

# BIRTH CONTROL REVIEW

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(New Series)

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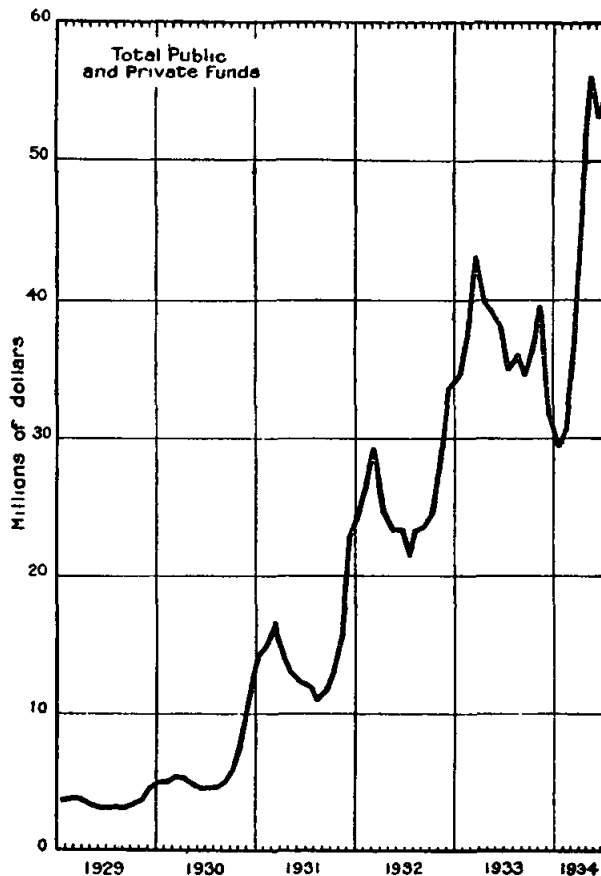
**T**HE Children's Bureau's famous report on Causal Factors in Infant Mortality contains a chart showing that 146 infants in every thousand die when children are born one year apart, as against 98 per thousand when the second child comes after a two year interval. With four years between births the number of deaths decreases to 84 per thousand. No better proof could be offered of the need for child spacing, and child spacing obviously implies birth control.

Again the Children's Bureau gives us a straight, strong arrow for our bow. The accompanying graph, taken from the Bureau's Monthly Bulletin on Social Statistics August, 1934, shows the ever-mounting cost of relief. Figures from 120 urban areas, alone, run beyond fifty million dollars per year. Private philanthropy can no longer furnish the funds. They come, by way of the national treasury, from the pockets of each and every one of us. What of the families who are dependent for their very lives on this public relief? For the most part they are the helpless victims of economic conditions. Must they also be the victims of Ignorance? Must they be forced to add the tragedy of unwanted children or the alternatives of abortions and disrupted homes to their already heavy burden? Relief administrators from all parts of the country are, unofficially, facing the situation. They write to the League asking about birth control methods and birth control laws, about how to find doctors willing and equipped to give advice, and about how to start clinics. The situation calls for public recognition of birth control, and scientific instruction through existing public medical agencies.

A plea for such recognition and service was made by Dr. Haven Emerson in his presidential address at the annual meeting of the American Public Health Association in Pasadena last month.

**O**FFICIAL medical recognition of birth control is near at hand, though it is coming by strange and devious paths. At the June meeting of the American Medical Association, the following resolution was introduced by the delegate representing the Section on Obstetrics, Gynecology and Abdominal Surgery:

WHEREAS innumerable devices, chemical substances and techniques are being promoted to the public for the purposes of contraception and



RELIEF EXPENDITURES FROM PUBLIC & PRIVATE FUNDS

WHEREAS members of the medical profession are constantly asked by the public to advise them relative to the scientific efficacy of such materials and methods, therefore

BE IT RESOLVED that the Board of Trustees of the American Medical Association request the Council on Pharmacy and Chemistry, the Council on Physical Therapy, the Bureau of Investigation and a Committee of five to be selected by the Section of Obstetrics and Gynecology to investigate the virtues and dangers of the various materials and methods, and to publish its report, when complete, in the *Journal of the American Medical Association*.

