

# Birth Control Review

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**T**HE courage and enthusiasm of leaders of the birth control movement throughout the country was reflected in the Fifteenth Annual Meeting of the American Birth Control League, held on January 22 and 23 in New York City. The REVIEW can bring its readers only a brief, factual account of the sessions held and reports presented. But between the lines may be read the story of a memorable year, of the fighting spirit of member leagues in surmounting obstacles and winning greatly increased support.

"Such a splendid Conference! The meetings were helpful beyond all our expectations. We are all so stimulated that things have been humming here!" That comment is typical of many received from the 140 delegates, representing twelve States, who registered for the Conference. Friends of the movement from New York and its vicinity swelled the attendance at the annual luncheon to nearly three hundred.

The League is most fortunate in having as its new president, Dr. Clarence Cook Little, distinguished biologist, who is director of the Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine. Dr. Little has served as president of the Universities of Maine and Michigan, and is managing director of the American Society for the Control of Cancer. Long active in the birth control movement, he has been a director of the League since 1925.

In accepting the presidency, Dr. Little wrote, "I am sure that all of us who have followed the work over a long period of years feel happier today than ever before. We are conscious of the fact that the truth of the principles for which we have continually stood has taken hold of the American people. The next ten years may well see a more complete realization of our hopes and aims than we would have believed possible five years ago. This prospect should serve to increase our determination to do all that we can to drive forward while the conditions are favorable."

Tribute was paid to the retiring president in a resolution adopted at the annual luncheon, which expressed "the deep appreciation and gratitude of the members of the League, particularly of the Board of

## Last Year's Gains

70,000 new patients at birth control centers in the United States—a conservative estimate

Fifty-nine centers established by the American Birth Control League and its member leagues

Certificates granted to 118 centers meeting the League's minimum standards—a blow against quacks and commercial interests and a protection to the public

Directors, to their President, Mrs. Francis N. Bangs, whose wise, unselfish and devoted leadership during the last two years has greatly strengthened the League and has been an inspiration to them all."

Other officers elected at the meeting were, Honorary President, Mrs. F. Robertson Jones, Chairman Executive Committee, Mrs. Louis deB. Moore, First Vice President, Mrs. Lewis L. Delafield, Vice Presidents, Mrs. Frederick G. Atkinson, Mrs. Richard Billings, Mrs. Dexter Blagden, Mrs. Union Worthington, Secretary, Mrs. Robert McC. Marsh, Treasurer, Mrs. Frederic Cromwell.

Two round table sessions on the first afternoon of the Conference were crowded to the doors. So brisk was the discussion that the chairmen had to ask delegates to raise their hands and wait their turns. The session on clinic problems will be reported in the *National Clinic Courier*. It was ably conducted by Mrs. Ruth H. Backus, Executive Secretary of the Monroe County, New York, Birth Control League. The publicity round table, a new feature, proved extremely helpful, in the opinion of the delegates.

"Publicity is a highly competitive business," Mr. Fred O. Newman of the *New York Herald Tribune* pointed out. "Only one out of every twenty releases a city desk receives get into the paper, and that one must be news. News is facts, as opposed to propaganda, which is ideas. News is readable, interesting—above all, fresh."

Mr. Newman advised the delegates to use the society columns, women's pages and club pages if at first they could not break into the news columns. "Arrange

for events that will make news—a tea, a dinner, a meeting with Important speakers," he said "When you establish a clinic, out with the news! If there is opposition, it might as well be brought into the open sooner as later"

Mrs James W Craig described how the publicity committee of the Massachusetts League, by planning ahead for its year's work, had secured newspaper space during practically every month Mrs Union Worthington spoke on methods of securing advance publicity for the Baltimore Regional Conference

On the question of meeting opposition, Marguerite Benson, executive director of the American Birth Control League, said, "Many of us have failed to meet the challenge of attacks against us We should not resort to vituperation, as do our opponents But when fight is offered, let us give back fight Let us take the offensive rather than the defensive in our replies We have the same right as our opponents to a certain righteous indignation We should most certainly not lie down under the typical 'bullying' tactics of our opponents"

The reading of State league reports was the feature of the session which preceded the luncheon on January 23 The progress 1935 brought is even more dramatic in view of the lack of funds and the inertia which all leagues encountered, and of the continued noisy opposition in a number of States

