereby to express their deep and sincere regret at his death and their sense of the great loss suffered by birth control work throughout the country

of Directors and new county chairmen have been appointed Mrs Henri Van Zelm is in charge under Dr Hooper The League is at present contacting physicians, who can give contraceptive advice to patients in rural districts

Georgia Dr Eric M Matsner addressed the Junior and Senior Students of the University of Georgia Medical School in Augusta, on April 25th

Illinois The Evanston Medical Center of the Illinois Birth Control League has secured the cooperation of the Evanston Visiting Nurses Association This organization at its March meeting unanimously went on record "as approving the work of the Birth Control Center and recommends that patients whom the nurses consider in need of contraceptive information be referred to their physician or to the Center"

The Evanston Center facilitates the referral of women who need birth control service by supplying social agencies and interested citizens with attractive little booklets containing slips (four to the page) with the name and address of the clinic

Massachusetts The Massachusetts Birth Control League held its annual meeting at the Twentieth Century Club on April 24th Mrs Oakes Ames, president, reported on the work of the year Other speakers were Mrs Jessie Ames Marshall, vice president, Mrs William Adams Brown, Jr, secretary of the Rhode Island Birth Control League, Mrs Deane Small, president of the Maine Birth Control League, Mrs F Robertson Jones, honorary president of the American Birth Control League and Dr Donald Macomber

The Massachusetts League is planning to circulate a petition, called a "Parent's Petition," which will ask the Massachusetts State Medical Society to appoint a committee to study modern methods of family limitation and child spacing, and to make a report on the relative value of the more widely known methods (1) that set forth by the Roman Catholics in *The*

Rhythm, and (2) those used in most centers for contraceptive advice

New York A Birth Control Conference, under the auspices of the American Birth Control League and the New York State Birth Control Federation, will be held at Vassar College (Alumnae House) on May 9th and 10th. President Henry N MacCracken will preside and Mrs F Robertson Jones and Professor Henry Pratt Fairchild will address the evening meeting on the 9th. Dr Eric M Matsner and Dr Sophia J Kleegman will speak at the luncheon meeting on the following day. The Conference is open to students, alumnae and interested citizens in the vicinity.

An organization meeting of the Dutchess County Birth Control Committee will be held after the luncheon.

Ohio The Maternal Health Association of Cleveland will hold its Sixth Annual Meeting on May 4, at the University Club. Professor Henry M Busch will speak on "Family Security."

South Carolina The Medical Society of South Carolina was addressed by Dr Eric M Matsner on *Contraception—Its Role in Public Health* in Charleston on April 24th.

* * *

Two resolutions on the need for standardization of contraceptive products have been adopted recently. That quoted in the February REVIEW (p 8) was adopted by the American Birth Control League at its 1934 Annual Meeting, that quoted in the March REVIEW (p 4) by the American Conference on Birth Control and National Recovery, Washington, Jan, 1934.

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Two articles for birth control readers

Wasting Women's Lives—The Human Cost of Illegal Abortion by Helen Huntington Smith *The New Republic*, March 28, 1934

Shall We Have a Child Now? by Dorothy Dunbar Bromley, *Red Book* May, 1934

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BIRTH CONTROL MEETINGS AT THE NATIONAL CONFERENCE OF SOCIAL WORK—
KANSAS CITY, MISSOURI, MAY 20-26, 1934

WEDNESDAY, MAY 23

1 00 P M Luncheon meeting—*The Role of Contraception in Social Welfare*

Chairman Rabbi Isserman

Speaker Rev David Bryan Jones

2 00 P M Round Table on *Marriage Consultation Service at Birth Control Clinics*

Chairman Dr Eric M Matsner

Speaker Mr Harry L Lurie

THURSDAY, MAY 24

2 00 to 3 45 P M Round Table on *Medical Aspects of Birth Control*

Speakers Dr Frederick J Taussig, *Abortion Control Through Birth Control*

Dr Eric M Matsner, *The Changing Status of Birth Control*

4 00 to 5 45 P M Round Table on *Birth Control Clinics*

Chairman Dr Eric M Matsner

Speakers Mrs Morton Keeney, *National Organization for Birth Control*

Miss Edith M Baker, *Types of Women for Whom Birth Control is Valuable*

Mrs Helen S Buss, *Administration of Birth Control Clinics*

FRIDAY, MAY 25 AT 8 30 P M

General Session of National Conference of Social Work
Warren S Thompson, *Director*, Scripps Foundation
for Research in Population Problems, Oxford, O,
Population Trends and Social Work

An exhibit booth and consultation service will be conducted throughout the Conference Literature for free distribution and purchase will be available

NEWS FROM HOLLAND

The Doctor Aletta Jacobshuis

THE year 1933 has given much satisfaction, the number of physicians who take an interest in our work is increasing and the number of patients is growing Unfortunately, the municipal and ecclesiastical authorities take no advantage of our service, but oppose us The important change in the Roman Catholic point of view, in admitting birth control by means of the "safe period" method, will perhaps bring about better relations in the future

During the year 7416 patients visited the clinic Of these 3228 were new patients who came for the following reasons Pre-marital examination and advice, sexual adjustment, marriage advice, birth restriction (birth control), birth advancement (sterility), abortion (refused), and other reasons

Seven sessions are held weekly, six for birth control and one for other services All religions and all professions are represented among the patients The number of unskilled and very poor is small, an unfortunate situation, for these are the very ones who need birth control

BIRTH CONTROL REVIEW

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THE immediate pressing need is no longer to promote birth control in theory, but to promote scientific birth control in fact