

Birth Control Review

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Social Workers, Let's Lead the Parade!

By HELEN M HARRIS

Headworker, Union Settlement, New York City

ON THE edge of a Texas city a thousand farmless share-croppers have squatted with their families in another fearful shanty town—one more hideous monument to the modern economic debacle. A visiting settlement worker from the North, who thought she already knew the worst that unemployment could do to human beings, was speechless as she looked upon the hundreds of desolate little shacks put together out of anything that was handy, the merest shelter within which to carry on all the business of living.

"But isn't there some hope for them?" she asked the Texas social worker who was taking her around. "Yes, there's one ray of hope," said the Texas woman. "You see, we've started a community center here and in the center there's a birth control clinic. My, how those poor women flock to that clinic! They prize the clinic service among their dearest possessions."

In a New York settlement a visiting student nurse, a Catholic, was expressing her disapproval of birth control to the settlement nurse in charge of the birth control center. "Why don't you visit our session some morning and see for yourself what we do?" said the settlement nurse.

So the student nurse attended the next session. She listened as the mothers talked over their problems with the settlement nurse and with each other in a group conference, heard the nurse explain that birth control is not to help mothers stop having children, but to help them have them when they want them, heard her discuss the religious objection with the new mothers and urge them to talk it over with their husbands and their priests. She heard the mothers tell each other how

much more time they could give to their children now, how much happier their husbands were and how life in general had become increasingly satisfying with the departing of the fear of pregnancy. She listened while one mother, a three-year old at her knee, told the nurse that she and her husband were planning to have another baby. She had come to say goodbye for a while, after faithfully using the method these three years, they wanted another before Mary was too old, she would be back again.

The young nurse went back to her supervisor at the end of the morning. "I never imagined anything could be so *constructive*," she said.

Southern women, clinging to birth control in a time of inescapable hardship, nurses seeing for themselves how family life may be reconstructed in the clinic—these are steps ahead toward the goal all thinking social workers should want to see attained. When the goal is reached, birth control clinics will be taken as much for granted as pre-natal care is today. Social workers will make use of these clinics as they do any other social and medical tool for the families they are serving.

Great strides have been made in the last year or two in shaking off some of the taboos that surround this subject. Clinics have increased rapidly. But social workers as a group have lagged far behind intelligent laymen. It is high time we accepted the full responsibilities implicit in our jobs and started leading the parade. Birth control is as sure a step toward social security as any measure yet devised by the economists—and it is easier, by far, to administer!

Social workers, who claim above all other professional groups to be interested in the preservation of family life, must meet the birth control issue. We cannot longer pass the responsibility to others, coming in faintly where the work is "accepted." Our responsibility is clear, to aid in organizing clinics, in clarifying legislation, in presenting the need to laymen, in "registering" our convictions where they may count. It's a good fight, and it's ours.

—Helen Glenn Tyson in
The Survey May Midmonthly

Why My Church Has a Birth Control Center

By LEONARD A STIDLEY

Director and Pastor, Church of All Nations, New York City

THE Christian religion is concerned with a "way of life." This particular way of life has as one of its foci respect for personality. Anything which enriches personality and makes for an abundant life has the same purpose as those institutions which seek to extend the Christian religion. Likewise, anything which degrades or enslaves personality is the opponent of the Christian religion.

When a church seeks to review the subject of birth control, the main question is: Will deeper forces of personality be more adequately expressed? Will birth control enable people to lead better lives? Will more love be released in the world? Will children be more respected, wanted, loved,—will they be more "evangels of joy"? If these questions are answered in the affirmative, those institutions which have as one of their tenets the sacredness of personality will not only sanction, but will zealously educate for the extension of birth control information.

The Church of All Nations and Neighborhood House is located on the Lower East Side of New York City, in a thickly populated community of diverse races and cultures. Within a radius of a few blocks of the institution one passes through Russian, Jewish, Italian, Chinese, Polish and Ukrainian centers. An Italian coal miner, a Russian peasant, a Chinese merchant, a Jewish tradesman live side by side. But in the eyes of the church, "all are one." A common bond of human need and human destiny unites them. It is the purpose of the Church of All Nations to provide programs and activities which make for brotherhood and enriched living.

In such a community this subject of birth control is not an academic one. Economic conditions, crowded homes, unwholesome tenements, large families, put a strain upon each new child. Of course our people love children—children who bind families together—but too many children are unwanted and will be heavy burdens. Their advent has an element of tragedy, both for themselves and for the families to which they come. They are tragic accidents. Although they have as much potentiality as many children, their environmental conditions are such that these children lower the economic level of the family, add to the tension in the home, and are robbed of their right to be loved and wanted.

