

BIRTH CONTROL REVIEW

VOL II, No 2
(New Series)

Published by the American Birth Control League

NOVEMBER, 1934

WE endorse the efforts now being made to secure for licensed physicians, hospitals and medical clinics, freedom to convey such information as is in accord with the highest principles of eugenics, and a more wholesome family life, wherein parenthood may be undertaken with due respect for the health of mothers and the welfare of their children.

This resolution was adopted by the House of Bishops of the Protestant Episcopal Church at its 51st triennial convention in Atlantic City on October 20th. All honor is due Reverend Simeon Arthur Huston, Bishop of Olympia, Washington, who proposed the resolution, and to the Right Reverend Benjamin Brewster, Bishop of Maine, who backed it, asserting that the poor were entitled to information which is already available to the wealthy. Though the endorsement called forth sharp and acrimonious debate, and though the final vote stood 44 to 38, the record is clear. The Episcopal Church takes its stand with the Federal Council of Churches, the Lambeth Conference of the Church of England, the Unitarians, the Universalists, the Congregational Council, the Conference of American Rabbis and other liberal denominations, in recognizing the place of birth control in the good life.

ANOTHER group recognized that birth control is one of the most pressing problems facing us today. The Michigan State Federation of Women's Clubs adopted the following resolution:

"WHEREAS It is of the utmost importance to all patriotic Americans that the population of our country be vigorous and healthy both physically and mentally, and that there shall be no child in America that has not the complete birthright of a sound mind in a sound body,

"AND WHEREAS The proper and intelligent use of scientific contraceptive methods under the direction of physicians is essential to these ends,

"AND WHEREAS The General Federation of Women's Clubs, at its annual convention in Hot Springs, held in April, 1934, endorsed the study of Birth Control,

"BE IT RESOLVED That we favor the study of this question by the Michigan State Federation of Women's Clubs to the end that we may become fully informed on the eugenic, medical and legal aspects of scientific Birth Control."

PREVENTIVE SOCIAL WORK AND BIRTH CONTROL

Excerpt from address before the Citizens Committee on Maternal Health and the Maternal Health Association of Ohio Cincinnati, October Eleventh

BIRTH CONTROL is here to stay, and we in this country might just as well get adjusted to the idea as soon as possible. I say this not because I wish to be dogmatic, not because I am a predestinarian in social science, but because, as a sociologist, I have spent ten years of intensive and specialized research on the historical, economic, and social aspects of man's struggle, through the ages, rationally to control his fertility, because, in brief, the conviction has daily grown on me that this struggle, at once one of the most engaging and thrilling episodes in the entire cultural evolution of man, will not cease until the goal of complete democratization of contraceptive knowledge shall have been achieved for the masses of mankind.

I have just completed a history of that struggle for the National Committee on Maternal Health. It has been exciting indeed to sit, as it were, on the bank of time, to pass in review, with the help of great scholars, the entire cultural evolution of man, to discern in this process, thousands of years before the advent of written history, in the very cradle of social life, the dim but distinct beginnings of man's attempt to fend off the ever-present spectre of want by limiting his progeny. Abortion, infanticide, tabus on intercourse are there, all anthropologists are agreed upon it. Even contraceptive measures are there in embryo—and this, thousands of years ago.

I began tracing the early scientific history in Egypt, Greece, Rome, among the ancient Hebrews, East Indians. With the assistance of specialists I went through the Greek, Sanskrit, Persian, Egyptian, Chinese, Hebrew, and Arabic sources. And what did I find? 1 Every great culture has had some knowledge of birth control even if only a crude, undiffused knowledge. 2 The greatest physicians of all time, in their great medical encyclopedias, not only described contraceptive techniques, but had the beginnings of a preventive point of view. Thus birth control appeared not as an innovation, not as a radical fad or novelty, but as a legitimate part of classical medicine. The greatest account of technique on record down to Knowlton (1832) was writ-

ten by a Greek physician of the second century, Soranos

There are two distinct attitudes toward helping the underprivileged in the matter of birth control. The first is that only those merit instruction who have grave or other medical reasons, the second is that economic and social conditions are equally important. There is, of course, much greater agreement about assisting the first group than the second. It now seems clear, for example, that women that have tuberculosis, an uncompensated heart, certain disorders of the kidneys, and certain gynecological maladjustments or inadequacies, are entitled to contraceptive instruction. Increasingly, too, the view is gaining ground that a healthy woman who has an adequate family should have the power of choice regarding further reproduction—the same power exercised by the more privileged. Spacing is medically justifiable, it is also economically wise.

