

# Birth Control Review

Published by the American Birth Control League

Vol III No 2 (New Series)

OCTOBER, 1935

## Why The Rising Birth Rate?

**A**N UNBIASED statistical authority has turned new light upon a situation that concerns not only the nation's budget, but the character of its future population. The Metropolitan Life Insurance Company has conceded that the rise in the 1934 birth rate of the United States may be attributable to increased dependency on relief. The Company's Statistical Bulletin, which in its June, 1935, issue suggested that the increase in marriages and births might be "the direct result of an upward turn in the economic tide," announced in its August issue that it was glad to present "the alternative view."

"According to the alternative view," continues the article on *Families on Relief and the Birth Rate*, "it is pointed out that the birth rate is well known to vary inversely with the income class of the family, and that the highest birth rates are commonly found among the economically least favored classes. Also, while not so well demonstrated, it is almost certain that families on relief have a higher birth rate than non relief families. In support of this latter statement the result of at least two careful studies are cited."

The first study cited was that conducted by the Milbank Memorial Fund in four cities, covering the period 1929-32. This revealed a birth rate of 210 per thousand in families on relief, and of only 137 per thousand in families not on relief. Also considered was the study of the fertility of families on relief made by Dr. Samuel A. Stouffer in Milwaukee, which showed 35 per cent more confinements among 5,520 families on relief than among a control group of non relief families during a three-year period.

The Bulletin comments, "If the situation thus observed in small groups is paralleled in the population at large, we should find our greatest increase in birth rates to have occurred in States with the highest proportion of families on relief. It has been difficult to find a measure of the extent of relief comparable for all States. We have taken as a crude measure the payments made by the Federal government to each State, in excess of the payments by the State to the Federal government.

"We have divided the States into two groups, the first including the 30 States which paid less to the Federal government in taxes, etc., than they received in Federal assistance, and the second including the 18 States, and the District of Columbia, whose payments in taxes exceeded the benefits received from the Federal government. The difference in birth rates for the two groups is interesting. In the first group the birth rate in 1934 was 19.2 per 1,000 total population, while in the second group it was only 15.8 per 1,000.

"If we examine the relationship further we find that among the 30 States which benefited from the distribution of Federal funds there were 28 with an increase in birth rate. Only two of these 30 States, Arkansas and New Mexico, reported lower birth rates in 1934 than in 1933. Among the 18 States and the District of Columbia, whose taxes exceeded benefits received, were the remaining four States with declines in birth rates, Connecticut, Maryland, New Jersey, and New York, as well as 10 of the 13 States with increases of less than 3 per cent in the birth rate. For the first group of 30 States, those receiving a balance of benefit from the Federal government, the rise in birth rate was as much as 5.2 per cent while in the second group of 18 States together with the District of Columbia the increase was only 1.7 per cent.

"While the above evidence is not altogether conclusive, it is at least suggestive, and we shall await with interest future indications as to the true cause of the reversal in trend of the birth rate."

Roger W. Babson, economist, speaking last summer before the Institute for Social Progress, Wellesley, Mass., advocated birth control for families on relief, as essential to cure unemployment and restore prosperity. One of the six measures outlined in his program for recovery was "I would accompany all relief work with an appeal for birth regulation among those receiving relief."

"The very fact that a family is on relief shows that too many of that group exist," he is reported to have said, "hence, I would use every decent means of reducing the numbers until the group no longer needed

relief That **is** just **ordinary** common sense This whole **question** of **relieving** unemployment seems so simple that I cannot understand why any one **will** permit **religious** or other **prejudices** to block the **situation** The **solution** of our problems must come through race betterment Those who produce more **than** they consume should be encouraged to breed, those who do not should be taught not to breed "

Though some **will** not agree entirely **with** Mr Babson's views on race betterment, it **is** **certain** that from the **standpoint** of **relief** clients themselves, birth control **is** **vital** to any program of **public** health and **economic**

and moral recovery The **child's** right to a **fair** start in **life** must also be considered

**Religious** pressure and fear of **political** reprisal are forcing most **relief** agencies to ignore the question of **providing** **scientific** birth control advice to **families** who want and need it However, through the energy and **expanding** facilities of State Leagues affiliated with the **American** Birth Control League, and through the **increasing** cooperation of social workers, this year promises to bring an important advance in the one kind of preventive **medical** advice not yet freely available to **families** who are on relief

