

# BIRTH CONTROL REVIEW

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## A HOME RESTORED

WHEN I married it was with the usual lack of knowledge or preparation of the average bride of two decades ago. I loved my young husband, and felt that he returned my love in equal measure. We were very happy together in those early years alone. His salary was just enough to cover our carefully watched expenses with a little over for a weekly pleasure jaunt of the simplest kind—dinner downtown and a movie, perhaps.

We were married several years before our first child was born. We had saved just enough, by paring down all expenses to a minimum, to pay the hospital and doctor's bills. I came home on the tenth day after the birth of my baby, a Saturday afternoon. We were alone in the city, far from family help of any kind, and there was no money for even the cheapest of hired help. My husband did what he could over the week end, but on Monday I took over the entire care of both baby and apartment. I bathed my squirming little son that Monday morning with tears rolling down my cheeks and an ache in my back that was to become a familiar thing for months to come.

My baby was less than a year old when I began to notice a change in my husband. From a jolly carefree young man he was turning into an ugly, disagreeable tyrant. I did not entirely realize what had changed him so, though I sensed where the trouble lay. I loved my husband and wanted him to love me, but fearful now of what another pregnancy might mean, life became a nightmare of watching the dates on the calendar. It is only now, from a position of comparative safety, that I can see how really desperate those years were. I had one child, dared not risk another, and my husband was growing further and further away from me all the time.

From a perfectly well, sexually ardent girl I had become, almost over night, a nervous, querulous, half-sick woman. My conception of Motherhood had been that of the beautiful young mothers, in silken robes, whose happy faces I saw pictured on calendar fronts. Alas, how different my own motherhood!

It is true, of course, that the entire picture could have been changed had there been a little more money, but there wasn't and no prospects of any

My husband began to call me "cold" and "aloof." What was I to do? I used the feeble means at my command, searing antiseptics and all the rest, but mainly I sidestepped the marital relation as much as possible. I asked my doctor for help, but he told me that any woman who was "physically able" should bear children, and insisted that nothing could be done about it.

I didn't understand my husband, he didn't understand me, and neither of us entirely understood the cause of all our difficulties.

By the time our fortunes had improved slightly there was a second child, but the breach between us had widened irreparably. Then came the climax, in the shape of "the woman who understood." I have tried to see that interval in our lives through my husband's eyes, and, in a way, I have succeeded in doing so. He wanted a warm, loving wife. I dared not be that, much as I desired to be, for I was ridden by the fear of pregnancy. I poured out my love for him in service, but this, it seems, never takes the place of the other kind of love.

When I found out about the "other woman" I made up my mind to fight for my home and sought the advice of a woman friend who had one child and seemed perfectly happy in her marriage. She told me about birth control, and the contraceptive method she used. Armed with this information I went back to my doctor and told him the whole story. He supplemented the advice my friend had given me, and a new chapter in life opened for me.

I am still a young woman and I hope, when business conditions clear up a bit, to bring into the world the baby daughter whose image I have carried in my heart for so many years. What a glorious "debut" that will be, for I know she will be as warmly welcomed by her father as myself. And best of all, she will be a product of choice, not chance.

My boys are growing up, my husband seems content, and I am a very different woman than I was for many years. Our home is a far different, a far happier place. Birth control has done more toward making a success of our lives than any other one thing. In fact, I do not hesitate to say that without such knowledge we would have met disaster. My children might now be public charges, and I, myself, God only knows certainly not the normal, well woman I am today.

## BIRTH CONTROL CONFERENCE AT VASSAR

"VASSAR—College of Courage" is the happy phrase coined by Dr Robert L Dickinson at the Vassar Birth Control Conference, held at the Alumnae House on May 9th and 10th. As the first college to welcome a conference on this subject, Vassar deserves high praise. May other colleges follow her example.

President Henry Noble MacCracken opened the Conference on the evening of May 9th. Expressing his approval of the spread of birth control clinics through which members of the medical profession could give out information concerning contraception, and his pleasure at having the Conference at Vassar, he introduced the speakers, Professor Henry Pratt Fairchild, president of the Population Association of America, and Mrs F Robertson Jones, Honorary President of the American Birth Control League, to a large audience of students, faculty and citizens of Poughkeepsie.