MEDICAL AND ECONOMIC REASONS INSEPARABLE

As an economist I stand as firmly behind economic and social indications as behind medical indications. I have long since given up trying to fool the arithmetic table. If a family has an income of, say, \$1,500 a year for the support of three children beside the parents there is some prospect of keeping body and soul together on at least a basic minimum of decency. But if this family, without a substantial increase in income, is to go on having several additions to the family, perhaps while on relief, the wisdom of such conduct is gravely open to doubt, especially when support falls on the community. I do not believe it is either logical or wise to attempt to separate medical from economic and social indications for contraceptive instruction. Increasingly we are coming to realize that the family in poverty has as much right to contraceptive instruction as a family the parents of which suffer from particular diseases. I think it safe to infer that this is the prevailing sentiment among American economists.

Much confusion seems to exist in the minds of many people regarding the degree of effectiveness of modern clinical methods. These clinical methods are now well-tried and established. Probably in the United States alone we have had experience with over 100,000 cases in more than 150 clinics. Dr. Marie Kopp in her recent important book "*Birth Control in Practice*," concludes that in nearly 6,000 cases studied at the Birth Control Clinical Research Bureau in New York City, the methods recommended, when used as instructed, were effective in 93 per cent of the cases. A recent study by Dr. Regine K. Stix, made for the Milbank Memorial

Fund, on the effectiveness of contraceptive methods, proves that for given exposure risks to pregnancy, pregnancies were reduced by three-fourths, if the clinical methods were followed. A number of studies reported by Enid Charles in the "*Practice of Birth Control*" show similar degrees of success ranging from 70 to 95 per cent. This is in great contrast to the high failure rate experienced with the use of so-called natural methods about which there has been increasing publicity of late.

It should also be understood that most of the women who come to the clinics for advice come there not because they are totally ignorant of contraceptive techniques, but because they want a safe, harmless, scientific method. I have recently tabulated ten series of data on 24,901 cases showing the percentages of patients admitting the use of contraceptives prior to a clinical visit. The average for all series was 68 per cent. There is reason to believe, however, that certain very low figures, collected years ago, are atypical, and the result of careless inquiries. If these are discarded, the average is nearer 90 per cent. In one series it runs as high as 95 per cent. It thus seems clear that the choice is not between birth control and no birth control, it is between amateur, unreliable, back-fence and drug store contraception and safe, harmless, scientific, medically-guided contraception. Which do we prefer?

As a social movement birth control is more than a century old, while, on the medical side, contraception has been supported by some of the greatest physicians of all time for over two thousand years. I am merely suggesting that we catch up. Birth control is no innovation. Improved techniques and democratization are alone new. I plead this afternoon for speeding up that process of democratization, of diffusion of knowledge in order that needless human suffering might be minimized. I want more equality of opportunity now and in the immediate future. Of course, it will come in the long run no matter what you and I do. Yet human efforts can speed social changes and reduce the pain associated with cultural lags.

The desirability of such democratization should be self-evident, but when we add medical, economic and eugenic reasons, which have never been successfully refuted in the testing period of at least a century, the case, it seems to me, is irrefutable.

In my view the birth control movement will not have reached its logical and ultimate goal until all adults have a reasonably complete control over reproduction, until there is complete freedom of choice. Such, with occasional setbacks, has been the trend since pre-history,

the process has merely been speeded in the last century and especially in the past decade. And it is perfectly sound sociological methodology to project this trend a reasonable distance into the future.

As the process continues we may expect a more equitable distribution of the costs and sacrifices involved in producing the next generation, a basic cause of poverty should be ameliorated, the standard of living of the masses, other things remaining equal, should be raised, the health of mothers and children will be promoted and the dread of unwanted pregnancies will be materially reduced, mental health, marital adjustment, peace of mind and security will be augmented, and altogether life should become more abundant for the masses of mankind, especially those now under privileged.