### Annual Luncheon

Outstanding figures in fields of religion, population problems and medicine sat at the speakers' table during the luncheon Mrs Louis deB Moore, chairman of the executive committee, who presided, presented highlights from the annual report of the League "From the reporting clinics we find that a conservative estimate of new patients received during 1935 is 70,000," she announced "The aim of the League is more babies, not fewer—but they will be wanted babies, healthy babies, with happy, healthy mothers"

Dr Eric M Matsner read the statement signed by sixty six New York City physicians, which appears elsewhere in this issue This was the fourth of a series of statements recruited in reply to the recent attack by Cardinal Hayes

"People who are sincerely interested in the birth control movement as a factor of social progress and individual happiness, must inevitably fight against those who give lip service to the cause for some fanatical reason of their own," Helen M Harris, headworker of Union Settlement, declared in her talk on "The Individual and Social Change" She continued, "The birth control movement needs no catch words or snap

phrases to prove its case It is based on the right of all wives and husbands to plan their families and to space their children Its appeal is universal—not to a particular class, its purpose is humane It brings nothing but good into the lives of the families who believe in it and therefore it contributes to the good of society"

The claim of dictators that they need colonies in order to relieve population pressure and secure a better living for their people was exploded by Dr Stephen Duggan, director of the Institute for International Education, in an address on "Population and Peace" It is not to live, but to rule, that Italy, Germany and Japan demand room for their surplus populations, he pointed out Dr Duggan's talk will appear in an early issue of the REVIEW

### Directors' Meeting

At the Board of Directors' meeting, which closed the Conference, it was voted that the Board should meet four times a year in the various regions, as proves expedient The object of this plan is to bring to the meetings opinion representative of the whole country The national policy and program in their broad outlines will be determined by the Board The Executive Committee, meeting monthly in New York City, will submit recommendations to the Board, will be responsible for the carrying out of the program, and will exercise the powers of the Board between its meetings

It was voted unanimously by the directors that regional committees be formed in New England and in the Middle Atlantic, South Central, Great Lakes and North Central districts Each State league is to elect a representative to be a member of its regional committee, and the committees will choose their own chairmen

A financial summary of the 1935 work of the American Birth Control League follows

#### Income

State League contributions	\$ 738 70	
Other contributions	39,114 25	
Memberships	3,617 98	
Miscellaneous	163 16	
		\$43,634 09

#### Expenditures

Headquarters salaries	\$14,954 85	
Operating cost	4,845 57	
Field Work	9,551 11	
Meetings	2,880 43	
Publicity and Publications	4,479 73	
Miscellaneous	380 42	\$37,092 11

To meet the minimum demands for 1936, a budget of \$53,290 was approved by the Board

## Modern Medicine Demands Birth Control

A statement *signed* by *sixty six* New York City *physicians* and read at the Annual Luncheon of the Amerzcan *Birth* Control League by Dr *Eric M Matsner*

**T**HE progress of **medicine**, in numerous instances, has been hampered and retarded by the **opposit**ion of **individuals** and groups who have **persistently maintained** that **science** Interferes with the **normal** processes of nature

The **utilization** of **anaesthesia** and analgesia in the control of **pain**, of **vaccination** in the **prevention** of **communicable** disease, and of asepsis in the prevention of puerperal **sepsis** or child bed fever are examples of **significant** advances made in the face of **timidity** and **opposition**, and now recognized and accepted as major **achievements** in the field of medicine and as necessary adjuncts to the physician's armamentarium It is not **surprising**, therefore, that complete acceptance of birth control as a therapeutic measure and a **public** health policy is combated on **similar** grounds

There **is** **cumulative** evidence **in** the form of **authoritative** statements from **leading physicians** and the **action** of organized medical groups that, in the present day practice of **medicine**, **birth** control is essential and **is** being **rapidly** accepted as one of the **scientific techniques** needed for the **safeguarding** and maintenance of **individual** and public health The term "birth control" denotes the prevention of **conception** only, and not **sterilization** or **abortion** Recent advances in the sciences of **physiology**, **endocrinology**, and **psychology** **indicate** that sex serves **essential** human needs other than the **reproductive function** The acceptance of these findings places upon **the** medical **profession** a new **obligation** for their interpretation and for the **solution** of **this** Important phase of **familial** health

