

# BIRTH CONTROL REVIEW

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EDUARD C LINDEMAN, PROFESSOR OF SOCIAL PHILOSOPHY NEW YORK SCHOOL OF SOCIAL WORK  
AS GUEST EDITOR OF THIS NUMBER, MAKES 'A RINGING

## Challenge to Social Work

**D**URING days of peace, order, and stability it may be regarded as a sign of professional scientific-mindedness to refrain from taking sides with respect to controversial public issues. But these are not days of calm, on the contrary, these are times of accelerated social change, and he who does not express his sense of goal and value must sink to a low level of participation. Our society is being made over, and whether we like it or not, new modes of behavior and new qualities of experience are being moulded. Wherever social values and processes are involved, there the social worker has a concern.

Even in days of relative social equilibrium, the social worker had no valid reasons which could justify his failure to participate in the birth control movement. Now his line of action has been vividly clarified by the events of our current economic crisis. To remain silent now, to evade the issue, is tantamount to opposition. Those who do not struggle for the right give support to the conspiracy to perpetuate evil. The right of American mothers to choose how many children they will bring into being and when they will do so, represents, I believe, a fundamental right which will sooner or later be made legal by all enlightened nations. In the meantime, our country remains backward in this respect, and the issue of birth control is still enshrouded in darkness and confusion.

Two recent events have converged to bring social workers to a sharp realization that they have a stake in the birth control situation and that they can shirk their responsibility only by betraying their professional standards, or by giving obeisance to non-professional controls. One of these is the frequent comment by the press concerning the fact that families on relief tend to increase at a rate which approximates fifty per cent more than that of non-relief families. In other words, those families now being treated by social workers because of their economic disabilities are the very families which continue to aggravate the economic crisis by pro-

ducing, not more commodities, but more potential consumers. The other event which has brought the birth control situation directly before social workers is the tendency of officials of public relief agencies to issue stern but somewhat furtive orders forbidding relief workers to offer birth control advice of any sort to their clients. In both these instances it becomes clear that social workers are deprived, on the one hand, of a possibility for actually solving the social problem, and on the other, of utilizing one of the most effective of all methods for this purpose.

How long will social workers tolerate this condition? How long will they delay this obvious reform which, like child labor, should have been achieved long, long ago? The answer to these queries is not simple, because social workers respond to a complex set of standards and controls. They do not always know with precision whose authority serves to formulate their policies. For example, in some relief organizations where birth control advice is forbidden, it is often difficult to discover where the ultimate seat of responsibility lies, frequently those administrators who "pass on" the order are unable to tell where it originated. This confusion of authority is due, of course, to the fact that social workers have not attained a high degree of professional security.

In any case, it now becomes possible to judge social workers from a new point of view. What liberal minded citizens want to know is whether social workers may be counted upon to aid in bringing about true social change, or whether they wish in their outlook and function to be restricted to the treatment of unadjusted personalities. Birth control is an excellent gauge for this purpose, it represents an issue which is sociologically and biologically valid but which encounters a most formidable opposition derived primarily from a non-scientific interpretation of experience. Besides, birth control is an issue which includes such fundamental considerations with respect to society as a whole (I am now thinking of its relation to war, to imperialism, to child labor, to

education, et cetera) that those who choose to struggle on its behalf quickly find themselves at the center of comprehensive social reconstruction

It is precisely because I feel that social workers should stand at the center of social reconstruction that I am so eager to enlist their support for birth control legislation. There is an immediate task calling for action, the so called Comstock "obscenity" law is still a statute, it is not obeyed, and no one knows better than social workers that it is not obeyed. Our ultimate objective is to furnish reliable birth control service to our citizens, but first of all, we must eliminate this anomalous law which makes a hypocrite and a criminal of every person who disseminates birth control information, apparatus, or chemicals by means of the common carriers. I say we must do this first of all. The problem must be faced in forthright fashion, furtiveness and circumlocution do not somehow, fit the temper of these times. Yet as a matter of plain fact we know that the need is so great that we cannot wait for the abolition of an indefensible law, clinics are already in operation and are spreading rapidly.