NORMAN E. HIMES, PH. D.
Colgate University, New York

MICHIGAN ADVANCES ON ALL FRONTS

OCTOBER has indeed been a busy month for the members of the Michigan Maternal Health League, a month filled with encouraging and inspiring events.

The first meeting that engaged our attention was the Michigan Conference of Social Work held in Grand Rapids, October third to October sixth. For the past three years we have had a meeting during this annual conference, and the importance of having a place on the program of other organizations has been amply demonstrated by the increasing interest and cooperation of the social workers in our state. I was glad to see their progressive attitude recognized in Mrs. Bromley's article "Birth Control and the Depression," which appeared in the October Harpers, "social service workers," she says, "should be the leaders, not the followers, in the community as they have shown themselves to be in Michigan." This year about one hundred and fifty members of the conference attended our meeting, at which Professor Ernest R. Groves of the University of North Carolina spoke on *Science and Modern Marriage*.

Marjorie F. Davis, our executive secretary, and I were on hand during the entire conference to answer questions and interview people anxious to have some kind of contraceptive service organized in their communities. The workers in general seem to have recognized the need for birth control in many of their welfare programs, particularly those which affect mothers of children. As a result, requests for assistance are coming to us in ever increasing numbers from both public

and private agencies. Three County Relief Administrations and one County Board of Supervisors in Michigan are now giving birth control advice to their clients, and from the very beginning of our organization such agencies as the Family Welfare Association and the Visiting Nurses Association have referred patients to our clinics.

Inspired by the Social Work Conference and fired with a determination to expand our work as fast as possible, we held our own annual meeting in Lansing on October ninth. This turned out to be more than a routine annual meeting, it was also the celebration of the opening of the Lansing Maternal Health Clinic, the thirteenth in Michigan. We hope to open a fourteenth soon and thus set at rest any superstitious fears.

Professor William Haber, the State Emergency Relief Administrator, presided. His current figures for relief in our state gave us added incentive for making reliable contraceptive information more readily available to overburdened and anxious mothers.

Our medical director, Dr. Alexander M. Campbell, told of the ever increasing interest in birth control of the Michigan State Medical Society. A committee to study the subject will be appointed every year by the president, and almost five hundred members have signified their willingness to work with us. Their continued cooperation and that of every county medical society, increased distribution of Dr. Matsner's Outline, and lectures on contraceptive technique before all the county societies, (seventeen have already had them) are needed to enable us to care for the mothers' letters which come from seventy two different localities in the state. Dr. Campbell ended his talk by praising, with reason, the sane and progressive attitude which the medical profession in Michigan is taking toward birth control.

Mrs. Thomas N. Hepburn was our main speaker and her charm and conviction made a great impression on the audience. Wishing to make the utmost of her visit to Michigan, a meeting in Battle Creek had been arranged for the following day at which Mrs. Hepburn and I spoke before about eighty people. On October eleventh Mrs. Hepburn addressed the Grand Rapids Federation of Women's Clubs, telling of the inconsistencies in the law governing birth control information and asking for a better deal for children. "Intelligent regulation of the size of families," she said, "should make for happier homes and better trained children than the world has yet produced." After her talk, the Federation adopted a resolution indorsing the study of birth control.

Following this meeting of the local Federation, the Michigan State Federation of Women's Clubs con-

vened for a four days' conference in Grand Rapids beginning October sixteenth. On the evening of the seventeenth, Reverend David Bryn Jones, Pastor of the Trinity Baptist Church of Minneapolis, addressed about four hundred members of the Federation and the morning paper carried an article on the front page headed "Waste of Human Life Assailed in Federation Talk." This meeting was presided over by Mrs. Charles F. Bacon, State Chairman of the Legislative Committee for Michigan. Friday morning at its business meeting, the State Federation passed the resolution quoted on page one.

Challenged by the increasing interest of such groups as our Medical Society, our Social Work Conference, and the State Federation of Women's Clubs, we begin the year's work with a fresh enthusiasm and hope to answer the calls for organization which have come to us from County Relief Administrations and many individual communities.