The **emphasis** at the present time **is** not on the need for contraception but rather on a **substitution** of **scientific** methods under medical **direction** for **questionable**, **sometimes** dangerous, and frequently **ineffective** measures that are now generally available and **widely** used by the **public** Birth control is **essential** for the **spacing** of births **in** conformity **with** the **statistical evidence** that deliberate and **conscious** control of **fertility** materially reduces **mortality** in both mothers and children In the presence of certain acute and **chronic diseases** pregnancy **is** dangerous and its **avoidance** **is** frequently a **life saving** measure The **medical profession** recognizes **this** fact by assuming **responsibility** for **interrupting** pregnancy where such conditions

**exist** Common sense would therefore **indicate** that the **prevention** of pregnancy under these conditions is the more humane and rational procedure

Over ten years ago, the **American Gynecological Society** and the **Section on Obstetrics**, Gynecology, and **Abdominal Surgery** of the **American Medical Association** recognized **contraception** as a medical problem In May, **1935**, the **Medical Society** of the State of New York formally requested the **American Medical Association** to study the whole matter of **birth** control and the laws **involved**, taking the stand that the laws are conflicting and that the importance of the control of **reproduction** in medical practice, where it **constitutes** a therapeutic measure, is **obvious** to all medical men

In the judgment of the **Public Health Relations Committee** of the New York Academy of **Medicine** "the **public** **is** entitled to expert counsel and **information** by the medical profession on the important and **intimate** matter of **contraceptive** advice. The guidance of the **public** **in** sexual matters should be assumed by the medical profession wherever it naturally comes **in** the scope of **its** work "

At the **1935** meeting of the House of Delegates of the **American Medical Association**, a resolution was unambiguously adopted **requesting** the study of birth control by that **organization**

The **undersigned** physicians, as **individuals**, and not as **representatives** of the **various organizations** and **institutions** **with** which they are connected, hereby state as their **considered opinion** that

- 1 The public, in order that **it** may be protected **against** false and misleading claims, is entitled to know the present medical status of **birth** control
- 2 Birth control is Important for the maintenance of the **health** of the **individual** and plays a **significant** role **in** **preventive medicine** **in** the preservation of **public** health
- 3 Clinical research **extending** over a period of fifteen years has demonstrated **conclusively** the **effectiveness**, safety and harmlessness of **medically** approved **contraceptive** methods
- 4 There **is** no **evidence** to **indicate** the causation of cancer, **pelvic** Injury, **sterility**, or **injury** to **offspring** as the result of the use of **clinically** advocated **contraception**

## State Progress – The Year's Record

Excerpts from reports *submitted* for the Annual *Meeting* by member leagues

### Arkansas

*Read by Mrs Harry Pfeifer Jr*

During the five years the Little Rock clinic has been functioning, not a cent has been paid for rent or salaries. Our total number of clinic visits last year was 1202, and new patients numbered about three hundred. Since September, we have been obliged to charge a minimum fee of fifty cents. This has resulted in better cooperation from the patients. If the patient does not have the fee when she visits the clinic, she is fitted and the appliance is held until she can pay the fee. This is almost always in a week or two.

Arkansas has two clinics, one in the northern and one in the southern part of the State. Physicians in small communities—some of them living among the sharecroppers—have indicated a desire to care for patients in their localities.

Our clinician now believes that only one check up is necessary unless the patient does not seem to understand the method thoroughly.

### Connecticut

*Read by Mrs A Morgan Pease*

Connecticut is organized by counties. The duty of each County Chairman is to organize her own county, create a County Committee and appoint a City and Town Chairman. Local units contribute to the State treasury through their county organizations. The allocation of the budget is made by counties. Three of our eight counties are very active, but five are rural and are not yet well organized. Clinics have been established in two counties, and one is being organized in a third.

The first clinic in the State was opened last July, after the bill to amend the State law was lullied in committee in the General Assembly last June. One interested woman offered to finance the clinic for the first year. An influential board of sponsors was secured, including physicians, lawyers, clergymen and prominent citizens. At first the only advertising was by person to person, but since newspaper publicity has appeared, the patients have been coming in increasing numbers and as yet there has been no interference from State or city officials.

Admission requirements are married, living with husband, at least one child unless physically unfit for pregnancy, physically or economically unfit for another pregnancy at the present time, and unable to pay for private care.

During the year, sixty public meetings were held and our speakers addressed twelve different civic groups, fourteen church and other religious meetings, and one social service group. The newspapers have been used as a medium for meeting opposition, and a Publicity Committee is in process of formation.