Student interest was shown even before the Conference by the advance stories carried in the *Vassar Miscellany News*. An editorial in the May 5th issue concluded "Probably the most important point to be made about the birth control conference, which will be held here next week, is the number of different points of view from which the subject will be approached. At the luncheon on Thursday, the problem will be presented as it is seen by the doctor and the social worker, at the Wednesday evening meeting the economic point of view will be developed and the problem made definite for Vassar students with the talk on *The College Woman and Birth Selection*. These lectures should bring out many implications of this knowledge as they effect the lives of individuals in all social classes."

Dr Henry Pratt Fairchild discussed *Population and the New Day*. "Man's rate of increase must be controlled just as must that of all other organic species," he said. "It would seem that eventually the population of the Western nations will become stationary and might even decline, but this tendency is not to be deplored. A stationary population would help eliminate wars and many other social evils. Birth control should be directed along eugenic lines, in order that when the world's population becomes stationary it may be sound and healthy. A new day is coming when population growth will be a matter of intelligent social control, with a steady improvement in quality and with an adjustment of quantity to the best needs of the community."

"The improvement of the race is the most important thing in the world to work for," said Mrs Jones, speak-

ing on *The College Woman and Birth Selection*. "If we can insure a steady gain in health, intelligence and character, we need not worry about anything else. Governments, economic systems, international relations, all are bound to come out right in the end, for people make institutions, not institutions, people. The crucial question is this: Is birth selection practicable?"

"There are three aspects of the problem: prevention of reproduction of defectives, decrease of reproduction among the socially inadequate and encouragement of larger families among healthy, normal members of society.

"We should try to make children less expensive luxuries," she concluded, "and maternity costs should be lower. Parents should continue their allowances to young couples, so that they may have children during the early years of marriage. Preparation for the professions is now over-long. There should be further use of the apprentice system, whereby young men could work and earn while learning. Young people should be conditioned to be less dependent on luxuries, and should cultivate the habit of simple living. And finally it might be a good thing if all colleges were co educational. Statistics show that graduates of co educational colleges marry younger and have more children than graduates of other colleges. I hope that you college women will be leaders in responding to the eugenic appeal for more well born children. I am sure this will make for your own happiness as well as for the good of the race."

Dr Robert L Dickinson has been giving lectures at Vassar for several years under the auspices of the Euthenics Department, and in connection with these lectures he holds individual conferences with students. His closing lecture in the series this year—*A Doctor Looks at Marriage and Engagement*—happily brought him to Vassar at the time of the birth control conference. Presiding at the luncheon meeting on the second day he said that Vassar is one of the few women's colleges to recognize that women's happiness is promoted by putting into their hands the decision as to how many children they should have and when they should have them.

"The turning point has at last been reached," he continued, "when my profession recognizes that birth control is a necessary part of preventive medicine." As an encouraging example, Dr Dickinson said that the following question appears on the case history cards used for patients in the cardiac and tuberculosis clinics at Mt Sinai Hospital in New York: "What did you do to prevent this patient from becoming pregnant?"

Dr Sophia Kleegman, assistant clinical professor of

gynecology at the New York University and Bellevue Hospital Medical School, the first speaker at the luncheon meeting made a stirring plea for birth control, pointing out that it is a social as well as a medical problem, and that workers in both professions are slow to take up their full responsibility. She cited the case of a woman with a four-months-old baby, two months pregnant, anemic and underweight. The woman's husband was out of work and there were three other small children. She referred her patient to the medical department of the hospital for a therapeutic abortion. A report came back "patient anemic and has epilepsy, no medical indication for an abortion." The situation called for a therapeutic abortion, but from a more fundamental point of view it called for birth control instruction as part of post natal care. The under-privileged woman can learn contraception, but she must be taken by the hand and lead to the clinic. "The social worker stands indicted," Dr. Kleegman concluded, "while there is one woman who can say 'no one ever told me about a birth control clinic'."

Dr. Eric M. Matsner, medical director of the American Birth Control League, in closing the conference said that birth control is one of the outstanding achievements of the 20th Century. True modernism recognizes that the home and all it stands for is a woman's real job, the job she does supremely well. But the biological urge to have children should be a force for race improvement not a disgenic force as it is today.

## NEWS OF THE MONTH

### Y W C A ENDORSES BIRTH CONTROL LEGISLATION

AT THE biennial convention of the Y W C A held in Philadelphia, May 2 to 8, the following resolution was endorsed as part of the Public Affairs program:

The association should work for a continuance and furtherance of social legislation such as measures which will provide that the dissemination of birth control information shall be placed under authorized medical direction.