## Sterilization in Great Britain

By CORA B S HODSON

Honorary Secretary, *International Federation of Eugenic Organizations*  
author, "Human Sterilization Today"

**A** CONCERTED attempt to secure true eugenic **sterilization** is going on at present in England and Wales Women's **political** organizations, **social** work organizations, and Protestant churches are among the groups uniting to achieve this end Many churches welcome the study and **discussion** which this attempt has brought about for **its** **positive** **ethical** value The **possibility** brings parenthood into fresh focus and, **possibly** for the first **time**, unites modern **altruism** and **medical** practice in a definite way

Proposals for **legalizing** eugenic **sterilization** in Great **Britain** have been **definitely** before the public since **1928**, when a measure was prepared by Major Leonard **Darwin** and **Sir** **Frederick** **Willis** and published in the "Eugenics **Review**" It was short and **simple**, framed to make legal an operation performed solely on the grounds of preventing procreation where there was a **likelihood** of **transmission** of serious **defects**, mental or physical—the operation **being** at the request of the **patient** Clauses **empowering** the **guardians** of the **feeble-minded** to act on **their** behalf were included **Further** provision for **expenditure** by the public health authority was **provided** for those who could not pay privately

It was some **time** before public discussion had advanced so far that the representatives of the local authorities **responsible** for the sick, the feeble  **minded** and the insane, were **sufficiently** interested to take up the matter seriously **Their** **deliberations** resulted in a request to the **Ministry** of Health to **institute** a full **inquiry** into heredity and the **experience** of **sterilization** **gained** in other parts of the world A departmental **committee** was appointed for **this** task, now generally

known from **its** chairman, as the "Brock **Committee**" The report reached the **public** in January, **1934**

Extension of **sterilization** was unanimously recommended It **is** **interesting** that eugenic grounds formed by no means the sole excuse for **allowing** the **operation** In the case of both mental **categories** (the feeble  **minded** and those suffering from mental disorders in the **widest** term) **diagnosis** of these **conditions** is held to be sufficient ground for permitting the operation when the **patient** **desires** it This should be rightly understood as a measure of **child** protection in that such parents, unable frequently to fulfill **their** duties adequately, may and do cause much **suffering** to offspring The voluntary principle, **being** fundamental, removes the necessity for stating **categories** in regard to the **condition** justifying operation, the **simple** fact of a **diagnosed** **condition** generally regarded by **specialists** as **hereditary** is sufficient Further, the patient need not himself be **afflicted**, as the likelihood of **transmission** by **carriers** is included

Very soon after the publication of the Brock Report, the **societies** most concerned faced the problem of securing **legislation** on the lines of the **recommendations** The **machinery** suggested in **medical** practice entirely met the **situation** which **administrators** foresaw as likely to arise This greatly simplified the effort

To secure assent and also to draft a **satisfactory** bill, a group was formed This consisted of the County **Councils** Association, the Mental Hospitals Association, and the **Association** of **Municipal** **Corporations**, which formed a central bloc cooperating closely with a body called "Joint Committee on **Sterilization**" The latter represented the **principal** medical societies, the Eugen

ics Society and various philanthropic societies dealing with the feeble minded, insane, blind and other types of afflicted persons. After a few months' work, this group presented an imposing list of other organizations which had passed resolutions in favor of the contemplated legislation.

A feature of this preparation for legislation is the approach made to the various religious communities in the country. It is often presupposed that adherents of the churches will incline to oppose eugenic sterilization on religious grounds. This has not been the case in England. There has been very keen interest in the subject from the religious point of view and strikingly little objection to meet. Among the non Roman Catholic communities, a few staunch objectors are found in every camp, but there are a much larger number of non objectors, and a considerable number who ardently desire legislation.

The position of the Roman Catholic Church is being met with respect. The Christian Social Council has taken up the matter and is seeking the view of leaders in all the churches on a formula for inclusion in the bill, which seeks to avoid conscientious difficulties.

There should, one would think, be no religious difficulty when the operation is voluntary and may not be performed in an institution for segregation, but only in a general hospital or clinic on the patient's signature to an application. In practice, however, one knows that the most suggestible part of the community are the very poor and the mental patients particularly. It might well be, for example, that a feeble minded person of the Roman Catholic Church, in all good faith, would apply on the advice of the physician who makes the diagnosis required by the Ministry of Health without realizing that it would be disloyal to his Church to have the operation. If a measure provides that patients who are members of any church should refer the matter for the guidance of their spiritual advisor, these errors should normally be prevented. This idea has probably come from knowledge of the practice which has obtained regularly in California, without any special enactment, as a suitable course where the patient is a Roman Catholic.