### Delaware

*Read by Mrs Union Worthington*

Our one clinic is located in Wilmington. Most of our patients come from the city and its immediate vicinity, though we do have patients referred to us from time to time from what is locally known as "down State."

During the last year a marked progress has been seen in interest and in the disposition to regard our work as an integral part of the general social service program. For instance, the State Boards of Charities, of Education and of Health each sent a representative to the Regional Birth Control Conference held in Baltimore in November.

Until a few months ago, the number of patients per 100,000 inhabitants compared very favorably with other clinics. Lately a smaller number have been coming, so we have formed a motor corps, as we found that many women had no means of transportation. The corps is cooperating with the social service departments of our three Protestant hospitals, to which many maternity cases have not been returning for post natal examination. By this service, we hope to gain more support from these departments.

### Illinois

In addition to our six clinics in Chicago, there are now one in Peoria, one in Downers Grove, which opened in February and is conducted by a committee of the Downers Grove Woman's Club, one in Chicago Heights, under the supervision of an active group of women in that town, and the Evanston clinic, which is run by our Evanston Committee. All of these are affiliated with our League.

Last April we opened a new clinic in South Chicago, which is an almost entirely Catholic community. However, we have had no active opposition, and the attendance is growing slowly. More than one third of our patients at all clinics last year were Catholics.

Our budget varies from year to year, but it runs between \$16,000 and \$17,000. We are planning a drive this year for funds that will enable us to do the things we have wanted to do for a long time, such as sponsoring clinics throughout the State.

## Iowa

*Read by Mrs John Cowles*

Four birth control clinics are functioning actively in Iowa, at Cedar Falls, Cedar Rapids, Sioux City and Des Moines. Last year the Cedar Rapids clinic had 174 patients, and the Des Moines, 497. The Sioux City group, the latest to affiliate with the Iowa League, has its clinic in the public health nurses' quarters in the City Hall. We look forward to the formation of several new local groups during 1936.

## Kentucky

Our clinic attendance at Louisville more than doubled in 1935, we have two new clinics in prospect for 1936, one opened with the aid of the Clinic Fund of the American Birth Control League. Response from the colored patients cared for in a doctor's office has been so encouraging that we are hoping to offer the first clinic for Negroes.

A good deal of favorable publicity has been secured for our clinical work as well as for our meetings. We have been able to offer a number of speakers to meetings of various types—medical, civic, religious and social service—and we feel that real understanding has resulted from these efforts.

## Maine

*Read by Mrs Deane Small*

The Maternal Health Center in Portland has had more than 400 patients since it was established in 1934. This clinic is open every morning with a member of the Board in charge to answer questions and sell supplies. The doctor, who gives his services, and the nurse, are there only one day a week. One of the best things about our clinic is the fact that all our doctors have been on service at the hospital dispensary at the same time, and have helped a great many of our patients by referring them to the gynecological clinic for treatment of conditions which would never have been discovered if the women had not come to us.

By the strictest economy we have managed to operate on a budget of \$618—rent, \$240, telephone, \$60, light, \$12, nurse, \$256, incidentals, \$50. So far, the clinic fees have paid for supplies. Fees range from nothing to three dollars, according to the ability of the patient to pay.

With the help of the field worker of the American Birth Control League, clinics have been started in Brunswick and Standish, committees have been formed in Bangor, Rockland and Augusta, and contacts have been made in a number of other communities.

Recently we took a paid advertisement in the newspaper for the Portland clinic, and we have found this a successful way to reach more patients.

## Massachusetts

*Read by Mrs Weston Howland*

At our annual meeting in April we pledged ourselves to make the starting of new clinics our major activity this year. To do this and to support the Brookline Mothers' Health Office demanded a much larger budget. In October our Finance Committee launched a campaign for funds which was most successful and brought in generous gifts from entirely new sources. At a series of teas in the homes of prominent persons, our work was set forth through dramatic sketches. The dialogue, taken from actual experience, moved the audiences to laughter, tears and substantial contributions. Points which we had failed to make by our most impassioned oratory, sank in through the drama.

During 1935, the Brookline clinic advised 469 new patients. Forty per cent of these women are receiving some form of relief, and 51 per cent are Roman Catholics. Of 8,013 active cases on our lists there were reported 33 pregnancies through admitted carelessness and only thirteen unexplained. We feel that this high record of success is due to our intensive follow up work. Eighty eight hospitals and welfare agencies are now referring patients to the clinic.