Referred to the Committee on Public Health and Hygiene for a hearing, it was reported back to the House of Delegates and tabled by a standing vote of this body. But at this same meeting the Mead Johnson Company, a manufacturer of infant foods, sponsored a motion picture display and exhibit on the safe period

Ovulation calendars and literature were distributed stating that this method of birth control was offered as a service to physicians and in the interests of better babies

The American Medical Association placed itself in the position of refusing to appoint a committee of its own members to study and report on the "virtues and dangers of the various materials and methods of contraception," while at the same time it permitted an exhibit of one particular (unproven) method by a commercial firm. The inconsistency of the Association's stand is further evidenced by an editorial in the September 8 issue of its *Journal*, entitled "Contraception and Birth Control." The editorial, after discussing the marketing of various devices and drugs and the principles of the safe period method concludes "In view

of the availability of this technique (safe period), depending on a knowledge of biology, and in view of the tremendous expansion of the business aspects of birth control already mentioned, it would seem to be exceedingly important for some authoritative body to undertake a suitable study of the materials and methods of promotion now being exploited in this country. The situation now prevailing is warrant for some type of action leading to scientific control." The official publication of the American Medical Association has finally recognized that birth control is a medical problem.

The Maine Medical Association at its annual session at Bangor, on May 28, 1934, passed a resolution approving the principle of birth control—another indication of the trend of medical opinion.

S H

## RURAL BIRTH CONTROL COMES TO MAINE

*An encouraging story of community wisdom and co operation. Two local newspapers, The Fort Fairfield Review and the Presque Isle Star-Herald, featured the news.*

WHOEVER may be of the opinion that small towns, villages and hamlets are indifferent, fearful or slow to respond will be interested to learn that birth control service has been inaugurated in Aroostook County in the northern part of the state of Maine during the past month.

Located in towns fifteen miles apart, two clinics were opened within the first week, through the immediate and active cooperation of representative doctors, leading citizens, lay and professional workers and the approval of Town Managers and Selectmen. The first step was to secure the approval of as many doctors as possible and their consent to the use of their names, especially in the local newspaper announcements. Following this, a medical advisory board was organized with the most interested doctor as chairman.

The first clinic was housed in the Municipal Building of the town, with the town nurse (R N) rendering enthusiastic help in spreading the news among her own patients, the majority of whom are on relief. The second clinic, through the courtesy of a prominent physician, was established in his own office, which he turned over to the project rent free. The services of two town nurses were donated by the Town Manager, who directed them to bring patients to the clinic without delay. The third clinic, also made possible through the cooperation of an enthusiastic physician and held in his office, rent free, was opened two weeks later. Rooms for the fourth clinic, which is to be started in

the near future, are to be available in the general hospital of the town. To date, one month since the work was started, forty seven patients have been advised.

The procedure has been somewhat as follows: after the clinic was actually opened and there was something tangible to point to, interested people were called together to discuss the organization of lay committees, the raising of funds with which to carry on permanently, and matters of propaganda and education, how to reach patients in isolated districts, etc.

To spread the news of the existence of the clinic, a booth was secured at the Northern Maine State Fair through the courtesy of prominent citizens in charge. This is the main event of the year in this section and draws thousands of people. Birth control literature in ample quantities was distributed free.

In addition to the actual starting of clinics, one of the main objectives of our work is to learn the most effective way to adapt contraceptive service to rural communities of various types. He who has heard "the dim far off chorus of suffering and pain" from women in country towns and on lonely farms, from life as it is actually lived close to the earth, will welcome this beginning of a concrete solution. It is my hope that rural communities elsewhere may be encouraged to recognize their own need, and face their own problem. Rural birth control clinics are needed. They can and should be established everywhere.