NANCY BILLINGS KEENEY, *President*
Maternal Health League of Michigan

TWO STIRRING APPEALS

The Massachusetts and Pennsylvania Leagues have issued excellent appeals for funds to carry on the work of the leagues and their clinics. The following excerpts will be suggestive. The Pennsylvania flier reads:

SAVE WOMEN'S LIVES

Prevent the Frightful Toll of Abortion Among Married Women

FOR THE CHILDREN'S SAKE

Keep Alive MOTHERS Who Would Rather Risk Death than Bring Another Child into Intolerable Surroundings

The Clinical Research Bureau of New York reports that among 10,000 married women, 5,010 had an average of more than two abortions each, before they secured advice in spacing child birth.

In Philadelphia one charitable hospital states that of 774 women admitted to the gynecological wards—367 came because of attempted abortion.

The White House Conference in Child Health Protection estimates that there are 700,000 abortions each year in the United States, due primarily to economic inability to care for the living children.

THE MOTHER'S NEED IS DESPERATE

The Federal Children's Bureau in case studies of 7,500 maternal deaths reported that 1,875 were due to abortion.

The New York Academy of Medicine found that abortion caused 350 among 2,000 maternal deaths.

In each report 75% of the interrupted pregnancies showed convincing evidence that the abortion was intentional.

And more important still—NINE-TENTHS of all these women who died left ORPHANED FAMILIES.

YOU CAN PREVENT

The anguish and despair that drives mothers to the dangerous act of abortion.

The death of many mothers and the life long illness of many more.

The loss of a mother's influence to thousands of growing children.

A growing burden on our hospitals and the increased responsibility of our social agencies.

By Giving Women Like These, 90% of Whom Were Already Mothers, the Opportunity to Secure Skilled Contraceptive Instruction

THE PHILADELPHIA MATERNAL HEALTH CENTERS

Are giving daily—through carefully trained physicians—contraceptive instruction to anxious and needy mothers.

Families who cannot pay for a physician's services are helped to space children as circumstances and health permit.

This is truly a PREVENTIVE rather than a palliative social function.

\$10 NOW CARES FOR THREE MOTHERS

HOW MANY FAMILIES ARE YOU WILLING TO HELP?

Officers of the Federation and the Maternal Health Committee and a subscription blank complete the page.

* * *

The Massachusetts appeal a four page printed folder, opens

We in the United States lose as many mothers from child-birth every two years as we lost soldiers in the World War, who died from wounds or were killed in action, 50,585. Many of these women die because they are unfit for child-bearing.

The Birth Control League is the only organization which seeks to lessen Massachusetts' share of these appalling losses by control of the original cause, that is, through the postponement of pregnancy until the mother's health is adequate for the tasks of pregnancy and labor.

Unfortunately, hospitals in Massachusetts do not give convalescent mothers this medical contraceptive service prescribed by the best obstetrical textbooks and indicated by the condition of the patients, advice which

is a part of preventive medicine and would greatly reduce the number of deaths of mothers. We are told that our hospitals withhold Birth Control treatment through fear of offending patrons, or of arousing religious opposition or fear of official interference.

To prove the legality and worth of such service the Mothers' Health Office was established. This office, with its trained staff and medical advisors, has been running successfully for over two years.

Will you contribute to this work which is as fundamental in importance as Red Cross work for soldiers, or that of any of our established hospitals or child-welfare agencies, since it not only saves life, but saves for children the blessings of motherly love and care.

Enumeration of activities of the League and the Mothers Health Committee officers and case histories follow and a subscription card is enclosed

MINNESOTA SPONSORS REGIONAL CONFERENCE ON MATERNAL HEALTH

On October 26th over five hundred representatives from Iowa, Wisconsin, North Dakota, South Dakota and Minnesota attended a regional conference sponsored by the Minnesota Birth Control League. A morning session on Maternal Health and Marital Happiness, a luncheon meeting on the Medical Aspects of Birth Control, afternoon round tables for ministers, physicians and mental hygienists, and a demonstration clinic on contraceptive technique gave those who participated a full and inspiring program.