Thus far, we have left the task largely to a few courageous women and a handful of men. The chief reason for the delay in abolishing the abominable law is to be found in the fact that those professions most closely related to the problem, doctors and social workers, have not spoken clearly and fearlessly. But this area of our social problem is sure to be cleansed sooner or later, the question as I see it is now merely one of time. We could look forward with assurance that the time would be short if we could rely upon the collective support of social workers. From my point of view, however, it seems to be of even greater importance that social workers should register their attitude, not merely to hasten the legalization of birth control, but to bring the profession of social work into alignment with the progressive forces of our age. The challenge seems to me so clean-cut, so logical, and so pertinent that I can not understand why any social worker should hesitate. I do not believe that legalized birth control will solve all the "problems of humanity" but I do believe that it will clear the way for more solutions than any other single reform.

It is not a question of introducing among the poor an effort to prevent excessive child bearing. It is a question of offering to the poor who need it most, the knowledge and the power which has long been the possession of those who need it least.

ALICE HAMILTON, M D  
Medical School Harvard University

## RELIEF AND THE STORK

AMERICA'S relief babies have figured even more prominently in the news of late than the Dionne quintuplets. Press reports on the disproportionately large number of babies born to families on relief have provided grist for controversy inspired by both political and religious motives.

Attention focused on Ohio, where Governor Martin L. Davey made public an affidavit signed by a woman on relief, who stated that two relief workers had forced her to submit to an illegal operation. Investigation of the facts by the American Birth Control League revealed that the woman, who is the mother of six or more children, had had an abortion some time before the relief workers had referred her to the Columbus Mothers' Health Bureau, where she was instructed in contraceptive methods. The woman herself proved to be vague about the entire issue and later confessed that when she signed the affidavit she did not realize what she was doing.

This incident served further to confuse in the public mind contraception with sterilization and abortion. It gave the erroneous impression that birth control clinics exist to perform illegal operations. Comment made locally showed that such confusion is still prevalent.

In a statement carried by the United Press, Marguerite Benson, executive director of the American Birth Control League, declared, "There has been utter confusion of the facts, and there has been a deliberate attempt to make political capital out of a lot of vague misstatements. One thing should be cleared up at once. Birth control has nothing to do with operations. Birth control is preventive and does not take life."

In many cities the press made local application of the fact that cradles are rocking overtime in homes on relief throughout the country. Some relief administrators announced through the news columns that workers under their jurisdiction were forbidden to give birth control information. On the other hand, stories of this sort found their way into the press.

Shawnee, Okla. *Star*—It was news last week when a St. Louis mother on relief gave birth to triplets, making the family nine. "The Lord will provide", she offered as her consolation. The public purse, however, will have to do considerable cooperating. Physically, mentally, economically everyone concerned would have faced a fairer chance if that family had been half that size.

Omaha, Neb. *World Herald*—Comparing January and February for three years, the birth rate in Omaha shows a considerable increase. No birth

rate figures of local families on relief are available. But a federal case supervisor says she knows of no mother who has had a child for the sake of the \$1.15 a week additional relief. On the contrary, mothers usually are dismayed and upset by the prospect.

San Angelo, Texas, *Standard*—Forty per cent of our marriages in Tom Green County during January and February have been "relief client weddings." Of the 75 births recorded in the County during January and February, 40 or more than 53%, have been in relief families. The total number of population of the County on relief is 23%.

In New York, Rev. Ignatius W. Cox, professor of ethics at Fordham University, suggested a Catholic boycott of newspapers "which by their editorial policy, their news emphasis and news selection, and their columnists, aim repeated, insidious and deadly blows at the Christian doctrine and ideals which are dearer to the Catholic than life itself." He took particular exception to the Associated Press story on birth rates among families on relief. Statistics of this nature had not been collected by the FERA, Father Cox charged.

The Associated Press replied that the statistics quoted in their story as to the number of persons on relief rolls and also as to the number of children under five years of age and under one year of age among families on relief, had been taken from FERA files. Further statistics had been taken from two studies—one conducted independently by Prof. James H. S. Bossard of the University of Pennsylvania, the other conducted through the cooperation of the United States Public Health Service and the Milbank Memorial Fund and made by G. S. Perrott and Edgar Sydenstricker.

That parents on relief shall be denied the right to have children has never been even remotely suggested. This is a principle of individual liberty which no thinking person would invade. No one is forced to use birth control knowledge. No one could be, for the very nature of contraception precludes any possibility of coercion.

However, in the case of relief clients, their very misfortune brings up the question of individual liberty. The American Birth Control League denies the right of any one to prevent those who wish birth control instruction from getting it. This is being done every day by political pressure, by religious opposition and by the maintenance of obsolete laws. Parents on relief have as much right as self-sustaining people to decide when the arrival of a child will be welcome. To discriminate against families on relief by withholding from them the knowledge necessary to space their children is undemocratic and indefensible.