The medical advisors of the League have drawn up a set of articles to be signed by centers meeting our requirements who wish to be affiliated with us. The Springfield center, which opened in December, 1934, and advised 100 women before the end of the first year, and the Worcester Mothers' Health Office, which opened last September, are both affiliated.

A pernicious bill, which would prohibit the prescription, use or even possession of contraceptives, was filed at the State House in May. It languished in the House Rules Committee, but we are on the watch for its resurrection. The filing of it was a tacit admission that the advice now given is within the law.

## Michigan

*Read by Mrs Billings Keeney*

The Michigan League, which is organized by cities, was formed in 1931. At that time there were four clinics in two cities. Now there is clinical service in twenty cities. In fourteen of these there are active clinics, and in the other six, central committees refer patients to physicians. The entire budget for the clinics in four of the cities is supplied from public funds—Community Chests, county poor commissions or the FERA.

The most extensive piece of work accomplished last year was in the Northern Peninsula. Three active committees have been formed there as the result of visits by a field worker and addresses by a physician to seven county medical societies.

Lectures on **contraceptive** technique were officially **included** this year in the post graduate **medical** course sponsored by the **University of Michigan**. During the year, **sixteen** **medical societies** were addressed on the subject of **technique**. Speakers were furnished for forty **lay meetings**, including that of the **State Parent Teacher Association**.

### **Minnesota**

*Read by Mrs Frederick G Atkinson*

Minnesota is being **organized** on the basis of county groups. Under the **leadership** of our **medical director**, we have secured the cooperation of at least one **physician** in each of **56** counties out of a total of **87** in the State. Each of **these** **physicians** has **signed** the minimum standards of the **American** and **Minnesota** Birth Control Leagues and has **signified** his **willingness** to care for **indigent patients**.

During the year **clinics** have been opened at Duluth, **Hibbing**, **St Paul**, **Rochester**, and **Bagley**. Our **main clinic** in **Minneapolis** serves as a **demonstration** center for **physicians**, **social** workers and **Interested** persons coming from all parts of the State.

Whereas we formerly accepted paying patients at the **main clinic**, we now **limit** our service to **indigent** or lower **income patients** and to those referred to us by **physicians**. If a woman who has no **physician** can afford to pay one, she is **given** a **list** of **Minneapolis** **physicians** **giving** **reliable** contraceptive advice and told to go to one of her **choice**.

During the summer **Archbishop** Murray of **St Paul** issued a **bulletin** forbidding all members of the **Catholic Church** to **retain** membership in any organization **sponsoring** or **sanctioning** the **birth control** movement. This was **instigated** by the League's **recognition** as an **associate** member of the State Conference of **Social Work**. The **bulletin** has had **little** or no effect on our work or on our **clinic** attendance.

### **Missouri**

At the **Annual Meeting** of the **American Birth Control League** in **Chicago** last year, we became sharply **conscious** of our duty to **organize** the State. When the **suggestion** that we hold a **Regional** Conference presented **itself**, we felt it to be both an opportunity and a challenge. **Five** States were represented at the Conference, held in **St Louis** on December **2** and **3**. The **reporting** of the **sessions** exceeded our best hopes. The **metropolitan** papers gave in all **143** inches of space, and excerpts from the speeches were carried by the **Associated Press** and **United Press**. Our Catholic friends helped by **holding** an **opposition meeting** and by **distributing handbills** at the door of the hotel where the Conference was in **session**. All of this made **splendid**

**publicity**. We anticipate many **positive** benefits as a result of the Conference.

Our **Annual Meeting**, addressed by **Bishop Scarlett** and by **Dr Stuart Queen**, was open to the public and drew a capacity **audience**. Three **Open House** **Afternoons** for **social** workers were held during **September**.

The **clinics** in **St Louis** and **Kansas City** are open to all married women having an **income** of **\$200** a month or less, and no referral is **required**. **Patients** unable to pay are never refused **advice**, the **service** being put on a charge account.

### **New Jersey**

*Read by Mrs Caleb S Green*

The State now has seven **clinics**, two of which were opened last year. Eight counties are already **organized**, two are **in process** of organization, and eleven are un**organized**, though two of these unorganized counties have **clinics**.

