

# Birth Control Review

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## The Real Test of Civilization

*Italy's substitute for birth control—the invasion of Ethiopia—is discussed by Dr John Haynes Holmes, minister of the Community Church of New York City Dr Holmes is a director of the Fellowship of Reconciliation and is co author of the forceful peace play "If This Be Treason"*

**I**TALY has a case! A case is as necessary to an imperial government on an adventure of colonial conquest as armies and navies, tanks and bombing planes, poison gas and liquid fire. A case is supposed to subdue the conscience of mankind, as armies subdue the enemy. Italy's case, at least as presented openly, has to do with population. Her territory in Europe, according to Il Duce, is limited. The soil that can be cultivated for the support of her people is inadequate. Expansion, we are told, is the sign of vigorous life and expansion has now become necessary for the new Fascist Italy. It is true that Libya, which is seven times the size of Italy, has only 30,000 Italians in her vast domain. But, according to Mussolini, it is Abyssinia that can alone solve her problem, even though Libya has been under the Italian flag for more than a quarter of a century.

This case, if we may call it such, would be more convincing if the Fascist dictator had not been moving heaven and earth, ever since he took power, to increase the Italian population at the greatest possible speed. During the past ten years, in season and out, Mussolini has appealed to Italian mothers to breed. He has exhausted every device of publicity and propaganda to induce large families, especially in the peasant population of Italy. Mothers with the most children have been decorated, fathers, efficient at the business of reproduction if of nothing else, have been pensioned or given public office. The new generation of women have been reared to the understanding that their mission, like that of sows, is to produce litters of offspring. If Mussolini has not succeeded in increasing the population of his domain as rapidly as he has dreamed, it is not for lack of enthusiastic en-

deavor. Even Fascists are sensible about this breeding business, and thus are not reproducing themselves in a way wholly to satisfy the militaristic designs of the new Roman emperor. But the problem has been made serious enough, and now comes the rape of Ethiopia as the wretched consequence.

The cure for the evil of excess population is not to be found in colonies or foreign possessions of any kind. The idea that an ancient, proud and independent people like the Ethiopians shall be robbed of their country, to satisfy the breeding propensities of Italians, is disgusting and abhorrent enough in itself. But, from the sheer pragmatic point of view, it is obvious that there is a limit to this sort of thing. The habitable globe is just so large, and that's the end of it! If the population problem is to be handled at all, it must be handled through birth control, as Margaret Sanger and other great leaders of the cause have been teaching now for years. The exercise of birth control, to the end of population control, may be regarded as a measure of the intelligence and moral discipline of a people. The time has come when it must be accepted as the real test of civilization.

If there is any one thing which proves more convincingly than another that Mussolini and his confrere Hitler are essentially savages who would lead mankind back to a new age of barbarism, it is the mania of these dictators for an expanding population to feed the militaristic hordes which, like the chieftains of old, they would lead forth to conquest.

Mussolini's case is not a case for colonial expansion. Just to the extent that he has an argument, it is an argument for birth control.

*In the era upon which we have now entered, the one fundamental cause of war is the overgrowth of the world's population*

*Harold Cox, Former Editor  
The Edinburgh Review*

*Population pressure is always a major cause of war. Birth control is an intelligent, adaptive response to population pressure*

*Raymond Pearl, Ph D  
Johns Hopkins University*

# Contraceptive Centers in Europe

By ERIC M. MATSNER, M.D.

*Medical Director, American Birth Control League*

I HAVE returned from a European survey with increased respect for the birth control movement in the United States. Contraceptive centers here have drawn their inspiration and, at first, their technical information from the older movement abroad. Lately, however, the American centers have advanced to a position second to none both in their number and in the reliability of the service they provide.

Inadequate as they are to meet the widespread need for accurate information on family planning, the 230 recognized birth control centers now functioning in the United States are the largest number, in proportion to population, that exist in any country. The Soviet Union stands second in this respect. In the Scandinavian countries, the Netherlands and Great Britain, where contraception is regarded as a public health measure, there are relatively few centers. However, a larger percentage of individual physicians give birth control advice. Complete acceptance of the necessity for contraception in the public health program has not yet been forthcoming from the medical profession in any of these countries.