## NEW YORK SETTLEMENTS ENTER A NEW FIELD

WHEN the first contraceptive center was opened in a settlement house in a congested section of New York City, it marked a new departure in social work. This pioneering project took place in October, 1930. Since that time fifteen other philanthropic agencies in Greater New York have followed the example set by Madison House and have included contraceptive service for mothers of the neighborhood as a regular feature of their public health program.

It is significant that in no case has there ever been any unfavorable comment or any unpleasant reaction on the part of the community to these Mothers' Health Centers. Social workers, nurses and clergymen have in increasing numbers referred their clients to the centers. The mothers themselves have been most grateful for the help they have received. After finding a satisfactory solution to their own family problems, many of them have brought friends and relatives, so that they too might share in this freedom from the haunting fear of pregnancy.

In the early days when little was known about the success of contraception, when there was doubt as to the efficacy and acceptability of this modern therapy, social workers had a natural hesitancy to advise women to go to contraceptive clinics. But as the birth control movement grew, more and more scientific information became available. Statistical data were gathered, so that the degree of success and failure, the superiority of one method over another, the practicability of the most reliable method for the underprivileged mother and other pertinent findings were reported. This material has been brought to the attention of groups of philanthropic and public health workers. Opportunities for discussions and for asking questions, case records and case stories have helped to create a close cooperative bond between the Mothers' Health Centers and the social agencies concerned with the problem of the overburdened mother.

Of course we still encounter the social worker who is fearful of the very words "birth control." But the length and seriousness of the economic crisis have encouraged many of the faint-hearted to adopt a more definite policy.

We are often asked whether attendance at clinics is influenced by religious beliefs. It has been our experience that each creed is represented in direct proportion to the population of the district. Thus in one settlement we find that 57% of the patients were Catholic,

7% were Greek Orthodox, 30% were Protestant and 6% were Jewish. In another settlement we find that 70% of the patients were Jewish, 22% were Catholic and 8% were Protestant. These percentages reflect the composition of the two neighborhoods.

When our centers were started, it was the general belief that only the younger, more modern mother would be interested in contraception. This belief has not been borne out in fact, for the patients range from sixteen to forty eight years. In New York City there are still Italian girls married at the age of fourteen or fifteen, who by the time they reach sixteen, are mothers of one or two babies. The largest single age group is from twenty-six to thirty years, and the average patient has had four pregnancies before coming to the center. There are many patients with a record of six to eighteen pregnancies. These women have all tried various methods of family limitation. It is usually not a case of introducing them to contraceptive methods, but rather of substituting the methods which have proved most reliable and safe for the hit and miss methods, often harmful to health.

Neither language difficulties, lack of education, nor low mentality have barred women from successfully using the method prescribed for them by the Mothers' Health Centers. All that is required is the will to carry out the simple instructions. That so many women have been able to do this, in spite of crowded living quarters, pressing economic problems and burdensome duties, speaks volumes for their courage and will power.

A study was made recently in one of the centers to determine the success of the method with a group of mothers of very young babies. Each mother had been given contraceptive advice so that she could have time to recover her strength before attempting another pregnancy. There were 194 patients, who were in close contact with the center for a period varying from six months to four years. All came to renew their supplies regularly and all were successful in avoiding further pregnancies, with two exceptions. In both these cases, the women reported that a shortage of supplies, due to their own lack of care, had caused them to fail.

While the main objective of the Mothers' Health Center is to protect the patient's health and to safeguard her against too many and too frequent pregnancies, no less an important function is to instruct her in matters pertaining to sex and marital adjustment. Many of our patients have come to us discouraged and disillusioned, embittered against their husbands. Here the tact, the sympathetic understanding and the experience of our physicians, all women, have played a very

important role. Tangled, unhappy relationships between husbands and wives and in many cases serious disagreements which threatened broken homes, have been cleared up.

Birth control is no panacea, but no one could fail to realize after observing our centers and our patients, that to the underprivileged mother, reliable contraceptive information is a priceless boon.

CAROL K. NASH

*Field Secretary New York City Committee*

## WHY CONTRACEPTION IS A RESPONSIBILITY OF THE SOCIAL WORKER

CONTRACEPTION contributes to the stability of the family. It permits normal, happy marital relations between husband and wife, because it removes the ever present fear of pregnancy. It defers the birth of children until such time as the mother is physically equal to bearing them, or until the family may be able to meet the costs entailed.