D D

## A LETTER FROM THE FIELD

## TO THE EDITOR

**H**OW disappointing to return from a 7,000 mile motor trip through five states and all manner of communities, from mill towns to remote mining districts hemmed in by the most imposing mountains east of the Mississippi, and find no one to whom I may a tale unfold I shall have to make the best of it, by running off on the keys a few general impressions

Perhaps this will prove an advantage, for you can't pop such embarrassing questions as "How many communities offer contraceptive services as a result of your visit?" Further, I can mention an occasional adventure or misadventure at will Changing a tire after dark on a swamp highway in one of the Carolinas was the most spooky of the latter type Under the former head, might fall a variety of happenings visiting a baby clinic in a mountain shack thirteen miles from a large town where I helped the nurses start a wood fire to heat water in the "sterilizer," an old dishpan Quite unforgettable is the little room with its crude hand-hewn furniture, crowded with tall, silently observant mothers, and little children pressing close to their skirts, as baby brother or sister was placed on the scales, and invariably found wanting—wanting chiefly, to judge by his walls, to be removed Or rounding a bend on one of those ledge highways in the West Virginia mountains to come smack against the sombre profile of a mining camp A particularly sordid one furnished this ironic touch from the center of a dismal straggly row of shacks rose a rickety structure, bearing across its pediment, "Opera House"

Recalling the often expressed wish at Headquarters to reach farm women and miners' wives, I gave special thought to this problem Clinics in such communities are of course exceedingly rare In one state, out patient departments of hospitals were practically unknown Naturally, the few exceptions offer ideal starting points for birth control Generally speaking, however, these women must rely chiefly upon that splendid survival, the country doctor, unless they are to resort to less approved methods Hence, I was delighted to discover a few practitioners who know the technique and occasionally advise their patients, and a still larger number who wish to learn the method, and would like to visit birth control centers They were glad to receive copies of Dr Matsner's pamphlet outlining the essentials of contraceptive technique I can think of few better investments than giving these men a chance to observe clinical procedure first hand We need also to

let these women who have more children than they can hope to care for properly, learn the value of birth control, through simple literature that can be placed directly in their hands

It was not surprising to encounter scepticism regarding the ability of these women to learn the method Fears were allayed, however, by reminding doubters that the miners, practically to a man, had mastered the far more intricate requirements of first aid One social worker ridiculed the notion that mining families are not teachable In justification, she pointed proudly to flourishing gardens which had been planted and maintained by the miners Some families even kept a pig or a cow Thus, the elements of thrifty, healthful living may be learned and applied even in shacks

The need for contraceptive advice, especially now when so many thousands are unemployed, was everywhere evident This fact, coupled with the relatively high infant and maternal mortality rates in certain sections visited, prompted exceptional interest in birth control Any work undertaken in small population units such as those visited, obviously must have the sanction of the entire community This means that a far better understanding of birth control as a phase of preventive medicine, where advice is offered under suitable medical and social restrictions must be spread abroad so that mothers who need advice may procure it It was pleasing to find that ministers and others who, on moral grounds, cherished certain misgivings, readily distinguished such a service from the indiscriminate spreading of birth control information Physicians who are ready and willing to advise women on problems of fertility, often show equal concern for the problem of sterility A leading gynecologist of the South who gives contraceptive advice displays on a wall of his office pictures of fifty or more infants, surmounted by the traditional stork Every baby there, he told me, was born to a previously sterile couple

Physicians often complained that people who should have children are using birth control, while those who shouldn't are neglecting to do so The three aspects of birth control, "prevention of reproduction of defectives, decrease of reproduction among the socially inadequate and encouragement of larger families among healthy, normal members of society," quoted from Mrs Jones' speech at Vassar, served to show our accord with their view

Without wishing to evade the question that must be in your mind, I may say that the splendid leadership

available in the numerous communities visited promises a steady development of contraceptive service in ways well adapted to the facilities at the disposal of each locality. This, combined with the wholehearted cooperation frequently found between professional and lay groups, seems to indicate that constant and consistent progress is inevitable. For the present, I prefer not to be more specific, beyond saying that service actually has been started in a few centers, and that a gratifyingly large number of physicians, some in just such remote places as those mentioned, have signified willingness to advise under suitable conditions.