The problem of birth control has been presented to the Public Affairs Committee by Janet Fowler Nelson, Ph.D., Secretary of the Committee on Marriage and the Home, National Board of the Young Women's Christian Association. Dr. Nelson's report embodying a complete survey of the birth control legislative situation from the point of view of the Y will appear in the August issue of *The Women's Press*, official magazine of the organization.

"To those of us concerned with the Y W C A as an organization, and with its responsibility to the birth control movement," said Dr. Nelson, "this resolution reflects clear and constructive thinking where we feel action can be legitimately taken. The legislative approach is simply defined, it is not confused with the larger aspects and implications of the birth control movement which we are not yet prepared to discuss.

"It is increasingly difficult if not impossible, to discuss problems of marriage with our own young and modern constituency without squarely meeting the problem of birth control. Caught in the economic difficulties of today, they are peculiarly concerned with problems of postponed marriage and limitation of size of family.

"Moreover it has been forcibly impressed on us that they are already exposed to fly-by-night and pseudo-scientific birth control propaganda and materials. Their misinformation is appalling. Their inability to evaluate the increasing flood of advertising which at best presents but half truths is most unfortunate. Our first step was unmistakably indicated, support of legislation designed to give legal status to birth control. An enforceable law presupposes control of the insidious aspects of the movement.

"There are also larger aspects of the whole birth control movement which we must deal with. We as an organization have a unique responsibility to study the social implications of the movement, to re-examine and re-evaluate standards of behavior in terms of positive, constructive values. The only people who have concerned themselves with the social implications—in terms of 'our young people are going to the devil'—have been the opponents of the Federal bill now before Congress. Those of us who support the movement must at the same time accept responsibility for its implications. Here we shall be making a very real contribution."

### NATIONAL CONFERENCE OF SOCIAL WORK

Dr. Eric M. Matsner reports that the birth control meetings at the National Conference of Social Work were among the most important events of the week. Social workers showed great interest in the practical details of starting clinical service.

### THE GENERAL FEDERATION OF WOMEN'S CLUBS

The pros and cons of birth control were discussed at the annual meeting in Hot Springs this month. The Reverend Charles Francis Potter of the First Humanist Society debated with Dr. Theodore H. Aschman of Kansas City. Dr. Potter, who upheld the affirmative side, was received with great enthusiasm.

## DELAWARE

The Birth Control League of Delaware held its annual meeting on May 9th at the Delaware Academy of Medicine, Wilmington. Annual reports from the treasurer, secretary and clinic chairman were read and accepted. Officers were elected for 1934-1935 as follows: Mrs. Union Worthington, president; Mrs. Thomas Pearce, 1st vice-president; Mrs. Charles G. Rupert, Mrs. Charles Holladay and Mrs. Newlin T. Booth, 2nd vice-presidents; Mrs. J. Danforth Bush, Jr., secretary; Mrs. Harold G. Irons, treasurer; Mrs. George A. Elliott, Jr., chairman of the Advisory Council.

Dr. Lovett Dewees of Philadelphia was the chief speaker of the evening. He traced the great progress that had been made in the movement, pointing out that birth control has become a respectable subject for magazine articles, that it is a regular part of hospital outpatient department work in many places, and that sixty-five per cent of our medical schools now teach contraception. Dr. Dewees feels that as better men in the profession become interested and go into research work, better methods will be found. He urged us to try to reach the women in rural communities who can not get to clinics and give them some sort of help.

MRS. J. DANFORTH BUSH, JR.  
*Secretary*

## ILLINOIS

On July 10th, the Illinois Birth Control League will celebrate its tenth anniversary. There were in the early years several attempts to pass laws against the League and great difficulty in finding places in which to operate, but active opposition has ceased almost entirely and work is progressing without interference.

The Illinois Birth Control League operates six clinics in or within a few miles of Chicago. The main office is located in the central business district for women who are able to pay more than a clinic fee, but who prefer to come to our doctors rather than to go to their family physicians. The fee here is \$7.50 and helps support the other clinics where the fee is so small as to be negligible. This revenue together with the contributions and membership fees support the clinics and pay the staff of six doctors and an executive. Patients are cared for at all of the clinics even when unable to pay. The clinics are now accepted as part of the social work of the city, and nearly all the agencies cooperate with us, though they do not come out unitedly in support of birth control work.

The last year found more in sympathy with the

movement than ever before, due, undoubtedly, to the more obvious need for birth control. More than sympathy is needed, however, and the falling off of the numbers of patients who can pay, the increase in charity patients, to say nothing of the drop in subscriptions and membership fees to one third of that of previous years, has necessitated drastic trimming of the budget. In spite of all these factors, however, we have managed to about break even.