The methods and technique used in European birth control centers frequently do not equal in effectiveness those used in the American clinics. This is particularly true in Russia, where at the present time only products of Soviet manufacture are used. There is a shortage of such supplies and the quality of those available is distinctly inferior when judged by American standards.

In Moscow and Leningrad, I made a tour of the maternity hospitals and marriage bureaus, at the invitation of the Soviet Commissariat of Health. Though I came as an observer, I was frequently asked to give an informal talk on birth control technique in America, which was interpreted for the medical staff.

The Soviet Union is making increasing efforts to stabilize marriage and to encourage family life as the best medium for rearing children. Divorce is being discouraged because of this new attitude.

Conferences with health officials revealed the fact that Russia's present abortion program is looked upon as a temporary emergency measure. The Commissariat of Health now recognizes that contraception is a more desirable means of controlling the individual's fertility than is legalized abortion. Therefore, widespread propaganda for contraception and the extension of

clinical facilities to provide this information are being stressed. The emphasis is on maternal and infant welfare by means of child spacing. An illuminated series of posters displayed at marriage centers shows the dangers of abortion and advocates a well spaced family by means of birth control.

Americans read, often with a sense of shock, that one million legalized abortions per year are performed in the Soviet Union. However, this number is less in proportion to population than the number of illegal abortions performed in other European countries, or in the United States. A conservative estimate places abortions in this country at one and a half million per year. Of the abortions in Russia, 78 per cent are done for child spacing and medical indications. Only 22 per cent are performed on women who have never had children.

Deaths resulting from abortions in Russia have been almost negligible—about fifty a year. After witnessing forty operations in the public abortatoriums I am convinced that among American women we should have a very high mortality rate if we attempted to carry out the practice in the same way—without anaesthesia and with insufficient antiseptics. The average Russian peasant woman has developed an extraordinary immunity to the ordinary strains of bacteria.

Russian physicians are frank to admit that they have no statistics on the morbidity or after effects of abortion. A study of this question, now under way, will follow the health conditions of women for two years after they have had an abortion. It is interesting to note that, in spite of legalized abortion and propaganda for contraception, Russia has a birth rate of 44 per 1,000, approximately double that of the average national birth rate.

The Scandinavian countries desire to increase their birth rates. They consider that a program for contraception will have no influence on further lowering the birth rate. The answer to the problem of encouraging large families in desirable groups, they believe, is to afford more security to the family through social legislation. Maternal welfare, better housing, cooperative food purchasing and old age pensions are among the essentials of this social security program.

Sweden has five birth control clinics, two of which are in Stockholm. The methods utilized are similar to those commonly prescribed in this country. Accurate

record is kept of the distribution of supplies I was surprised to learn that in all Sweden up to the present time only 9,000 vaginal diaphragms have been prescribed In 1933 a sterilization law was passed, affecting those who suffer from inheritable mental defects Abortion is illegal The government committee appointed to study the question recommends that abortion should be legalized for certain cases where there is a distinct hereditary defect, for pregnancy in minor girls, to whom the birth of a child would be a disaster, in cases of criminal assault, and for reasons of extreme poverty

One of the largest obstetrical hospitals in the world, in Copenhagen, Denmark, makes no provision for giving contraception information when a patient is discharged Ninety one per cent of the deliveries there are to unmarried women

The birth control center in Oslo, Norway, is privately financed It is similar to a New York City settlement house, in that it offers mothers an opportunity to learn about the feeding and training of infants A nursery cares for the children of the patient while she is being advised

In England, the birth control movement was originally predicated upon the economic and population theories of Malthus and later was taken up by the eugenists The British, who are more population conscious than are most of us in this country, have formulated definite steps in the relation between the birth control and the population movements The emphasis at the present time, however, is in the field of public health, as is witnessed by the recent action of the Ministry of Health liberalizing the indications for which contraceptive information may be given at municipal maternal health centers

Michael Fielding, distinguished British physician who is the author of "Parenthood—Design or Accident," summarized the present attitude for me as follows, "Birth control is a necessary and valuable part of a civilized public health policy While it may not affect the economic structure of society as a whole, it contributes to the health and welfare of each individual family The restrictions on the dissemination of contraception are dysgenic in tendency The proper regard for posterity demands encouragement of parenthood among well-endowed stocks and at least the opportunity for the less well-endowed minority to refrain from undesired parenthood"

Five national organizations are working in the field of birth control in Great Britain It is their objective that all their activities will be housed in one building under one central organization The program of the