We have had one very large **public meeting**, with **Mrs Sanger**, **Mrs Hepburn**, **Dr Kleegman** and **Dr Matsner** as speakers. At least **64** other **meetings** have been addressed by speakers secured through the **American Birth Control League**, by the **Speakers' Bureau** of our League, or by the committee members themselves. In **addition**, many **informal** talks have been made before **medical** groups, **social service** workers, **district** and **visiting** nurses, church, **civic** and charitable organizations, **business** and **professional** women and **mill** workers.

Poster and literature exhibits were held at the **Morristown Fair**, the **Trenton State Fair** and the State Conference of **Social Work**, of which we are a member. Our **Publicity Committee** reports over **300** **clippings**, many of them **front page** material, and a number of favorable **editorials**.

The budget for **1936** is **\$3,650**. This includes the salary of our **Field Secretary**. Funds are secured from **individuals** and local and county **organizations** not responsible for a **clinic**. In a county responsible for a **clinic**, ten per cent of the funds **received**—other than **clinic fees**—is requested.

### **New York**

*Read by Mrs George C Barclay*

Twelve out of **62** counties in New York State are **affiliated** with the **Federation**. In all but **thirteen** counties patients can be referred to **physicians**. Ten of the **29** birth control centers in the State were opened in **1935**.

Last year the **Federation's** budget was **\$3,533**. A chart has been prepared showing the **essentials** of **clinic** costs for all the centers in the State. This material can be used by the **various** groups as a **basis** of

**comparison** The centers cost from 1500 to **63,000** a year. The **Federation** is financed by the county organizations, which pay to it ten per cent of **local receipts, exclusive** of clinic fees and special **gifts**. The **Federation, in** turn, pays the **American Birth Control League** fifteen per cent of **its receipts**.

The New York **City Committee** raised **\$7,718** by a theatre **benefit** last fall. The **Committee** has twelve centers, all in settlement houses. **Clinicians** are paid a **nominal** fee, but usually the settlement houses donate the nurses' **services**. Volunteers keep the records.

The recent **publicity** has greatly **stimulated clinic** attendance. More **consideration is** being given to **fol** low up work by all the groups **this year**.

### Pennsylvania

*Road by Mrs R D Kitzmiller*

Because of greatly increased **activity**, the Federation moved its offices last summer to new quarters occupying an **entire** floor in a central downtown **location**. We have sublet part of the floor to the **Philadelphia Maternal Health Committee** for its largest **clinic**, and another room to the Marriage Counsel, **so** that all associated **organizations** are now under one roof.

We are delighted to announce the opening of seven new **clinics** **this year**, with three other **committees** formed and almost ready for **action**. This makes a total of 21 **clinics**. **Six** of these **clinics** were **organized in** approximately seventeen weeks of our field secretary's time, **which** means that a **little** less than three weeks was averaged for each one. We have **medical** contacts in all but **eight** of the **67** counties.

An **active** chairman of **publicity** has engaged the services of an **experienced** newspaper man who oversees releases sent out by headquarters. We **believe** that **publicity is** the **most** important project of the year, and since the first of September five releases have been sent out to more than **200** newspapers throughout the State.

Our chairman of volunteers has been most successful in **building** up a competent volunteer corps. Ten volunteers have regular charge of two of the city **clinics** and assist in the others. Seventeen other volunteers help at headquarters and enable us to do a great deal more routine work than we **otherwise** could do.

### Rhode Island

*Read by Mrs Dan Jones*

Our two **clinics**, one in **Providence** and one in **Newport**, have rotary staffs of **paid** doctors who serve three months each, and a graduate nurse, executive secretary and trained social worker in attendance.

The League is **subdivided into** five **counties**, each of **which** has a **chairman** who in turn **organized** her

own committees. These county **committees** comprise the State Advisory Board, whose **chairman is** a member of the **Executive** Board of the League. We found that work in the outlying rural **districts** differed so **greatly** from that in the metropolitan areas that **it was** **neces** sary to have a State chairman who understands county **conditions** and can present them to the **Executive** Board.

All money **raised** in our annual **membership** drive is turned over to our State Treasurer. The county **units** are then reimbursed **with** amounts necessary to their needs and the remainder goes toward the support of our largest clinic.

The **question** of **opposition** we **avoided** as much as possible by **working** quietly the first three years. However, **during** the last year, the subject has become such a **public issue** that we have blossomed forth with much **publicity**, due to the hearty cooperation of our news papers.