RUTH TOPPING,  
*Field Director*

#### LIGHTEN THE BURDEN

**T**HE general picture is of a state of affairs where a high proportion of the economically most fortunate classes are practising contraception with a relatively high degree of precision and intelligence, producing mainly only as many babies as they want and when they want them. On the other hand the less and particularly the least fortunate economic classes, in this material certainly, are to a much smaller extent making any attempt to practice contraception at all, and of those who are making the attempt the proportion who are doing so intelligently and precisely is also smaller. Our detailed records indicate clearly that *this is due primarily to ignorance of contraceptive methods and technique* rather than to a desire to have large families. Hundreds and hundreds of the women in this sample who do not practise contraception are pleading for information and instruction so that they may

The logic of our results would seem to point clearly and unequivocally to the probability that prompt removal of all legal restriction to the free dissemination of contraceptive information, and barriers to the unrestricted distribution of contraceptive devices, would tend to have the effect of bringing the differential fertility of social classes more nearly into balance again. Whether this would be a "good" or "desirable" thing to do is a matter of opinion, to which our results *per se* make no contribution. Therefore that question will not be discussed. But it seems clear that if restrictions upon the dissemination of contraceptive information and advice were removed, it might somewhat lighten the burden of poverty and unemployment with which our children and grandchildren bid fair to be faced.

RAYMOND PEARL

*'Second Progress Report on a Study of Family Limitation. Milbank Memorial Fund Quarterly, July, '34*

#### FROM A MOTHER OF TEN

TO THE EDITOR

**I**T HAS been frequently asserted that the advocates of birth control belong largely to a class of persons whose opinion is purely academic, and who—because of their childless state—are totally unfitted to speak authoritatively.

It may not, therefore, be amiss for the voluntary and unregenerate mother of ten perfectly normal and satisfactory children to express her views. It is because I have had that ten times repeated experience of motherhood, and gloried in it, that I so thoroughly believe as I do. First, in the right of the individual to practice birth control whenever it may seem, for any reason, desirable. Second, that where for any reason of interest to the community at large or to coming generations, it seems desirable to prevent propagation, the right of the individual to bear children should give way before the best interests of the larger number.

I believe and hope that the time will come when it will not be so much a question of the individual's right to prevent the birth of children, as of their right and fitness to become parents.

Children must cease to be a by-product of sexual enjoyment and become, instead, the conscious product of persons fitted to give to the world physically normal, mentally adequate and emotionally stable human beings.

We have been vastly concerned in the production of pure bred cattle, pedigreed dogs and cats and fancy horticultural strains. Haphazard spawning is looked upon with favor only in the human race itself.

If the individual is not sufficiently enlightened to practice birth control, when expedient for the benefit of present humanity and future generations, it is the duty of government to effectively restrain him. And, until such time as governments realize their responsibility in the matter, it is the duty of those who are enlightened to bend every effort to the dissemination of birth control knowledge among those less fortunate.

I look forward to the day when there will be less emphasis placed on the right of man to produce living proof of his sexual potency. I am not, as a matter of fact, even so greatly concerned with the right of woman to sidestep her reproductive responsibilities at pleasure. I am concerned with the right of the child to an adequate heritage, and the right of future generations to an unclouded ancestry.

ETHEL REMINGTON HEPBURN

*Pennington, N. J.*

## WHAT TWELVE STATE LEAGUES ARE DOING

**Arkansas** Attendance at the Little Rock Birth Control Clinic has increased 50% in the last year. Senior medical students of the University of Arkansas have been attending the clinic and observing technique.

**Connecticut** The Connecticut Birth Control League will concentrate this winter on changing the state law in order that clinical service may be established throughout the state.

**Delaware** The Birth Control League of Delaware will concentrate this winter on one particular phase of the work which it feels is badly needed. This is a special effort to enlist the cooperation of social workers and welfare organizations in the work of the Wilmington clinic and that of the League. There has been no antagonism on the part of social workers but more definite cooperation is needed to reach the class of people who most need birth control instruction.