National Birth Control Association, which most closely resembles that of the American Birth Control League, is directed toward the formation of local birth control organizations as branches of the national

Large contraceptive centers in London, Glasgow and Edinburgh were visited and conferences were held with clinicians At the Walworth clinic founded in 1921 in London, 21,066 mothers have been given birth control advice There are now 27 clinics under the jurisdiction of the Society for the Promotion of Birth Control Clinics, which establishes independent centers with the intention of having them taken over by local authorities in the near future The Society cooperates with the National Birth Control Association, undertaking joint propaganda and joint responsibility

In correlating the results of my survey, I came to the conclusion that though, theoretically, the countries visited are in advance of the United States since they regard birth control as a public health measure, practically, they are not in advance The American movement has made tremendous progress in spite of the handicaps of antiquated laws and of apathy on the part of organized medicine During the past-year-alone, the number of birth control clinics under medical direction has increased by fifty per cent Contraceptive technique is now being taught in 45 medical schools Of major significance was the step taken by the American Medical Association last summer, when they appointed a committee to study the whole problem of the control of human fertility Rapidly birth control in the United States is taking its rightful place in the field of preventive medicine

(This is the first of two articles by Dr Matsner on his findings in Europe The second article will report developments in chemical and biological means of contraception)

### Introducing "The Courier"

Birth control centers in the United States now have an official trade journal, the *National Clinic Courier*, which made its bow in October, issued by the American Birth Control League The *Courier* will deal with problems of too technical a nature to be discussed in the REVIEW It is designed to meet the requests from State Leagues for a medium for the exchange between clinics of information on such specific questions as administration and follow up work

"The first issue arrived just as we were wrestling with the very problem it discussed," one center reports Other clinic officials have been equally enthusiastic in commenting on the bulletin's usefulness

The *Courier* appears on perforated sheets of the dimensions to fit a standard binder

# Fifty Underprivileged Women

By RITA IRWIN

CAN the contraceptive method prescribed in birth control clinics be used effectively by underprivileged women? To determine this, and also to find what environmental and personality factors operate to influ-

ence the probability of success in using contraceptive advice, this study was made of a chronologically selected group of women who had come for birth control advice to the Madison House Mothers' Health Center during the period of October, 1933—October, 1934.

In Madison House, a settlement on the lower East Side of New York, the first mothers' health center in the city was established in 1930 by the New York City Committee of the American Birth Control League. The community which Madison House serves is now composed of Italians and Jews, with an infiltration of Negroes. The Italians are mostly unskilled laborers, the Jews, workers in the clothing industry. There are a few small shop keepers. It is estimated that about 50 per cent of the families of the community are on relief at present.

The housing is the worst that can be found in the city. Practically all of the buildings are walk up tenements with no central heating and few of the apartments have any private sanitary facilities. The rooms are dark, poorly ventilated and arranged railroad fashion, so that they afford no privacy.

At the clinic, the physician is a young Italian woman and the nurse is Jewish, so that either of the two largest language-handicapped groups can express themselves in their own tongues. Both the doctor and nurse are unusually tactful, understanding and sympathetic toward the problems of the patients. It is the policy of the clinic to charge for its service on a sliding scale, from ten cents to one dollar, depending on the economic status of the patient. Those who are unable to pay are taken care of gratis. Receipts from patients total only seventy five dollars a year.

While the writer obtained data on 110 patients from clinic records, it developed upon investigation that only 50 of these were available for personal interview and study. These women ranged in age from 19 to 46. There were three under 20, ten between the ages of 20 25, twelve between the ages of 25 30, twelve be-

*Mrs Irwin, while a student at the New York School of Social Work, visited the homes of fifty women to discover what use they were making of contraceptive advice given them. This digest of her findings has statistical importance as well as human interest, and demonstrates the need for more adequate follow up methods. The writer is now on the staff of the United Jewish Aid Society of Brooklyn, New York.*

tween the ages of 35-40, and one over 40. Thirty one of the women were Catholic, fifteen were Jewish, and four Protestant. The predominant number of Catholics in this group is of special interest because of

the supposed antagonism of that denomination, as a group, to contraception.