Among the speakers were Dr. Eric Plass of the University of Iowa, Dr. Dwight E. Minnich of the University of Minnesota, Reverend G. Merrill Lenox, Reverend William Boddy, Reverend S. A. Meckel, Reverend George Micklenburg, Mildred Thomson of the State Children's Bureau, Geraldine Lamb of the Minneapolis Family Welfare Association, Dr. S. A. Challman of the Minneapolis Child Guidance Clinic.

Some of the speeches and discussions will be issued by the American Birth Control League through the REVIEW or in pamphlet form.

Under the will of Bruce J. Getchell, deceased, of Santa Cruz, California, the American Birth Control League receives a legacy of \$1339. Mr. Getchell, informing the League of his will, wrote: "The amount of this bequest will be small at best, and you may use it as seems best to you. It has always seemed to me that your REVIEW should be in public libraries, possibly this could be used to start a fund to put it there."

TUBERCULOSIS AND PREGNANCY

THE October, 1934, issue of the REVIEW contains an excerpt of a letter from a nurse in a tuberculosis sanatorium concerning the interest manifested by the patients in birth control information. This is very timely and reflects the beginning of a change in medical thought concerning the subject of tuberculosis and pregnancy. I believe a short resume of the evolution of the present thought will be of interest.

Even as late as the latter part of the 18th century many physicians advised pregnancy as a preventive measure in women who were "threatened" with tuberculosis. Pregnancy was also advised as a therapeutic measure in what was then considered the early stage of the disease. I presume this advice was given because pregnancy is so often accompanied by a gain in weight and by an increase in the sense of well-being. At that time as the cause of tuberculosis was unknown and as the way the body reacted to tuberculous infection or disease was not understood, it was only natural that the individual who had gained ten, twenty or thirty pounds in weight should be considered well.

As time went on, however, it soon became apparent that the tuberculous woman who appeared to do so well during her pregnancy frequently did very poorly after labor. This was especially noticeable when her record was compared with that of the non-tuberculous pregnant woman. Therefore, it was concluded that pregnancy in itself so increased the hazard for the tuberculous woman that it should always be terminated.

But to get a true picture of the effects of pregnancy upon the tuberculous process, one should consider the tuberculous woman, pregnant and non-pregnant, rather than the pregnant woman, tuberculous and non-tuberculous. When this is done it is found that, given proper treatment for her tuberculosis, the pregnancy is not nearly so detrimental to the life of the tuberculous woman as was formerly thought. At least, under the conditions of treatment as carried out in Glen Lake Sanatorium, the pregnant tuberculous woman seems to do just about as well as the non-pregnant tuberculous woman. The details of our study are found in an article by Jennings, Mariette and Litzenberg which was published in the June, 1932, issue of the *American Review of Tuberculosis* and in an article by Jennings published in the April 1st, 1932, issue of the *Journal-Lancet*.

When pregnancy is terminated because of tuberculosis it should be on an individual basis rather than as a routine procedure. We terminated pregnancy in only one case during the last twelve years. The other pregnant women who were carried to term had about the

same deathrate as the non pregnant group of the same relative age and stage of disease. In addition a healthy child was born with all that that may mean to any family. The main thing, then, is proper treatment during the pregnancy and for several months, at least six to twelve, after delivery.

But even so we believe that pregnancy is a condition to be avoided when tuberculosis is present as long as the disease is active and for some years after it has been controlled, for the following reasons:

1 The "load" which such women must carry is increased. Thus prolonging the period of time necessary for recovery.

2 One who has just recovered from tuberculosis needs to lead a very regular life for the first year or two at least, and with children in the home, particularly young children, it is very difficult if not impossible to do this. Therefore maternity increases the hazard of convalescence and is very likely to produce relapses.

3 While the child will be born healthy, are conditions in the home such that he or she has a reasonable chance to escape infection and to grow up into a healthy, strong child? What right has any one to bring a child into the world if she cannot give that child a reasonable chance to escape tuberculosis? Also, has tuberculosis so impaired the financial status of the family that this child cannot expect normal home surroundings?

For these reasons we believe that every married tuberculous woman should be given birth control information so that pregnancy may be postponed until in the judgment of her physician it can be undertaken with safety to the mother and child.