Regular monthly meetings and weekly clinic sessions will continue as usual. The League is forming an Advisory Council to represent the various boards of welfare organizations—an excellent idea.

**Illinois** The Illinois Birth Control League continues operating its seven clinics and endeavoring in every way to find money enough to care for the hundreds of patients who can pay nothing for this care. It has taken over the Chicago Heights Clinic, formerly Independent, as part of its organization.

**Indiana** The Maternal Health League of Indiana plans to concentrate its efforts on work of the clinic. A membership drive is scheduled for the fall.

**Kentucky** The Kentucky Birth Control League is launching a membership campaign by writing to a special list of 1400 Louisville residents. It has also offered the services of its Speakers Bureau to 54 Louisville women's clubs.

The annual meeting will be held in October. A representative of the national league will be one of the speakers.

The first clinic report (July 1933-July 1934) shows that no failures were reported, that the average income of patients was \$13 per week, and that the average number of pregnancies was 5.7.

**Massachusetts** On September first the Birth Control League of Massachusetts moved into a larger office at 3 Joy Street, Boston, the Twentieth Century Club

building. Here the League is not only more conveniently housed but has the advantage of being in the same building with other progressive organizations.

The League has had a very active summer. Its energies have been focussed on two points. The first was to find cooperating physicians in every county who would advise women of meagre incomes at clinic rates. The response of the doctors to this need has been prompt and generous. The second was the launching of a campaign to secure signatures to the Parents' Petition to the Massachusetts Medical Society. The Petition reads:

WHEREAS Birth Control is now accepted in principle by the clergy, the medical profession and the majority of married people, and

WHEREAS physicians of equal standing present directly opposing views on particular methods, and

WHEREAS the mails and press are flooded with advertisements of contraceptives each claiming to be safe and efficacious, and

WHEREAS "The Rhythm" advertised to solve "The Big Problem of Married People" and to present a natural method of Birth Control is being sold freely, there exists in the minds of the laity the greatest confusion on this question which lies at the root of family health and happiness.

We, therefore, as parents who look to the medical profession of Massachusetts for guidance in all matters touching the health of ourselves and our children,

DO HEREBY PETITION the Massachusetts Medical Society to appoint (1) a committee to make a study of modern methods of family limitation and child spacing, (2) to make a report on the relative value of the more widely known methods, (a) the method set forth by the Roman Catholics in "The Rhythm" (aided by the "Concip Calendar" device) "published with Ecclesiastical Approbation" (b) the methods used in most centres for contraceptive advice.

The League is out to secure 10,000 signatures. To show the importance of the petition in particular and of the birth control movement in general a sixteen page pamphlet has been prepared with the headings, "The Parents Petition is Important to 'Medical Knowledge,' 'Women and Soldiers,' 'Father, Child and State,' 'Physicians and Clergymen.'" The similarity between the physical hazards of warfare and maternity are pointed out and a strong plea is made that as the physically unfit man is protected from military service and the fit who must serve is given every protection in equipment, medical care and compensation, so, the woman unfit for maternity should not have it forced upon her and the fit, who can render service

as mothers, should **receive** all the **assistance** and **protection** which **medical science** has made **available**

The **petition** is to be **circulated** not only among members of the League, but, wherever **possible**, presented to **organizations**, **social service** boards, etc

The **Finance Committee** is **planning** a **vigorous campaign** for funds, **aided** by the **circulation** of the **petition** and pamphlet To help in both these **activities** a **Publicity Committee** has been **appointed** and a **definite** development in this line is being **considered**

**Michigan** October will be a busy month for the Maternal Health League of **Michigan** The annual **meeting** of the League will be held in **Lansing** on Oct 9, Dr **William Haber** of **Lansing** will **preside** at the luncheon, and Mrs **Thomas N Hepburn** and Dr **Norman F Miller**, chief of **Obstetrics** and **Gynecology** at the **University of Michigan Hospital**, **Ann Arbor**, will speak Reports of work **accomplished** and plans for the **coming winter** will be made, and officers and members of the Board of **Directors** will be elected