There proved to be an active group of 32 women who have been using the prescribed contraceptive consistently, a semi active group of nine who used it over periods varying from three months to a year, but for various reasons are not using it at present, and an inactive group, also of nine, who have never used the contraceptive or have used it on only a few occasions. Five of the semi active cases must be considered on the success side of the ledger, since the successful use of the method was terminated by external forces, such as the menopause, separation from husband, and treatment for gynecological conditions. Failure to return to the clinic for supplies or refitting accounted for the other semi active cases. Of the nine women in the inactive group, at least five plan to return to the clinic for further instruction. Two women in this group became pregnant before using the method. Two had discontinued the method because they were afraid they were not using it correctly. One said she found no difficulty in using the method, but that she had no need for it, since her husband had been sent to a sanitarium.

Many of the husbands, being unemployed, were found at home. The father of a family of seven said, "If we had only known this before, things would have been different for us and the children." Another man, who is chronically ill, and was out on leave from a hospital, said, "It is bad enough as it is—the charities support me at the hospital, they support my wife and five kids at home. What do we want more children for—for the charities to spend money on?"

The following conclusions must be considered valid only for the sample group of fifty women who were interviewed in their homes. They represent about 23 per cent of the women seen in the clinic during one year.

1. The underprivileged woman can effectively use the method prescribed at the Mothers' Health Center

That these women are underprivileged is indicated by the following 65 per cent of their husbands are unemployed or on relief, only seven of the 50 families live in apartments which have adequate sanitary facilities, and the greater percentage of the women are illiterate and language handicapped. That they can use the method is proved by the fact that 41 of the 50 women, or 82 per cent, used the method over an extended period of time and that of these 41 women, 32 women, or 64 per cent, have used it consistently and effectively. Only one patient of the entire fifty said she was unable to use the method. This woman may have had actual difficulty because of her obesity, physical illness and unstable personality.

2 The factors of age, housing conditions and the attitudes of husbands seem to have no bearing upon success or failure in using the method. Women of the same ages appear in all three categories (active, semi-active and inactive). So few have good housing and sanitary facilities as to make this a negligible factor. As far as could be ascertained, the attitudes of the husbands toward their wives' use of the method were positive in nature, so that no conclusion can be reached here as to the relation of this factor to success.

3 The religious factor seems to have some bearing on the ability to effectively use contraceptive advice. Although 80 per cent of the Jewish women studied used the method successfully, only 58 per cent of the entire Catholic group did so. However, it is noteworthy that 78 per cent of the entire number of Italian-Catholics used the method effectively, a percentage appreciably higher than that of the other Catholic elements and almost as high as that of the Jewish group.

4 The attitudes of the women toward the writer, in the role of a follow up worker, indicated an appreciation of the clinic's interest in their welfare. The fact that many who had not returned to the clinic after a first visit did return during the period of this study, subsequent to the writer's contact, indicates the need for follow up visits for the purposes of encouragement and further education. Several patients who had completed pregnancies were planning to use the same diaphragms that had been prescribed before the pregnancy, others, who had had their diaphragms for more than a period of a year, had not returned for a check up. Here was further evidence of a real need for careful follow up.

5 Of the women who had borne more than one child before coming to the clinic, 85 per cent had previously used some kind of contraceptive precaution. Thus the clinic, in most cases, is disseminating a practice, the

principle of which has already been accepted by the women themselves. Many of the women were acquainted with the experience of abortion.

6 The amazingly small number of patients referred by case working agencies, and the fact that these were referred by only three different agencies, leads one to conclude that case work agencies, as a whole, are not encouraging their clients to use the clinics.

It is the writer's opinion that the problem of birth control must be faced by the social work group as its own and that this might be accomplished by bringing the matter to the attention of one of the professional social work associations for serious study and consideration. Once the problem is brought above ground and discussed in the open, the profession may be able to see its way clear toward more active cooperation in a vital social movement.

The individual social worker can help bring about such a change in attitude by forcefully calling to the attention of her executive each case in which she encounters the need for birth control advice. With the social work profession massed behind the movement, birth control will make inestimably greater strides toward ameliorating conditions among the underprivileged families of American communities.

## Incidentally

Among the details from "Medical Care for Relief Clients," a report published by the Committee on Medical Care in Community Health of the American Association of Medical Social Workers—

### Section heading *Rejection of Cases*

"On the day of the investigator's visit there were among the rejected cases the applicant with a 'cold,' not on relief and the girl hemorrhaging from an illegal operation for whom emergency hospital care was finally paid by the Community Fund."