Abortion is the largest single cause of maternal deaths. Where contraception is employed, abortions do not occur. Contraception is a safeguard to the health of the mother and child, as it prevents too frequent childbearing.

As a factor in mental health, contraception plays a large part. It not only removes fear from the husband-wife relationship, but it protects children from the tragedy of being born into the home unwanted. It prevents families of such size that children grow up misunderstood, neglected, frustrated, through the inability of the mother to give them adequate care and guidance.

There is no more fundamental need than contraception in families which are not able to solve their own problems. It saves men and women from the apparent irresponsibility of bringing children into the world for whom they cannot provide.

Mothers of families are begging for contraceptive information. Abortions are most common with mothers of four or more children. Women on relief wish to prevent conception of children they cannot support.

Contraception, as taught in the clinics and by the physicians, is 97% successful. It is medically safe. The information cannot be passed on from person to person, to be safe and effective the method must be adapted by the doctor to the individual needs by the patient. It is given only to women who are legally married and living with their husbands. In the clinics, as in the doctor's office, contraception is in the hands of the medical profession, where it belongs.

*From a pamphlet in preparation by the Minnesota Birth Control League*

## BIRTH CONTROL TOUCHES MANY FIELDS OF HUMAN SERVICE

*A Symposium by Leaders in Social Welfare*

### MATERNAL HEALTH

The toll which abortion takes on the health and life of the women in this country is ghastly

It has been estimated that in this country there are over 1,000,000 abortions performed per year, seven teen per cent of all maternal deaths in the New York report were due to abortions, and twenty five per cent in the maternal mortality survey of fifteen states

Of the other maternal deaths, some were due to too high a degree of multiparity, in another group they were due to the fact that the women were in no physi- cal condition to undergo the ordeal of pregnancy and parturition

It has been definitely proven that there should be an average interval of two years between babies to main- tain the health of both mother and baby

The birth control clinic should be an integral part of every obstetrical service, and every patient should be given proper contraceptive instruction as part of her postnatal care

FREDERICK C HOLDEN, M D, F A C S

*Emeritus Professor Obstetrics and Gynecology  
New York University and Bellevue Hospital  
Medical College*

### FAMILY WELFARE

The Jewish Social Service Association considers birth control information of great importance. Whenever mothers in families under our care ask for it, as a great many do, we tell them the name of the nearest birth control clinic. And even though they do not ask, when conditions indicate an urgent need for birth control information, we tell them its benefits

This is, of course, not a routine matter, for none of our case work is routine, but every client of the Asso- ciation is advised according to his or her own need. In every case, of course, the woman makes her own deci- sion as to whether she wishes to follow it up

We find women most grateful for such information which, in many cases, helps to solve problems otherwise baffling indeed

FRANCES TAUSSIG

*Executive Director, Jewish Social Service Assoc. Inc*

### CRIME PREVENTION

I am firmly of the opinion that the poverty that so frequently goes with large families is one of the main contributing factors to criminal behavior. Also, from the personality standpoint, large families many times

lead to lack of understanding and indifference to the proper training of children, and consequently the chil- dren are allowed to drift into criminal behavior. Of 2,500 prisoners in Elmira Reformatory whom I studied, 63% were the first, second and third children from large families

JAMES L MCCARTNEY, M D

*Director, Institute for Mental Hygiene  
Battle Creek Sanitarium*

### MENTAL HEALTH

A sound knowledge and practice of birth control methods is a factor of the most vital importance to the mental health of family life. The ever-present uncer- tainty and fear of pregnancy may have the most de- structive and far-reaching effects upon the personalities of mates, upon their emotional and affectional rela- tionships with each other, and upon the stability of their home. The resulting tensions and conflicts, the antago- nisms, dissatisfactions and fears of parents may also profoundly affect the atmosphere of the home and the relationships of the parents to the children

There is also a considerable number of individuals, particularly women, whose personality adjustments are already so precarious that they are unable to withstand the added strain and responsibilities of parenthood and should not be subjected to the serious hazards of the subsequent mental breakdowns which may result. For others, descendants of families in which there may be a heavy hereditary burden of mental disease or defect, and for those who may already be suffering from nerv- ous and mental disorders, the practice of birth control may have great treatment value