**Birth control** will have a **hearing** at both the **Michigan State Federation** of **Womens Clubs** **meeting** on October 16, and the **Michigan State Conference** of **Social Work** on October 4

**Miss Margery Davis** has been engaged as **Executive Secretary** Part of **Miss Davis's** work will be the **organization** of the northern part of the state where work has been started but not completed

**Missouri** The Maternal Health **Association** of **Missouri** began the fall season with an "Open House" at headquarters, 4817a Delmar Blvd, St **Louis** Guests included **approximately** one hundred **social** workers

The League is now **operating** four **clinics**, two of which show very near **capacity** attendance Plans are on foot for **enlisting** the **co-operation** of **social** workers

Work will be broadened **this winter** to include a state **wide** program, and correspondence with Interested **individuals** in seven **Missouri** towns **points** to the **establishment** of several new **clinics**

A **membership drive** is scheduled and success is **anticipated** since an **increasing** number of people, particularly in St **Louis**, are interested

**New York** The **New York State Birth Control Federation** is completing its work of **organizing** **Dutchess County**

Plans for the **winter** include **assisting** already **organized** counties, **initiating** **organization** and **clinics** in new **territory**, **enlarging** the file of **New York** doctors willing to give **contraceptive** advice

(Concluded on page eight)

Birth rates *have* been reduced from 54 to 33 children in a single generation —NEWS ITEM

It's barbarous and butcherly,  
It drives me to distraction,  
This giving babies decimal points—  
How can one have a fraction  
Of a family? I don't want it  
So, if I'm free to choose,  
I'll just have triplets—You can have  
The three tenths I can't use

BERNITA WILCOX

### AS SOON AS I GET BACK

"AS SOON as I get back to town, I must see about one of those new felt hats--straw looks so seedy after the summer"

"I'll have to miss the September meeting, I'm afraid, but I promise to turn up at the office just as soon as I get back"

"It is a marvellous Autumn in Maine I never saw so many crimson maples I must hurry off to a picnic now, but I'll tell you more about the vacation as soon as I get back"

It all sounds natural, doesn't it the little pleasures and plans and patter of October!

But the passing of months has another significance, a tragic meaning which comes into the American Birth Control League office with every mail the tragedy of the unwanted child

"I am a poor woman and want to know if there is anything you can do if a person is pregnant"

"I am the mother of seven children, my husband is unemployed and I am now again two months pregnant I feel I cannot go through the ordeal again because of ill health and no money Kindly advise immediately"

Summer is over for these women the season for rest and comfort, the time when our advice could have helped them, if only they had known Now it is too late They can only count the months, and shiver at the burden of the Spring

And this particular Fall comes with an industrial crisis in the country which means a new and ghastly vacation for other men and women Hands will be idle, credit will be exhausted—only the dread of the next month will mark the passing of time for thousands of mothers all over the land

So when we received one testimony of encouragement out of that blackest of holes, a textile town, we thought our readers should know, and share the glow that suffused the fading tan of the office staff

"A friend just handed me some of your birth control pamphlets," writes our little correspondent, "and I have been reading them and I have three babies myself and am just a young girl myself. The mills are all on strike now and I have no money to send you but I will as soon as I get back to work."

Felt hats — stories of crimson maples — committee meetings they will wait for us to get back at our pleasure. But the help of the girl from the shut-down mill hasn't waited. It has buoyed us from the moment we tore open its grimy envelope, even though no dollar bill was tucked inside.

And which of us would wait to answer it?

MARY ELLIS PELTZ  
Member, Board of Directors

### T B AND BIRTH CONTROL

THE League recently sent an assortment of pamphlets, leaflets and Reviews, on request, to a nurse in a T B sanatorium. Here is her letter of thanks.

"Do you care to hear about the women who are reading the material you sent us? There is Mary, age 32, came to U S A from Russia in 1913. Married, had one child, then became tubercular. Was at the sanatorium eighteen months. Sent home with cure papers. Became pregnant. Three months after delivery she was sent here again and has been here about fifteen months. Mary is very glad to read all this material.