Method of procedure. When any of our married women apply for a leave of absence they are offered birth control instruction. If for any reason they do not desire this, the matter is dropped. If, however, they wish this type of information, they are referred to two of the full-time physicians who have made a special study of this subject and who are well qualified to give such instruction.

E S MARIETTE, M D, *Superintendent,
Glen Lake Sanatorium, Minnesota*

Birth Control would reduce both maternal mortality and that other terrible blot on our social life, infant mortality. There is no religious justification for rejecting scientific remedies for the intimate domestic problem of too many mouths to feed, without the means with which to feed them.

Bishop of Liverpool

THEY LIKE THE REVIEW

Your October REVIEW is fine, especially the graph and that first column. We were so interested to read the excerpt from Pearl's second report.

MRS HARRY GUTHMANN,
Evanston Medical Center, Ill

What a splendid issue of the REVIEW the October one is! I have heard many enthusiastic comments on it.

CAROLINE L CARTER,
Birth Control League of Massachusetts

The REVIEW is invaluable to me, and in spite of the New York Times and the Nation.

ELISABETH S HAMSON,
Maternal Health League of Indiana

We are glad to hear, through the October REVIEW what other state leagues are doing.

MRS EDWARD CORNISH,
Arkansas Eugenics Association

NEWS FROM HERE AND THERE

Connecticut. The Directors of the Greenwich Committee on Maternal Health gave a luncheon in honor of Dr Cheri Appel on October 26th. Mrs Caroline H Robinson of Philadelphia spoke on how Pennsylvania Clinics are operating under existing state birth control laws, Mrs Walter B Cannon of Boston spoke on what Massachusetts clinics are doing, Mrs John Russ discussed what Connecticut must do to change its laws in the 1935 legislature, and Mrs F Robertson Jones, representing the American Birth Control League, talked on birth control laws in other states and what women are doing about them.

The directors of the Greenwich Committee are Mrs William Darrach, chairman, Mrs Stillman Rockefeller, vice chairman, Mrs Avery Rockefeller, treasurer, Mrs John Witter, secretary, Mrs Stanley Resor, Mrs William Hencken, Mrs Edward Duble, Mrs William Stanley, Mrs Richards Taylor and Mrs Reinhard Siedenburgh.

California. The Institute of Family Relations, Los Angeles, held an All-Day Hollywood Conference on "The Changing Family in a Changing World," on October 6th. Round table discussions included such subjects as Heredity and Eugenics, Children and Divorce, Guiding Youth in the Ethics of Sex, Marriage in an Economic Crisis. Among the speakers were Dr Paul Popenoe, Dr Nadina Kavinoky, Dr George B Mangold, Judge Dudley S Valentine.

Kentucky. The second annual meeting of the Kentucky Birth Control League was held at the Brown

Hotel, Louisville, on October 23rd Marguerite Benson, executive secretary of the national league, spoke on recent events in the birth control field the favorable resolution passed by the Episcopal Church, the so-called safe period method, the need for birth control for families on relief It is no longer a question of birth control or no birth control, she said, but of scientific control in the hands of the medical profession as against commercial exploitation Dr Esther Wallner, director of the clinic, gave an account of the year's work, and suggested that men's clubs be approached on the birth control question

Mrs Charles G Tachau was re-elected president, and other officers were elected as follows Mrs Dann C Byck, first vice-president, Mrs Prentiss M Terry, second vice-president, Mrs Joseph D Burge, treasurer, Mrs A E Norman, Jr, recording secretary, and Mrs William E Kirwan, corresponding secretary

New Jersey Organization of the state by counties is the chief activity of the New Jersey League at present This plan was suggested to the Board of Directors by Mrs H L de Rham and Mrs William Thayer Brown, Jr as the best method of publicizing the movement All New Jersey women interested in furthering birth control work in their own communities are asked to communicate with Mrs de Rham at the Maternal Health Centre, 42 Park Place, Newark

The Monmouth County organization was launched at a meeting held at the home of Mrs Dexter Blagden, Red Bank, on October 23rd Mrs Zachariah Belcher, Mrs William Thayer Brown, Jr, and Dr Eric M Matsner spoke