The new measure, when it becomes a law, will have far reaching possibilities. Heretofore any operation, including therapeutic sterilization, has been considered by the patient as concerning only his own health. Eugenic sterilization, on the other hand, means that the individual undergoes an operation which does his personal health no good or harm, but which will protect posterity and his nation.

## Events of the Month

MARGARET SANGER, Chairman of the National Committee on Federal Legislation for Birth Control, has accepted the invitation of the All India Women's Conference to be the principal speaker and guest of honor at its annual conference in Travancore in December. The Conference, representing over twelve million Indian women, first went on record for birth control in 1932, and has reiterated its stand each succeeding year.

Mrs. Sanger will spend sufficient time in India to instruct native midwives in contraceptive methods. China, Japan and Hawaii will then be on her route, and she will return to Washington early during the new session of Congress.

A VALUABLE bill, limiting the sale of contraceptives to licensed drug stores and physicians, has just been passed by the State of Oregon. This prohibits house to house canvassing, and advertising except in drug and medical journals. It authorizes the Board of Pharmacy to set quality standards.

In view of the sale of worthless and harmful contraceptives by filling stations, canvassers, commercially operated "clinics," etc., bills aiming to protect the consumer might well be adopted by other States.

THE band of State Leagues affiliated with the American Birth Control League now spans the continent. Washington has the distinction of forming not only the twenty first affiliated State League, but the first on the Pacific Coast. Sponsored by a group of prominent clergymen, physicians and business men, the Washington Mothers' Clinic Association has just been organized, with headquarters at 707 Mohawk Building, Spokane.

A drive is under way to raise funds to meet the expenses of the Association's first clinic, until such time as it can be made self supporting. Dr. Irene Grieve is chairman of the committee sponsoring the clinic, and four physicians are in charge of contraceptive advice. It was due to the interest and enthusiasm of Mr. Paul Jones of Spokane that the plans for the clinic were initiated and brought to completion.

"The clinic will function within the laws of Washington," Mrs. Fred B. Slee, executive secretary, explained to the press. "It is not charitable, but a non-profit enterprise for public service. It will be a known agency for giving scientific birth control information, and will also direct clients to reputable physicians for approved birth control service."

## ARKANSAS

Celebrating its fourth **anniversary**, the **Little Rock** clinic of the Arkansas Eugenics Association can **point** to **950 registrations**. One branch **clinic** has been **established** in a rural **section** of the county, and another is contemplated for **Hot Springs**.

**Since** August of this year, a charge has been made for services and **materials** at the **clinic**. The fees are based on **WPA** wages, with **consideration given** to the **clients' financial responsibility**. Fifty cents **is** the **minimum** charge. When the family income exceeds seventy five dollars a month, the **client is** referred to a private **physician**.

## DELAWARE

Colored **physicians** have been cooperating in the recent effort of the Delaware **Birth Control League** to introduce the work of the **Wilmington clinic** to the **city's** large Negro **population**. Social workers have been slowly but surely **showing** an agreement with and appreciation of the purpose of the League. **This** **promises** to lend impetus to **its** program to establish as many **Intramural clinics** as possible.

## IOWA

After a busy summer during which three clinic **sessions** a week were found necessary, the **Des Moines clinic** of the Iowa Maternal Health League **is adding** a part time **social** worker to its staff and **is** increasing the number of hours the **clinic will be open with** a nurse in attendance for the purpose of **making appointments**.

At **its** first annual **meeting**, the **Birth Control League** of Cedar Falls and Community reported that its goal of one hundred members had been exceeded. The **cooperation** of women's clubs **in** the **vicinity** has been secured, and **this** fall the League **aims** also to enlist the rural women who are members of Farm Bureaus.

A round table discussion of **birth control** led by **representatives** of the Cedar Falls, Cedar Rapids and Des **Moines** Leagues will be on the program of the Iowa Conference of **Social Work**, to be held at Cedar **Rapids**, October 29. The **educational exhibit** of the **American Birth Control League** will be shown.