### South Dakota

The League was **incorporated** under the laws of South Dakota and **received** its charter from the Department of State in November, **1934**. About a year ago a **clinic** was **established** in Sioux Falls and has been open each Wednesday afternoon. The **physician** is assisted by three **registered** nurses, one of whom is supervisor. Fifteen local physicians have volunteered their services on the Medical **Advisory** Board. Clergy men representing **practically** all the Protestant churches in the State have **signified** their interest in the work.

The **clinic** report shows a total of **93** patients, **nine** teen of whom were unable to pay even a small fee. Contacts have been made by one of the **national** field workers in several of the **strategic** centers of the State, **with** the result that arrangements for several **additional** **clinics** are now under way.

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### WILLIAM J ROBINSON, M D

The death of Dr **William J Robinson** marks the **passing** of the foremost medical **pioneer** in the American **birth** control movement. A **spirited** and **convinc** ing writer in the field of **social medicine**, he had the **vision** more than **thirty** years ago to **predict**. "There will come a **time**—and it is not far off—when the **pre**vention of **undesired** pregnancy will be as proper, as respectable and as much the **function** of the **medical** practitioner as is now the prevention of **typhoid, diph** thena or **tuberculosis**."

In urging birth control as **essential** to any **construc** tive program of **public health**, Dr **Robinson's** courage was **outstanding** at a **time** when only a few dared to **raise their voices in** the **wilderness**.

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## To Reach America's Mothers

**F**ORDING swollen streams, ploughing through muddy roads and climbing mountain trails, the field nurses of the American Birth Control League travelled 50,000 miles by motor last year. Their experiences and achievements make an absorbing story.

To carry the birth control movement to remote sections of the country calls for versatility. These nurses educate individuals, organize and address meetings, assist in fund raising and help communities to start clinics—even to the final technical details of renting quarters and equipping and setting up the functioning center. Trained in contraceptive technique, they frequently are called on by physicians for information about this phase of modern medical education, not taught when the physician received his training.

Three field workers were on the national staff for varying periods during 1935. A registered nurse with a background in social service is ideal for this work, the League has found. Her training makes her acceptable to physicians, and she can select and train clinic personnel, as well as unite for concerted action the club groups, social workers, clergy and other nonmedical sponsors.

Emphasis has been put on field work in the coal mining districts of West Virginia, the null districts of Maine, the rural sections of New England and farm regions of the Middle West. From the South, where the League has given special service because of the widespread poverty and the high relief load, came field reports with the following items:

"Not an exceptional case is to find from fifteen to twenty in one family living in two rooms.

One family with seven children, three of them idiots, live in a shack with only one bed, a stove and two chairs."

"The work of getting birth control service to these mountain districts has given me an opportunity to help desperate, broken, prematurely aged women as they have never before been helped in all their desolate lives."

"A nurse in one of the mining towns reported that forty deliveries were scheduled recently in a period of twelve days. Here is a formidable challenge, families with from eight to fifteen children, living in unspeakable poverty and suffering."

## Introducing Our New Members

Member leagues enrolled during 1935 bring the present total of groups affiliated with the American Birth Control League to 21 States, one county and nine cities. The groups with the broadest service stripes are the Illinois and Massachusetts Leagues, organized in 1917. Here are the members that joined last year:

MATERNAL HEALTH LEAGUE OF NEBRASKA  
 NORTH CAROLINA MATERNAL HEALTH LEAGUE  
 SOUTH DAKOTA BIRTH CONTROL LEAGUE  
 WASHINGTON STATE MOTHERS' CLINIC ASSOCIATION  
 BIRTH CONTROL LEAGUE OF ALAMEDA COUNTY, CALIFORNIA  
 MATERNAL HEALTH CLINIC OF BANGOR, MAINE  
 CONCORD MATERNAL HEALTH COMMITTEE, NEW HAMPSHIRE  
 MATERNAL HEALTH CENTER OF HOUSTON, TEXAS  
 MIDDLEBURY MATERNAL HEALTH COUNCIL, VERMONT  
 MATERNAL HEALTH COUNCIL OF CHARLESTON, WEST VIRGINIA  
 MATERNAL HEALTH LEAGUE OF CLARKSBURG, WEST VIRGINIA  
 LOGAN CITY MATERNAL HEALTH LEAGUE, WEST VIRGINIA  
 NORTON MOTHERS' HEALTH COMMITTEE, WEST VIRGINIA  
 MATERNAL HEALTH LEAGUE OF MILWAUKEE, WISCONSIN

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