"Helen is about six months pregnant with her second child. She was a former T B patient at another sanatorium. Her condition is good, but she says she is sorry she did not know about proper birth control before this happened. Her first child is with relatives and her husband is unemployed.

"Several of the patients who are reading your papers are young engaged girls, planning to marry as soon as their cure taking days are over. They are all very glad to know about birth control and birth control clinics.

"The women patients are passing these pamphlets and magazines around, each person, among her immediate group. I feel that where the door was closed before, we are now opening it. Even the finest sanatorium is not a pleasant place to spend months on end. When the wife is here, the husband is neglected, worries, or overworks himself, often in laws and neighbors get in their lick and break up the marriage altogether. We need birth control clinics just as much as we need T B sanitariums."

Mrs DOROTHY WHITE

Wisconsin

## American Birth Control League

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163 N Main Street Providence

VIRGINIA BIRTH CONTROL LEAGUE  
c/o Dr H H Ware 1901 Stuart Ave Richmond

### WHAT TWELVE STATE LEAGUES ARE DOING

(Continued from page six)

**Pennsylvania** The Pennsylvania Birth Control Federation will, during October, circularize 10,000 people who have not before contributed to the work. A wide distribution of literature is planned.

The Federation has sent out a questionnaire, similar to that used by the national league, to 1,000 doctors in the principal centers of population where clinics have not yet been established. Through this questionnaire and through the distribution of literature, Pennsylvania hopes to cover all of its 67 counties and to have at least one properly qualified physician in each city and town to whom patients may be referred for contraceptive advice.

Field work in organizing committees to establish clinics will continue.

**Rhode Island** The Rhode Island Birth Control League has had a most active summer. Its Executive Secretary has been traveling through the state speaking before many small groups and organizing county committees.

A ten day state membership campaign will be inaugurated on October 19 by a dinner at which Mrs. Thomas N. Hepburn will speak. Other activities for the winter include securing public endorsements of birth control and the annual meeting in November.

Committees, which will serve as motor corps to bring clients to the Providence clinic and which will further local educational work, are being formed.

### IOWA ORGANIZES

The Iowa Maternal Health League, with headquarters in Des Moines, was organized last May to promote birth control education and start clinical service in Iowa.

### THE FEDERAL BILL

The Federal Bill, sponsored by Margaret Sanger's National Committee on Federal Legislation for Birth Control, was held in the Judiciary Committee of the House with no action taken. In the Senate it reached the calendar and passed by "unanimous consent." Senator Patrick McCarran of Nevada, however, recalled it and Congress adjourned before action could be taken. The Federal Committee will continue its work this winter and plans to re-introduce the bill in both the House and Senate.

### RECENT MAGAZINE ARTICLES

CATHOLICS ON BIRTH CONTROL, by Guy Irving Burch *The New Republic New York* September 5, 1934\*

EUGENIC STERILIZATION, by E. S. Gosney *Scientific American, New York* July, 1934

HISTORY OF BIRTH CONTROL IN AMERICA, by C. O. McCormick, M. D. *Indiana State Medical Association Journal Indianapolis* September, 1934

SANCTIFIED BIRTH CONTROL, by Dorothy Dunbar Bromley *The Nation, New York* September 26, 1934\*

THE DEATH LOBBY—A DEBATE ON BIRTH CONTROL, by Rev. Edward Roberts Moore and Guy Irving Burch *The Forum, New York* August, 1934

THE DEPRESSION AND BIRTH CONTROL, by Dorothy Dunbar Bromley *Harper's Magazine New York* October, 1934\*

\*Reprints may be obtained from the American Birth Control League. Single copies free, prices on quantity orders quoted on request.

## BIRTH CONTROL REVIEW

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OCTOBER, 1934

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

*Let us teach for the sake of women, the knowledge which will permit them to choose the time and circumstance of their own childbearing. Preventive medicine of the kind every competent physician is daily concerned with includes advice prior to and during marriage upon which physical, mental, and emotional health in the home may depend.*

HAVEN EMERSON, M. D.,  
President, American Public Health Assn.

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