## MAINE

Plans for a network of **clinics** strategically situated all over the State were **laid this** summer through contacts made **in 35** towns by **Mrs Edwin Gehring**, field secretary of the Maine Birth Control League. Doctors and lay groups **in** these towns are sending **patients** to the **five** clinics already established, and are **working** to form new clinics.

Through the **hospitality** of a local member, who has

## THE STATE LEAGUE

## News of Activities and Plans

turned over two rooms of her own home for a **clinic**, **Brunswick** was able to open **its** first center **in August**. The Portland clinic has had over **300** patients, many of them from the rural **districts**.

## MASSACHUSETTS

"Planned Motherhood" is the slogan for a State wide campaign just announced by the Birth Control League of Massachusetts. The purpose of the **campaign**, Mrs **Leslie D Hawkrige, President**, stated in a press release, is "the education of the people of **this** State on birth control and on the legal status of **dissemination** of **information** on this **ntally important** subject."

The summer holidays brought no **slackening** of **activities** for the League. New **committees** created at a **special** meeting **in June include** a Health Extension **Committee**, to foster more maternal health centers throughout the State and to be **responsible** for **their affiliation** with the League, a **Medical Consultants Committee**, **Publicity Committee** and **Research Committee**.

Roman **Catholic patients** still **comprise 50** per cent of those treated at the Brookline Mothers' Health Office. The **number** of new **eases** handled during the summer was 20 per cent **higher** than during the **previous** summer, but the number of **patients** on the welfare **lists** showed a **slight** decrease. Worcester is the **location** for the **third** Mothers' Health **Office** in the State, opened on September 11.

The Massachusetts League **is** heartened by the news of the progress being made in Vermont and New **Hampshire** and is **looking** forward to **the** New England **Regional Birth Control Conference** to strengthen the cooperation between the Leagues of the New England **group**.

## MICHIGAN

To extend **birth control service** to the Upper **Peninsula** of the State, where a large percentage of the **population** is on **relief**, **is** an **outstanding objective** of the Maternal Health League of **Michigan**. A **trip** by **Marjory Davis**, executive secretary, laid the foundations for **organization** work **last** summer. At least **eight** groups are eager to go ahead, but are **waiting** for **the** support of local medical bodies. To obtain such support, the League has arranged for talks on contraceptive technique before county medical **societies** of the Peninsula, to be **given this** fall by Dr. Harold A. Furlong.

The League **is** also working closely with county **med**

# STRIDE AHEAD

## Eleven Affiliated Groups

ical societies to secure their recommendation that the Kellogg Foundation approve and sponsor the giving of contraceptive information to indigent patients in both rural and urban communities. Plans are now being drawn up for the establishment of a birth control service to cover the whole of Hillsdale County, and the League believes that the other four counties under the Kellogg Foundation health units will initiate a similar service.

### MINNESOTA

The most exciting news from the Minnesota Birth Control League is its acceptance by the Minnesota Conference of Social Work as an associate group. For several years this recognition has been sought unsuccessfully. In the Conference's action lies the real motive behind the recent order of the Catholic Archbishop of St. Paul that members of his archdiocese withdraw from organizations advocating birth control. After publication of the Archbishop's letter, the executive committee of the Conference met and reaffirmed its action recognizing the League.

September 19 was birth control day at the meeting of the State's social workers in St. Paul. Dr. Sophia Kleegman of New York gave the principal address.

Expansion of clinic service is the main task the League has set for itself. The Minneapolis clinic is increasingly being used as a demonstration center for physicians, nurses and social workers.

### MISSOURI

September 10 was a day of rejoicing for the Maternal Health Association of Missouri. On that day the Association advised its 2,000th case since its inception in August, 1932. "We resolve that the next three years will bring our help to many more than this number," reports Mrs. Helen S. Buss, executive director.

Starting with one clinic, the Association now has five—two at its headquarters and the rest in connection with settlement houses and dispensaries.

A series of three Open House Afternoons were held during September for social workers. The clinic staff discussed the medical and social aspects of birth control informally with visitors, and members of the Board of Directors acted as hostesses. These receptions not only strengthened the Association's cooperation with social workers, but gave an occasion for releasing to

the press figures on the number of women that had been served by the clinics.