### Section heading *Housing*

"House a shell, only a table and two chairs in a barren floored room. The mother is expecting another baby in a few weeks. This mother has really had nine babies since marriage in 1924, there are five living. Mother is just 28 years old."

"There is no water at this place, and it has to be carried from an adjoining lot. Mrs. Brown has the appearance of not having normal intelligence. Perhaps it is due to the fact that she has had eight children in 11 years, she claims she feels pretty good. The children seem normal. Mrs. Brown has had a few epileptic fits, since the birth of her sixth child."

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## Let It Be Known!

WHILE this article was still in the typewriter, a prominent woman from the west coast called at the League office. Her story was about her search for a birth control clinic in her city, which has a population of a million and a quarter. She had asked first her friends, then well known physicians and social workers, and finally she had inquired at three large hospitals. Surprisingly, no one knew anything about any birth control clinics. Yet that city has five established centers supported by the municipality.

If a woman of standing and means cannot find out where there is contraceptive advice, what about the poor woman, the ignorant woman, or even the average woman? This brings us back to the article in our type writer.

The day has passed when sponsors of birth control need be furtive about interpreting their activities and achievements to the public. We are failing in our duty to the movement if in the year 1935 we are so faint hearted that we continue with the tactics of 1915. When we believe we are right, we should not hesitate to say so in print.

There are still people, otherwise intelligent, who confuse publicity with paid advertising or who believe that to seek publicity is undignified. The impression that publicity means sensationalism is disproved when one considers the amount and quality of the propaganda being issued not only by civic and social welfare agencies, but by universities, foundations, and religious institutions of high repute. Today no educational or philanthropic organization can afford to do without publicity.

Constructive publicity has greatly increased the status and strength of the birth control movement nationally and locally. It has helped to secure financial and moral support, and to clear up misunderstandings which retard progress. Even controversies and opposition are welcomed as giving an opportunity for reply, thus keeping the movement before the public.

Publicity in its broader sense includes literature, exhibits, talks—all educational activities which acquaint the public with the purpose and program of the organization. Generally, however, the term is used in its more specific sense of interpreting the work through items appearing in newspapers and magazines. To maintain cooperative relations with the press is an important duty of the publicity committee. If possible, get a trained journalist to serve on the committee. Amateurs have proved, however, that they can develop the news sense necessary for effective publicity work.

## WHAT IS NEWS?

The tests an editor applies to a story are "Is it news?" and "Will it interest a large proportion of the readers of the paper?"

The following have proved to be the main opportunities to secure press notices of birth control programs

**Activity is news** Announce events such as public meetings, fund raising campaigns, exhibits, celebration of anniversaries, opening of a new center. Avoid premature announcement of half made plans. Include in your story the date, place, names of speakers and committees. In short, something has to happen to make news. Moral—make it happen!

**Statistics** Growth in centers, number of patients served, annual reports. Statistics on local relief birth rates, maternal mortality, etc., may prove to be grist for your mill.

**Names** Speakers of national importance who address the local group. Lists of names of prominent local sponsors (such a list will sometimes assure the publication of a story that otherwise lacks news value). Letters to the editor signed by leading citizens. Photographs of speakers and of local sponsors.

## PREPARING A STORY FOR THE PRESS

**Form.** Typed, double spaced, on white paper either legal size or standard 8½ x 11 size. It is preferable not to use the letter head of the organization, use either plain paper or paper with a special heading for news releases. The story should not occupy more than two pages. Mimeographed material and carbon copies do not receive the same attention as typed originals.

In the upper left hand corner should appear the name and address of the organization, its telephone number, and the name of the person with whom the editor may get in touch if he wants more details. For example—

*From Maternal Health Association  
100 South Street  
Wt. 2 8600 Mrs. Blank*

On the upper right hand side put the release date (time at which the paper is to use the story). For instance, in reporting the results of a meeting on the morning of November 1

*Release evening, November 1  
morning, November 2*

If there is no definite date for release, write "For Immediate Release." Be sure that the stories are sent to all papers at the same time, so that each editor gets an equal "break."

Do not write headlines. Start the story about one third of the way down the page, to leave room for the editor to insert his own headline.