CLARA BASSETT

*Consultant in Psychiatric Social Work  
National Committee for Mental Hygiene*

### YOUTH GUIDANCE

Young Men's Christian Associations, either on their own responsibility or in cooperation with other organi- zations, conduct a large volume of group study on problems of family life. Some of these groups are com- posed of young married people, others of married people with older children, many of them are made up of young people in preparation for marriage. Some are chiefly discussion groups in which participants talk with each other about their experiences and opinions with reading and occasional speakers used as aids to the discussion. Others are principally lecture courses

in which experts or capable persons speak and answer questions on a series of announced topics

I do not, of course, know about all of these groups, but I see or hear about a great many. In all about which I know there appears to be *complete acceptance of birth control as desirable or necessary or both and leaders consider it their simple duty to help the participants find their way to reliable sources of information*

Young people already know or think they know a good deal more about the matter than finicky folk like to admit, but the actual family situation or the prospect of early marriage awakens a desire for guidance more dependable than that which they have happened to pick up

To encourage young married people to seek reliable medical advice and individual prescription, to help both younger and older persons to regard the control of birth as primarily a problem of health, good family management and protection of unborn children, to help them achieve the emotional maturity possible against the background of a really well ordered sex life—these and other goals we try to accomplish in Y M C A groups by getting *the best available counsel on birth control as well as on other subjects*

As for the broader social problems, many of us join heartily in support of measures that would fully legalize dissemination of contraceptive advice by professionally competent physicians and social workers. This seems only common sense and good morals to us and we fail to share the objections so frequently raised from religious sources. Indeed so desirable are both achievement of a well ordered sex life and avoidance of an unreasonable number of children that persons interested in character and religion ought to be the clearest supporters of the more progressive measures now under discussion

J E SPROUL

*Program Secretary National Council of  
Young Men's Christian Associations*

#### WHY THEY LEFT HOME

Joe, age 17—"Well, no, the old man didn't exactly kick me out, but he gave me plenty of hints. He hasn't worked steady in the last three years. There's seven of us kids at home and I'm the oldest."

Kay, age 15—"There wasn't much else for me to do but go. There are eight younger kids at home and one older sister out of work. Dad hasn't worked steady for four years. I thought maybe if I skipped around through the country I could earn some cash and send a few bucks home. But it don't look much like it now."

*From "Boy and Girl Tramps of America"  
by Thomas Minehan*

## American Birth Control League

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CONNECTICUT BIRTH CONTROL LEAGUE  
679 Farmington Avenue West Hartford

DELAWARE BIRTH CONTROL LEAGUE  
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ILLINOIS BIRTH CONTROL LEAGUE  
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188 N Main Street Providence

SOUTH DAKOTA BIRTH CONTROL LEAGUE  
c/o N O Monserud First National Bank Bldg  
Sioux Falls

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

## HERE AND THERE

**D**ISSEMINATION of scientific birth control information under proper medical safeguards is favored in a social action program announced by the Social Relations Department of the Unitarian Association. The report holds that "all men have within them a spark of the divine and we should do everything possible to master those forces which retard, and release those which foster man's highest development."

*New Orleans, La* The fourteenth triennial convention of the National Council of Jewish Women, ending here March 15, voted to encourage the establishment of birth control clinics in co operation with the American Birth Control League. Establishment of mothers' health bureaus to disseminate information on birth control was recommended in the report of the findings committee and later approved.

*New York City* The Family Planning Center conducted by the American Birth Control League served as an educational center, a forum and an effective publicity device. It attracted about 500 visitors a week, who included mothers, social workers, nurses, sociologists, physicians, business men and representatives of eight foreign countries. Clinic attendance in New York City showed a noticeable increase as a result of the exhibit, and mothers' letters to the League were four times as many as in the same month last year.

Among the exhibits, by far the greatest interest centered around the "safe period" chart, which presented arguments for birth control from books on "The Rhythm" as well as physicians statements as to the still unproved scientific exactness of the rhythm method.

*Indianapolis, Ind* The various Parent Teacher Associations of the city, with a total membership of 20,000 have endorsed by resolution efforts being made for the advancement of birth control. Recently the Indianapolis Council of Women with a 32,000 membership endorsed the movement.

*West Virginia* Fording swollen streams and scaling mountain paths are all in a day's work when it comes to spreading birth control knowledge in the hills and "hollers" of this State. The mountain women, many of them old at twenty-eight from excessive child-bearing, are pathetically eager to get the information, reports Doris Davidson, field secretary. Doctors, nurses, and health directors in rural centers are co operating.