### NEW JERSEY

To reach rural families, have an exhibit at a county fair, is the suggestion of the New Jersey Birth Control League. Attendance at the Morristown clinic has begun to jump as a result of the League's booth at the Morris County Grange Fair. Patients are coming from outlying communities within a radius of fifty miles. Interest at the booth centered on the poster exhibit of the American Birth Control League. The New Jersey League is planning to occupy a large tent among the public health exhibits at the Trenton State Fair, also.

The Morris County Council has initiated a new policy of establishing cooperative committees in each community which its clinic serves. As a result, many prospective patients have learned of the clinic. A drive to raise funds for Monmouth County's first clinic had brought \$700 early in September.

### PENNSYLVANIA

"We now have a real birth control center for all city and State work," announces the Pennsylvania Birth Control Federation. The Federation's headquarters and principal clinic have been consolidated in a splendid new space at 253 South 15th Street, Philadelphia.

Through the work of a newly organized Expansion Committee, composed of interested members all over the State, the Federation looks forward to additional clinics this winter. A clinic was opened in Waverly this summer. Out of 67 counties of the State, there are now only eight in which it is not yet possible for the Federation to refer a woman to a qualified physician for contraceptive information.

This fall the Federation will give a course of lectures on the history and present-day importance of birth control. A modest charge will be made to cover expenses. Special educational work will be done with the Pennsylvania League of Women Voters, who recently endorsed birth control and sterilization.

### RHODE ISLAND

Activities of the Rhode Island Birth Control League are getting under way early. The fall membership drive will begin on October 9 and will continue until November 7, the date of the annual meeting. Dr. Eric M. Matsner, medical director of the American Birth Control League, will be the principal speaker on October 9.

A new clinic has been opened at Newport. Impetus has been given to the League's work through the endorsement of the State Federation of Women's Clubs who went on record for birth control this year.

## New Books Reviewed

**FACING TWO WAYS** The Story of my Lzje By Baroness *Shidzue Ishimoto* Farrar and *Rinehart*, New York 373 Pages \$3 50 *postpaid* from THE REVIEW

MEMBERS of the League had an opportunity to hear gentle, flowerlike Baroness **Ishimoto** speak at the annual meeting in 1934, and they will find her autobiography intensely interesting. After a charming description of her sheltered girlhood in the feudal atmosphere of a Samurai household, occupied with flower arrangement and tea ceremonial, and imbued with the Buddhist ideals of womanly gentleness and resignation, **Shidzue** Ishimoto tells of the awakening of her social conscience by the suffering of the women who work in the coal mines of Japan, carrying their suckling infants on their backs and sometimes even giving birth to babies in the dark pits. "Why must the mother breed and nurse while she works?" she asked, and this question was, she says, "the seed which was to grow and revolutionize" her life.

The remarkable quality of Baroness **Ishimoto's** intelligence is shown by the fact that she was not content with the superficial relief of suffering by chanty, but realized that the surest way permanently to improve the lot of the laboring classes is to decrease the supply of unskilled labor by reducing the birth rate. She recognized birth control as "the pole star guiding women from slavery and increasing poverty," she made up her mind "to carry the banner of birth control in Japan," and soon became the national leader of the birth control movement.

She never developed into a fanatic, however, but retained the gentle sweetness of a true daughter of the Samurai. Her point of view is characterized by breadth and moderation, respect for the opinion of others, and generous recognition of their achievements. In describing Margaret Sanger's dramatic visit to Japan in 1922, Baroness Ishimoto says with warm-hearted enthusiasm that she became the most talked of person in the land and lifted the struggling birth control movement to one of major concern for the nation.

On the whole, the Baroness pictures conditions in Japan as favorable to birth control. Religion she writes, is an asset and not a liability as in the West. Although Buddhism, in teaching resignation, tends to have a paralytic effect upon insurgent thought, yet it never attempts to rule public opinion through clerical interference, and does not oppose birth control. Furthermore, the movement has the active support of many labor leaders, who unlike their brothers in the United

States, see that their struggle will be strengthened by checking excess labor at its source. The masses, too, are eager for birth control. Despite the long taught doctrine of submission, the cry for the cure of poverty and hunger has grown sharp and bitter, and when birth control is offered as a remedy, "the poor Japanese grasp its value quicker than the ruling class." The outlook appears promising for the rapid spread of birth control, and are we not justified in believing that when it is within reach of the whole people, the population of Japan will gradually become adjusted to the country's economic resources and the conquest of new territory will prove unnecessary?