More than fifty visitors to the World's Fair called at our clinics last summer for instruction. They came from all parts of the country and will, we hope, spread the good word. Apparently they were unable to secure this information at home, an indication of how much remains to be done.

During the coming year, it is planned to increase the attendance, augment contributions so that the work may be extended, and if possible to open a new clinic. Though progress seems slow, it is sure. The attitude of people towards the League and the increasing intelligent interest in birth control is most encouraging after the early years of struggle.

The annual report of the Illinois League for the fiscal year April, 1933 to April, 1934 gives the following significant information:

2350 patients were advised during 1933. Thirty-four nationalities were represented, 1,606 American born, 203 American Colored and 531 foreign born.

The religious beliefs of the patients were:

Protestants	1140	48.51 per cent
Catholics	784	33.36 per cent
Jewish	411	17.50 per cent
None	15	0.63 per cent

Patients are referred by the various social agencies, settlements, physicians, nurses, hospitals, clinics, medical schools, clergymen, friends, relatives and patients.

MRS. WM. R. ODELL, JR.

## NEW YORK

The New York State Birth Control Federation held its spring meeting at the Alumnae House, Poughkeepsie, on May 10th. Representatives from Rochester, Albany, Brooklyn and Nassau County gave accounts of local work and reports were read from all other organized counties. Following the resignation of Mrs. George C. Barclay, Mrs. Louis DeB. Moore was appointed to the presidency for the remainder of the year. Mrs. C. Shelby Carter resigned as treasurer and Mrs. H. Adams Ashforth was appointed in her place. The Federation was organized two years ago and is making rapid progress.

## A PLEA FOR THE MIDDLE CLASS

WE RECOGNIZE the misery and poverty created by our uncontrolled birth rate, and until the suffering due to this cause is removed by removing the cause, the coincidence between the two cannot be pointed out too often

But there is another aspect of birth control which has so far received too little attention. While we are well aware that an uncontrolled birth rate means the entrance into the world of many people who should not be born, we are slow to realize that it also means the denial of existence to many people who *should* be born. Our field is so overrun with tares that the sound wheat has little room to grow.

The overproduction of the unfit is driving the American middle class out of existence. Even before the depression this class was being taxed out of house, home, and posterity to support those who, in the best of times, are constitutionally unable to support themselves. In the hard pressed home of the white collared worker, of the small independent retailer, of the skilled machinist and artisan stands an invisible guest who shares the bread of the household, be it sliced ever so thin. If this guest falls sick he is given a free bed in a hospital and the best care that medical skill can provide, to pay for this many an American family today must do without a doctor for themselves. Most serious of all, in the cradle of that second baby that many intelligent middle class parents hoped some day to have, lies the dependent child of the prodigal proletarian. And usually not all that its foster-parents can do for him through welfare agencies and special classes, through camps and courts and clinics can make him into a fine citizen.

From this great unborn would have come most of our leaders of the future and the parents of other leaders. From it would have come many with the gift of tongues and the gifts of healing and of creative thought and of leadership, from its ranks would have come the builders of a better civilization. If we continue our present policy of unrestricted breeding of the poorly endowed whence will these builders come, or will they come at all? The result of this policy is much the same as if we took the most intelligent tenth of the population and annihilated it.

We are at present digging the grave not only of our race but of our culture. Consider the institutions we think of as peculiarly American, which grew out of the principles on which our country was founded—representative government, public education, free speech

and a free press. Looking at the matter unsentimentally, we must come to the conclusion that not all the children of all the people are capable of building a society based upon these principles. Even the great democrat, Jefferson, warned us of this.

In times past nature made the choice for us, and selected, after birth, those she deemed fit to survive. Today we have the power of making this choice for ourselves before conception takes place. On our wise and public spirited exercise of this power of selection and on its accessibility to all the people our future and our destiny rest.

MARGARET LEE WOODBURY

## A GOOD IDEA

For years we have all been subscribing liberally to relief. Today we are being taxed so that the increasing burden may be carried by Uncle Sam. What is going to happen tomorrow? May I suggest that appeals for funds from philanthropic agencies be answered by a letter along these lines?

"Since I have come to realize the importance in child welfare [maternity welfare social welfare] of the voluntary limitation and spacing of the children, in accordance with the advice of a physician, and the tragic ignorance that still prevails among people most in need of help, I am writing to ask you one or two questions before deciding whether or not I should make a contribution to your fine organization.