*Hartford, Conn* The Connecticut Birth Control League and a strong contingent of allies marched on the State Capitol April 5 for a hearing before the Judiciary

Committee. Sponsored also by the Connecticut Medical Society, the hearing urged that the State's archaic law prohibiting the use of contraceptives be modified to permit physicians to prescribe contraception in cases where pregnancy would be detrimental to the health of the mother or child.

*On the Air* Arguments for birth control were "spoken out loud and plain" when Margaret Sanger talked on April 11 over a nation wide network on *Family Planning and Family Security*. Congratulations are due the Columbia Broadcasting System for their progressive attitude in sponsoring this broadcast.

## WHAT IS THE LAW?

**T**O UNDERSTAND the legal aspects of birth control is one of the first concerns of groups who wish to start a contraceptive clinic or to refer mothers to existing clinics. The experience of national and state birth control organizations shows that local clinics now need fear no interference with their work, when it has the support of a large group of respected citizens and is directed by licensed physicians.

Except in Connecticut, Mississippi, and Pennsylvania, birth control clinics are legal, as neither the practice of contraception nor the giving of contraceptive advice by physicians is prohibited. The federal laws prohibit the importing, or sending by mail and common carrier within the country, of birth control information and supplies with no exemptions whatever. These laws have, however, been interpreted with commendable liberality and at no time, as far as we know, has any center encountered difficulty in receiving supplies.

The bill which the National Committee on Federal Legislation for Birth Control is sponsoring under the chairmanship of Margaret Sanger, and which the American Birth Control League has endorsed, would incorporate into the text of the laws the important exemption of physicians, manufacturers, and drug stores, both for importation and for transportation within the United States. The enactment of this bill, inasmuch as it would insure such exemption, whatever the inclination of future postal authorities, is highly desirable.

## SPECIAL MEETING

*A special meeting of the American Birth Control League will be held at 10 30 A M on May 23rd at the Bank of the Manhattan Company, Madison Avenue and 64th Street New York City for the purpose of deleting the second paragraph of Article I in the Articles of Incorporation as amended at the meeting on January 16, 1935, in accordance with the requirements of the Secretary of State of New York*

# BIRTH CONTROL SESSIONS

## National Conference of Social Work

Montreal, June 9-15, 1935

●  
THURSDAY, JUNE 13

Round Table—2 00 P M , Ritz-Carleton Ballroom

**Birth Control and Family Welfare**

Leader ERIC M MATSNER, M D , Medical Director, American Birth Control League  
Speakers CANON H AYDE PRICHARD Cathedral of St John the Divine, New York

**Birth Control and Marital Adjustment**

FRANK H HANKINS, Ph D , Professor of Sociology Smith College

**Social Significance of Family Size**

Round Table—3 45 P M , Ritz-Carleton Ballroom

**Different Ways of Organizing Birth Control Service**

Leader MRS MORTON KEENEY, President Maternal Health League of Michigan  
Speaker A R KAUFMAN, Parents' Information Bureau, Kitchener Canada

**Organizing for Rural Communities**

FRIDAY, JUNE 14

Luncheon Meeting—1 00 P M , Ritz-Carleton Ballroom

Presiding Officer JOEL D HUNTER, General Superintendent United Charities of Chicago

Speakers CLARENCE C LITTLE, Sc D , Director, Roscoe B Jackson Memorial Laboratory, Bar Harbor, Maine

**Birth Control and Public Relief**

THE AMERICAN BIRTH CONTROL LEAGUE AS AN ASSOCIATE GROUP OF THE CONFERENCE WILL HAVE A BOOTH IN THE SUN LIFE BUILDING DURING THE ENTIRE WEEK THERE WILL BE LITERATURE FOR FREE DISTRIBUTION CHARTS AND EXHIBITS ON DISPLAY AND CONSULTANTS AVAILABLE BY APPOINTMENT FOR CONFERENCES ON MEDICAL PROBLEMS CLINIC ORGANIZATION AND PUBLICITY METHODS THE LEAGUE'S HEADQUARTERS IS THE RITZ-CARLETON HOTEL

**BIRTH CONTROL REVIEW**

*Published monthly by the American Birth Control League Inc*

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Vol II, No 8 (New Series)

MAY, 1935

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

*Can America have social security without family security,  
and family security without birth control? Let us help you  
start in your community a center where physicians will give  
advice on family planning to mothers who need  
and want it desperately*

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