New York City Social workers of the Lower East Side Community Council were told of a new Mothers Health Center at a dinner meeting given by the Church of All Nations on October 22 This center has been functioning quietly since last June The Church of All Nations, living up to its name, serves the diverse nationalities of the neighborhood through three ministers speaking Russian, Italian and English It is noteworthy that five Chinese women from a nearby Chinese group were among the first to avail themselves of the center's service Mr Leonard A Stidley, pastor and head worker, Dr Clementine Paolone, clinician, and Mrs Carol K Nash of the New York City Committee spoke at the dinner meeting, telling the guests "What Social Workers Should Know about Birth Control"

The center at the Church of All Nations brings the number in Manhattan up to nine, there are also three

American Birth Control League

BOARD OF DIRECTORS

MRS F ROBERTSON JONES	<i>Honorary President</i>
MRS FRANCIS N BANGS	<i>President</i>
MRS LEWIS L DELAFIELD	<i>First Vice President</i>
MRS RICHARD BILLINGS	MRS DEXTER BLAGDEN
MRS BENJAMIN CARPENTER	CLARENCE GAMBLE
MD MRS MORTON KEENEY	MRS THOMAS W LAMONT
	<i>Vice Presidents</i>
MRS DEXTER BLAGDEN	<i>Treasurer</i>
MRS FREDERICK CROMWELL	<i>Assistant Treasurer</i>
MRS ROGER HOWSON	<i>Secretary</i>
MRS LOUIS DE B MOORE	<i>Assistant Secretary</i>

DIRECTORS AT LARGE

A N Creadick MD	Richard N Pierson MD
Henry Pratt Fairchild Ph D	H Abye Prichard D D
Mrs Mansfield Ferry	Mrs John DeWitt Peltz
Mrs Morris Hadley	Rabbi Abba Hillel Silver
Mrs John Mead Howells	Mrs Warren Thorpe
Mrs Thomas S Lamont	Benjamin T Tilton MD
Clarence C Little Sc D	Mrs Leslie J Tompkins
Mrs Robert McC Marsh	Mrs Robert White
Stuart Mudd MD	Ira S Wile MD
	Mrs Willis D Wood

STATE REPRESENTATIVES

Mrs. Edward Cornish Arkansas Rev William T Hooper
 Connecticut Mrs George A Elliott Jr Delaware Mrs
 McGarvey Cline Florida Mrs Benjamin Carpenter Illinois
 Mrs Harry R Wilson Indiana Mrs Joseph D Burge Ken
 tucky Mrs Oakes Ames Massachusetts Mrs Deane Small
 Maine Mrs Morton Keeney Michigan Mrs Frederick G
 Atkinson Minnesota Mrs Samuel B McPheeters Missouri
 Mrs Stuart A Young New Jersey Mrs George C Barclay
 New York Mrs George A Dunning Pennsylvania Mrs.
 Henry Salomon Rhode Island F O Plunkett MD Va

STAFF

MARGUERITE BENSON	<i>Executive Secretary</i>
STELLA HANAU	<i>Publications Director</i>
ERIC M MATSNER MD	<i>Medical Director</i>
RUTH TOPPING	<i>Field Director</i>
JANET B WHITENACK	<i>Headquarters Secretary</i>

AFFILIATED STATE ORGANIZATIONS

ARKANSAS EUGENICS ASSOCIATION
 608 Wallace Bldg Little Rock

CONNECTICUT BIRTH CONTROL LEAGUE
 679 Farmington Avenue West Hartford

DELAWARE BIRTH CONTROL LEAGUE
 1019 Pine Street Wilmington

ILLINOIS BIRTH CONTROL LEAGUE
 208 N Wabash Avenue Chicago

MATERNAL HEALTH LEAGUE OF INDIANA
 807 N Pennsylvania St Indianapolis

KENTUCKY BIRTH CONTROL LEAGUE
 R R No 1 Box 514 Louisville

MAINE BIRTH CONTROL LEAGUE
 198 Middle Street Portland

BIRTH CONTROL LEAGUE OF MASSACHUSETTS
 3 Joy Street Boston

MATERNAL HEALTH LEAGUE OF MICHIGAN
 1222 Lake Drive S E Grand Rapids

MINNESOTA BIRTH CONTROL LEAGUE
 228 Walker Building Minneapolis

MATERNAL HEALTH ASSOCIATION OF MISSOURI
 4817A Delmar Blvd St Louis

NEW JERSEY BIRTH CONTROL LEAGUE
 42 Park Place Newark

NEW YORK STATE BIRTH CONTROL FEDERATION
 689 Madison Avenue New York

PENNSYLVANIA BIRTH CONTROL FEDERATION
 1700 Walnut Street, Philadelphia

RHODE ISLAND BIRTH CONTROL LEAGUE
 168 N Main Street Providence

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

in Brooklyn and two in Long Island operating under the New York State Birth Control Federation