In leading her people to birth control, Baroness Ishimoto is leading them also toward peace.

Eleanor Dwzght Jones

**PARENTHOOD — DESIGN OR ACCIDENT**, A *Manual* of Bzrth Control, by *Michael Fielding*, MD. Preface by *H G Wells*. The *Vanguard* Press, New York 239 Pages \$2 50 *postpaid* from THE REVIEW

THE creative endeavor appears to be especially pronounced in connection with writings concerning birth control. Dr. **Fielding** has presented a well organized and clearly written volume, interpreting the meaning of contraception, the reasons lying behind its advocacy and the methods that have been presented for its practice. While he does not offer this book to deal comprehensively with the subject, a large variety of the themes significant to individuals has been covered.

Two things mar the book: first, the false implication that "This volume is to be sold only to physicians or upon a physician's prescription." The Introduction reveals more purpose in stating that readers who wish to use the book "simply and solely as a practical manual" may skip those sections devoted to the "medical, sociological and ethical aspects of birth control."

The second weakness lies in Appendix IV containing the names and addresses of manufacturers and retailers of contraceptives. This advertising factor is wholly unwarranted. Appendix III offers an especially useful survey of the facts and fancies in the **Ogino** Knaus theory of a "safe period."

The general discussions of contraceptive methods afford nothing particularly significant or unusual. There is perhaps a little too great implication that the methods of contraception are "very easy to apply." This very simplicity is one reason for a considerable

amount of carelessness and **failure** Contraceptive methods are **discussed** in terms of **indications** and **contra indications** and **possible** effects The stress upon the pessary and **chemical contraceptive** is reinforced by the **caution** that trust should not be placed in any **single contraceptive device**

The **sociological discussion** is too **limited** to be regarded as more than **suggestive** The **theoretic projection** of future methods **includes** Grafenberg's method, the use of X rays, **spermatotoxins** and hormones, and also of new **chemical substances**

The **objections** to **birth control** are weakly presented although **possibly** adequate from the **standpoint** of the **laity** The **emphasis** upon venereal disease is too great **considering** the tremendous amount of **functional nervous disease** which is **obviated** by the **intelligent regulation** of pregnancy even to the extreme of complete **contraception**

Ira S. Wale, *M D*

A MARRIAGE **MANUAL**. By Hannah *M Stone, M D*, and Abraham Stone, *M D Szmon and Schuster*, 334 Pages \$2.50 *postpaid* from THE REVIEW

**THIS** book is a treasure house of knowledge for the perplexed It is a **practical** and **painstakingly written** volume by two **physicians**, man and **wife**, whose **experience** as **marriage counsellors** is second to none in the United States

The **conversational question** and answer form is **de lightfully** readable and strikes the personal note in a **sympathetic** manner The **biological, chemical, social** and **spiritual factors** of **marriage** and **procreation** are handled with admirable balance The authors have **accomplished** a **difficult** task for they have **avoided** the **pitfalls** of many well **intentioned** books upon sex Too often do **writers** on these **topics** reveal **their own pathetic exhibitionism** or **fixations** The book is also **happily** free of what Dr **Dickinson** so aptly calls the "**prolix mush**" of sex **teaching** The Doctors Stone approach **their subject** in a **realistic** but **witful sensitive** manner

**Bearing** in **mind** the fact that many of those who most need such **instruction** are people of **limited** culture who read **little** and that **little laboriously**, it may be suggested, **perhaps**, that in a few **instances simpler** words **might** better serve than **four** syllable professional terms, but the book is too fine to lose much by **this slight** fault To the **physician**, the clergyman and the lay reader *A Marriage Manual* is **enthusiastically recommended**

A reading list follows each chapter, **which listing** (praise be!) **gives** the reader an **idea** of the character

and scope of each volume recommended At the end a general **alphabetized bibliography** includes both the chapter end **lists** and further supplementary **reading** covering a **wide** range **This admirable device** assists both the **novice** and the student **Indexing** for every **possible** cross reference further enhances the **practicality** of **this** excellent work

The **limp binding**, the format, and rounded page corners render the book comfortable in the hand and **easily** referred to, **qualities** which fully **justify** the title "manual" *M B B*