"Have you any definite policy on Birth Control?

"Are your clients informed as to the existence and address of birth control centers in the city?

"Do your social workers or nurses take any initiative in learning whether your clients need or desire contraceptive information?

"Hoping that you will realize that these questions are impelled by my belief that we are all working along the same lines, and my confidence that Birth Control is a vital factor in any social program, I am, etc."

MARY ELLIS PELTZ

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*With this number the BIRTH CONTROL REVIEW in its new form completes its first season. There will be no August or July issues but publication will be resumed in mid September with a September-October number. Meanwhile we invite criticism and suggestions. Is the REVIEW interesting is it useful for active workers is it helpful in securing new recruits? Do you want more popular articles or do you prefer simple factual information? How about book reviews and state league news—do you want more or less?*

*Answer some of these questions. Help us make the REVIEW what you 8,000 readers want and need. Thus it will best serve the birth control movement.*

## BIBLIOGRAPHY ON BIRTH CONTROL CLINICS

By NORMAN E HIMES, PH D

*This bibliography is published in connection with a memorandum on 'How to Start a Clinic, recently issued by the League Copies of the memorandum are available to social workers, physicians and interested groups—Editor's note*

**T**HIS short bibliography deals with books, articles and pamphlets based on clinical data, or useful to those organizing or conducting clinics. Of some fifteen hundred articles on birth control less than fifty are based primarily or even essentially on clinical data. Highly technical articles have been omitted, as have articles on the social, economic and medical aspects of contraception.

There are, in addition, clinical reports. Clinics in Baltimore, Cincinnati, Cleveland, Detroit, Illinois, Los Angeles, New York, and Philadelphia have issued reports more or less regularly since their inception, and younger clinics are following their example. The League is endeavoring to build up a complete file of clinic reports and would appreciate three or four copies of all clinic material as issued, whether mimeographed or printed. It is also suggested that clinic officers build up a permanent reference file of data from other clinics by securing copies of available reports from the League or directly from clinics.

Much can probably be learned by such a free exchange of information. Perhaps it will eventually lead to a standardization, at least on a minimum basis, of record forms in order to facilitate statistical analysis. It is further suggested that clinics located near universities can often secure expert help in the objective analysis of their records by requesting aid of sociologists, statisticians, etc.

Clinic reports often suffer by striving to serve somewhat antagonistic purposes—fund raising and propaganda on the one hand, scientific analysis on the other. They hardly go well together. The compiler suggests that clinical reports should be limited to scientific reporting, that if these data are to be used for educational purposes, they should be drawn upon in separate literature. Then neither purpose, important in its own time and place, will suffer.

It is to be hoped that this compilation will assist those organizing and conducting clinics, more especially those who wish to bring the public round to a saner view of the place of birth control in modern life and this by an appeal not to unproved generalizations but to clinical facts.

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- Charles, Enid, Ph D *The Practice of Birth Control An analysis of the Birth-Control Experiences of Nine Hundred Women* London Williams & Norgate, 1932, p 190
- Dickinson, Robert Latou, M D , and Bryant, Louise Stevens, Ph D *The Control of Conception An Illustrated Medical Manual* Baltimore Williams & Wilkins, 1932, p xii, 290 (See Chapter VII on "Clinic Organization and Service," Appendix A on "Clinic Notices and Record Forms" and Appendix C on "Clinical Service in Birth Control")
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- A Guide to Birth Control Literature A Selected Bibliography on the Technique of Contraception and on the Social Aspects of Birth Control* London Noel Douglas, 1931 p 46
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- Stopes, Marie C, Ph D, D Sc "The First Five Thousand [being] The First Report of the First Birth Control Clinic in the British Empire" London John Bale, Sons and Danielson, Ltd, 1925, p 67
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### IN PRAISE OF VOLUNTEERS

OUR experience with volunteer helpers in Philadelphia during the last winter makes us feel that no well-run birth control clinic should be without them In these days of difficult money raising, the contribution

which their unpaid services makes to the budget is by no means a negligible one It represents, however, only a small part of their value Volunteers have proven to be excellent secretaries, taking the histories in the tactful and sympathetic manner so necessary for such an intimate subject, and making mothers feel they have met a real friend Their tact and intelligence has been especially necessary in the difficult matter of collecting fees To secure a reasonable payment from those people who have something, while at the same time keeping others without funds from feeling excluded or humiliated, is a difficult task