**Style** Straightforward, unpretentious. Aim for brevity and accuracy. Write the story so that its meaning will be clear to someone who knows nothing about your work. Proceed from the most significant details to those of least importance. Editors prefer to do their cutting from the end of a story.

The "lead," or introductory statement, is the show window which catches attention and displays the value of the whole story. The lead may consist of one sentence or of several sentences in one paragraph. It summarizes the principal points—the "who, when, where and why" of the story. The name of the organization should appear in the first sentence, though generally it is not advisable for this name to be the first words in the story.

Statements of opinion have no place in a news story, unless they are presented as either a direct or an indirect quotation from an authority.

**Incorrect**—The new birth control center, which the Maternal Health League plans to open next week on the East Side, should prove vital to the health of mothers in that section of the city. (The editor prefers to write his own editorials!)

**Correct**—To protect the health of mothers of the East Side by enabling them to space the births of their children, The Maternal Health League will open a birth control center in that section next week, Dr. John Blank, chairman of the League's medical advisory board, announced last evening.

**Promptness** Newspapers must meet deadlines. Find out when these occur and keep as far ahead of them as you can. Stories arriving too late to catch the edition are "killed", for nothing is staler than yesterday's news.

The best results are secured by getting as many facts as possible to the newspapers *before an event takes place*. Ask the city editors to assign reporters to cover the event. If reporters are not sent, telephone the city editors to assure them that the event has taken place and that they are safe in using the news sent in advance. In connection with a meeting, it is particularly important to secure copies, or digests, of the speeches to be made and to submit them in advance.

## KEEP A PRESS BOOK OF CLIPPINGS RECORDING YOUR PUBLICITY RESULTS

(Send to the REVIEW questions on publicity that you would like to have discussed also accounts of local adventures in publicity that will help other groups.)

## Highlights of League News

### Regional Birth Control Conference

EASTERN CENTRAL STATES—Delaware, Maryland,  
Virginia, West Virginia

SATURDAY, NOVEMBER 16, 1935

Lord Baltimore Hotel, Baltimore, Md

*Chairman*—Mrs Union Worthington, President, Birth  
Control League of Delaware

*Morning Meeting* 10 30—Led by Mrs Caroline H Rob  
inson, Swarthmore, Pa

*Luncheon Meeting* 12 30—Followed by addresses by  
Dr Henry Pratt Fairchild, President, Population  
Association of America

Dr Eric M Matsner, Medical Director, American  
Birth Control League

(Luncheon tickets, one dollar Make reservations  
through the manager, Lord Baltimore Hotel Vis  
itors not attending the luncheon may hear the lec  
tures from the balcony )

Details will be announced later for two other Region  
al Conferences, arranged by State groups affiliated with  
the American Birth Control League, as follows

SOUTH CENTRAL CONFERENCE, in St Louis, Missouri,  
December 2 and 3, 1935 To include delegates from  
Missouri, Arkansas, Kansas, Oklahoma and Texas

*Chairman*, Mrs Samuel B McPheeters, President,  
Maternal Health Association of Missouri

NEW ENGLAND CONFERENCE, probably in Boston A  
January date will be set To include delegates from  
Massachusetts, New Hampshire, Vermont, Connecti  
cut, Maine and Rhode Island

### Medical Science Looks Ahead

For the first time the technique of birth control has  
been described in a text book on preventive medicine  
The sixth edition of "Preventive Medicine and Hy  
giene" (D Appleton Century) contains a chapter on  
contraception by Dr Eric M Matsner, medical direc  
tor of the American Birth Control League The book  
is edited by Milton J Rosenau, Professor of Preventive  
Medicine and Hygiene, Harvard Medical School

### 3,000 More "Reviews"

Always a dependable barometer of the strength of  
the birth control movement, the circulation of the RE  
VIEW has increased to 11,000—3,000 more than a year  
ago Some of this rise has been due to orders from  
newly affiliated State Leagues However, the increase  
in the number of copies sent regularly to the older  
Leagues has been more than 900 since last June

### MASS MEETING

#### Birth Control—A Challenge to Public Relief

under the auspices of

AMERICAN BIRTH CONTROL LEAGUE

Carnegie Hall New York City

Monday December 2nd

•

Address by Bishop Francis J McConnell

*Other speakers to be announced*

•

ADMISSION FREE, RESERVED SEATS ONE DOLLAR



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