### From a Small Town Mother

American Birth Control League

Dear Sirs or Mesdames

I **obtained** your address from a **library** book I have been **married** only a **little** over fifteen years and we have five **children** already We really don't want any more **children**, because my husband does not make wages enough to properly care for them all and pay the debts that seem to be **mounting higher** and **higher** The **kiddies** are **asking** why **they** can't have what other **little friends** have and **it** just breaks my heart to tell them we can't get them such and such **Our explanations** as to why don't make them understand and **it** hurts to see them look at and wish for **things** we can't get them By the **things** I mean, clothes and good food and the eternal **bicycle** that seems so dear to the hearts of all boys

**Our** doctor **bills** mount so **terribly** as I'm **sick** the **entire nine** months and not well for a long time after It's **disheartening—always being** in want and debt

The **children** sure keep us **humping** to scrape up **something** to eat I couldn't part **with** any one of **them** I have, but I **just** don't want to have any more And **what can** I **do**? When I found I was pregnant **with** my last baby, I took some **medicine** a friend recommended and I nearly **died—but** I had my baby just the same

My husband is always very careful—yet these **mis** happens just do happen, and before another occurs I do **wish you'd** tell me of **birth control** Don't tell me to ask my doctor because I have and he says there is **nothing** I can take nor preventatives I can get to use that really **will** work If you know of any please tell me, won't you?

Hopefully,

MRS R W

---

*A Special Meeting of the American Birth Control League will be held at 10 A M on Thursday, October 31, at the Bank of the Manhattan Company, Madison Avenue at 64th Street, New York, for the purpose of amending the constitution and by-laws Changes are proposed affecting principally Article II Section 2, Article III Section 1, and Article V, Section 1*

## I Believe Jimmy Knew

The following story appeared in a recent article "Mental Tests as Social Reflectors," by Edna Brand Mann, in *The Nation*. The author described her experiences as a psychologist giving intelligence tests to children in New York City schools.

**W**HAT is the difference between poverty and misery?" This is a routine test question to which Jimmy, twelve, clean necked and slick of hair, answered "Poverty is when you are poor and miserable. Misery is when you are not poor—just miserable for nothing." The answer must be scored minus, but, as I was soon to learn, so must Jimmy's life, from which the answer had sprung.

Jimmy was the last of his family I had tested in that school. They ranged from the first to the sixth grade. All of them were bright.

A home visit disclosed an absolutely clean and bare home—dark, crowded, crushing in its gloom. To smile or laugh in it is simply unthinkable. Jimmy's mother is overworked as janitress. The father gets odd jobs when he can. He is a stern disciplinarian, a decent man according to his lights, bowed down by his own failure as provider and by the burdens of his mounting family. One child has a tubercular eye, all except Jimmy appear wan and undernourished. There are eight of them now and another coming. The mother has acute diabetes. She says calmly, "It will be fatal for me to have this child in my condition." She seems relieved at the thought.

At the clinic which she attends for diabetic treatment, she was told that it would be dangerous for her to be

come pregnant again. She and her husband are Catholics, yet they were eager to cooperate in a plan whereby they might limit the only surplus heaven had ever sent them. The hospital referred Jimmy's mother to a Catholic physician for instruction in birth control technique. She explained her case to the doctor. This is what happened.

"Are you a Catholic?" the doctor asked.

"Yes."

"You know what our church teaches?"

"I was sent here by the clinic because I have diabetes and must not have any more children. I have had fifteen children and eight are living. I am only forty," she said.

"You are a Catholic?"

"But I was not born a Catholic. I only became one after I married."

"That makes no difference. The holy church to which you belong forbids birth control."

So was her sixteenth pregnancy indorsed by the church.

And somehow or other, the months rolled by and Jimmy's mother did not die, but gave birth to a fifth son. The hospital records that this was the first child in its history born of an acutely diabetic mother who did not die. But—one more? What of this newest little Jimmy? He wears the clothes that the school principal has begged from charity. He suckles from a mother exhausted and embittered. What will he eat when she is dry? What chance has he? "Poverty is when you are poor and miserable. Misery is when you are not poor—just miserable for nothing." I believe Jimmy knew what he meant.

BIRTH CONTROL REVIEW

Published Monthly



ROOM 912

515 MADISON AVENUE  
NEW YORK N Y

Sac 562 P.L. & R.  
U S POSTAGE  
PAID  
New York N Y  
PERMIT No 8388