For the last two months in two of the clinics the physician has been assisted entirely by volunteers They have had charge, under her direction, of the preparation of the patients, and much of the routine of the careful instruction and reinstruction of the patients so necessary for success has been given by them

We realize, of course, that not every volunteer who offers herself has the necessary qualifications Tact and intelligence are the first essentials If these are present the training period, though necessary, need not be extensive Reliability in attendance is another prime factor, only partly to be compensated for by having a trained alternative available

Now as we approach the difficult problem of explaining to the charitable contributors of Philadelphia the great financial needs of the birth control clinic and the great good it can accomplish for the city's mothers, we realize more than ever the value of the volunteers Their contact with those who have come to the clinics has given them tremendous enthusiasm and this makes it possible for them to convince those to whom they talk that it is a real privilege to have a share in the clinic's work

CLARENCE J GAMBLE, M D, *President,*  
*Pennsylvania Birth Control Federation*

### SOCIAL WORKERS AND BIRTH CONTROL

THE cooperation of social workers with birth control clinics has not been as close as was anticipated in the early days of the birth control movement This has been partly due to the way in which these clinics have been organized When intra mural clinics have been established, patients are usually accepted only for serious health reasons and referrals have been made largely by members of the medical profession On the other hand, extra-mural clinics have been started by lay groups with such a sentimental appeal that social workers have held back till the soundness of the service could be demonstrated Experience shows that patients in the

birth control centers come slowly from the social and health agencies but that the number from these sources increases as the center demonstrates its soundness of purpose and its ability to cooperate in social planning. Those referred by social and health agencies come with a better preparation and are more apt to use the advice effectively than those referred from other sources.

Social workers are aware of the need for contraception in those serious organic conditions which would be greatly aggravated by another pregnancy. There are also various forms of psychoses where controlled pregnancy is indicated as a constructive measure. Even in these instances, the patient's desire must be considered and their initiative secured before advice can be consistently effective. Most men and women have sought family regulation at some time during their married life and have experienced repeated failure of methods that were easily obtainable or have had harmful results from commonly advocated methods. Reputable physicians are now ready to take this matter out of the hands of the unscrupulous, and well managed birth control centers are an evidence of the changing attitude of the medical profession.

In using this new type of service social workers should familiarize themselves with the required procedure and know enough about the methods to understand the social difficulties. They should put in the hands of the birth control clinic information which will help relate the contraceptive program to the family situation. This information should include differences of nationality, creed and social status, the marriage history of the man and woman—how and when did they first meet, reasons leading up to the marriage, their mental and physical health, present atmosphere of the home, the financial situation, and some history of the children, their birth dates and their health history.

This detailed information is necessary for the interpretation of the main reason for referral and for a presentation which will insure the success of the contraceptive methods advised. It will be of additional help if the clinic may know when and by whom birth control was first suggested and whether it is the joint plan of both parents. It is advisable to have both parents contact the clinic whenever possible.

The cooperation of social workers and birth control centers should lead to a greater knowledge of the integrating factors affecting family life and make possible the re-establishment of a family security unthreatened by separation and divorce.

GLADYS GAYLORD *Executive Secretary,*  
*Maternal Health Association Cleveland Ohio*

### BOOKS RECEIVED

BIOLOGICAL AND MEDICAL ASPECTS OF CONTRACEPTION. Papers and discussions presented at the American Conference on Birth Control and National Recovery. *National Committee on Federal Legislation for Birth Control, Washington D C* 1934 \$1 15

BIRTH CONTROL FOR SAINTS AND SINNERS by Teunis Oldenburger. *Galvin Press, Grand Rapids, Mich* 1934 \$2 50

OUR MASTER'S VOICE, by James Rorty. *John Day Company, New York* 1934 \$3 00

WOMEN WHO WORK, by Grace Hutchins. *International Publishers, New York* 1934 \$2 00

THE CASE FOR STERILIZATION, by Leon F Whitney. *Frederick A Stokes New York* 1934 \$2 50

Officers and directors of the American Birth Control League and listing of state leagues have been omitted from this issue. For information consult previous issues or write the Birth Control Review, 689 Madison Avenue, New York City.

## BIRTH CONTROL REVIEW

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

THE LEAGUE extends its thanks to those who worked to make the special drive for funds for the 1934 budget a success. All but \$10 000 of the amount needed has been raised, and many new friends and potential friends have been won for the birth control movement.

Help us carry through our program for the year. Join the national League or your state league or, if you are already one of us enlist some of your friends.

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B I R T H    C O N T R O L    R E V I E W

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