Pennsylvania The annual meeting of the Pennsylvania Birth Control Federation will be held on November 26th, at the Bellvue Stratford Hotel, Philadelphia. Dr. Sophia Kleegman and Professor James H. S. Bosard will be the principal speakers

South Dakota A promising start in birth control work in South Dakota, particularly in Sioux Falls, was made in October. Miss Ruth Houlton, executive secretary of the Minnesota League, and Mrs. Lawrence D. Steefel, acting president, spent a week in Sioux Falls conferring with prominent citizens and holding informal meetings. A committee was formed to go forward with plans for a clinic and eventually state wide work. Progress and details of work in this new field will be reported in the December REVIEW

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION CONSIDERS BIRTH CONTROL

BIRTH CONTROL for cases requiring the advice for medical or sociological reasons was approved of by a great majority of the women physicians present at the Third Quinquennial Congress of the Medical Women's International Association held in Stockholm, Sweden, August 7-12th

Representatives from only four out of the eighteen countries present voiced any opposition—Italy, France and Hungary where Catholicism is the dominant religious belief, and Germany, where Hitler's policy is to urge an increase in population. Because of this opposition by a minority, the Congress felt it inadvisable to go on record either for or against birth control. The prevailing sentiment, however, was that further scientific study and research are needed

Formal reports on the subject were read by Dr. Alma Sundquist, Sweden, Professor Louise McIlroy, Great Britain, Dr. Ludmilla Dewetterova, Czechoslovakia, and the writer, U. S. A. Other papers from America were contributed by Dr. Rachelle Yarros, Chicago, and Dr. Marie Kopp, New York City

MARIE PICHEL LEVINSON WARNER, M.D.

Director, Harlem Branch Birth Control
Clinical Research Bureau

BOOKS RECEIVED

AN INTRODUCTION TO SEX EDUCATION, by Winifred B. Richmond Farrar and Rinehart, N. Y. 1934

READINGS IN THE FAMILY, by Ernest R. Groves and Lee M. Grooks. J. B. Lippincott Co. Chicago 1934

SEX AND BIRTH CONTROL by Leon F. Whitney. Published privately 1932 \$1.50

THE CHILD, HIS ORIGIN, DEVELOPMENT AND CARE, by Florence Brown Sherbon. McGraw-Hill Book Company New York 1934 \$3.50

THE FAMILY by Joseph Kirk Folsom. John Wiley and Sons New York 1934 \$4.00

THE TWILIGHT OF PARENTHOOD, by Enid Charles W. W. Norton and Co. New York 1934 \$2.50

ENCYCLOPAEDIA OF SEXUAL KNOWLEDGE by Drs. A. Costler, A. Willy and others under the general editorship of Norman Haire, Ch. M., M. B. Francis and Aldor. London 1934 36s

The very fact that this monumental volume is the first encyclopaedia of sex, distinguishes it from all other books on the subject. Its 650 pages and its forty chapters cover all the phases of our present knowledge of sexology. The book can be recommended to all students of medicine and sociology.

S. A. K.

BIRTH CONTROL REVIEW

Published monthly by the American Birth Control League Inc

689 MADISON AVENUE, NEW YORK, N. Y.

VOL. II, No. 2 (New Series)

NOVEMBER, 1934

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

THERE are today 150 **Birth Control Centers** in the United States. Let us double the number. Make 1935 **Start-a-Clinic-Year**. The American Birth Control League offers assistance in organizing clinical service for the underprivileged.

Sec 562, PL & R
U S POSTAGE
PAID
New York, N. Y.
PERMIT No 8388