There are many reasons why a mothers' health center, where medical advice on birth control is given,

was opened at the Church of All Nations. These reasons would all center in the primary aim of the institution: Birth control makes possible (1) the saving of life, (2) the restoration and preservation of health, (3) the enrichment of social and family life, (4) the fuller expression of love, (5) the placement of more responsibility upon the individual conscience. All of these factors involve greater respect for persons.

Let us take the first one—saving life. If someone is shipwrecked or otherwise in danger, we feel an ethical imperative to attempt to save him. Life is sacred. And surely a discussion of a "natural" or "unnatural" method loses significance when life is at stake.

A mother, aged 37, came to our center. She had been married fifteen years and had had fifteen pregnancies—nine living children, one miscarriage, three abortions and two dead children. Her husband was on relief. The woman was worn out, she looked fifty. Though she was devoted to the children, she said she was "losing interest in life." She said, "I want a breathing spell or death." And her doctor had told her that to bear another child would endanger her life. Birth control information in this case saved a life—not only for self but for family service.

Birth control may be a health saving measure. We are informed that there are from 700,000 to 1,500,000 abortions in this country annually. The tragedy behind these statistics is appalling. The toll in pain and in weakened and disabled lives is beyond description. Surely it is the function of the church to prevent this suffering in any way consistent with its principles and to promote wholesome measures of health.

The files of any birth control center are filled with cases that have involved worry, fear and disease, and show that birth control information has been a decisive factor in the restoration and preservation of health. Take the case of a patient who came to the mothers' health center with a record of nineteen pregnancies—eight living children, three dead children, seven spontaneous abortions and one induced abortion. She stated that she preferred death to another pregnancy. To permit fear to control her life would have been an assignment to a living death. Birth control information replaced fear with confidence. Harmonious companionship replaced marital discord.

Now let us consider the enrichment of social and

family life Here is the case of a young man and a young woman who had known each other for years They finally saved enough money to be married The wife stopped work A baby came Soon the depression made it necessary for the husband to support his parents And finally he lost his position

The wife went back to her old job—piece work at which she made about ten dollars a week Her health failed but she has continued to work She was advised to come to the center, as her doctor had told her she was not strong enough to bear another child The couple want more children, but not until the wife's health has improved and the husband has found employment Birth control information takes away fear and makes it possible for this young couple to assume their responsibility to the husband's parents, to whom they are both devoted

Most of the forces that are disturbing the balance of social relationships today have an economic basis Until that basis is righted there is a great need not to disturb the balance more Any factor which makes social relationships more harmonious and brings out nobler qualities is a social asset

There is much good will in the world that never becomes overt It is frustrated before it starts, or is negated before it swings into action Parents try to bestow love upon their children, they feel as if a child cannot have too much true love But one does not need much experience to know that some children find that their entry into the world has been unwanted To condemn the parents does not provide the love which rightfully belongs to such a child

A quotation from *Quo Vadis* is pertinent here—"To love is sweet, but to be loved is sweeter" Any information which makes possible the truer welcome of children into this world increases and deepens love, it raises such love to a higher plane, it ennobles the concept of love This birth control information aims to do

Finally, man has in birth control a powerful instrument which deeply challenges the best within him—a knowledge that can direct his own life and the potential lives of others With this information he may cooperate intelligently with the Source of Life Truly a searching task! A knowledge such as this extends freedom, yet places a heavy responsibility upon those who share it Greater responsibility has the making of richer personality

There are other reasons why the Church of All Nations and Neighborhood House is interested in the enrichment of personality But those I have mentioned are sufficient to adequately justify a mothers' health center as part of its program

Eugenic vs Dysgenic Philanthropy

From the address of DR EDUARD C LINDEMAN, Professor of Social Philosophy, New York School of Social Work, at the annual dinner of the American Eugenics Society, held in New York City on May Seventh

THE crisis in which the world now finds itself has revealed many patent weaknesses and flaws in both science and idealism Perhaps none is more costly than the fallacy of an idealism which permits the human race to replenish itself from diseased and impaired stock This policy represents a luxury which imposes ever increasing burdens upon each succeeding generation

No single group could do more to help in building a constructively sound eugenics program for the United States than those who are called philanthropists and those who function as professional social workers They can help in the following ways

First By making it easier, both scientifically and economically, for parents to bring sound children into the world This involves not merely birth control, or the conscious planning for desired offspring, but also widespread education in sex conduct, in marriage and family life Parent education should, in short, become an inclusive program for all agencies dealing with children and families

Second Social workers and philanthropists may help by releasing funds and trained workers for the purpose of continued research and observation directed toward an understanding of the problems associated with poor breeding, and, on the contrary, studies revealing the advantages of good breeding

Third They may also help by participating in a general program of public education designed to free social workers from the existing barriers which prevent them from functioning in the sphere of eugenics If social work is ever to become a true science as well as a useful art, it will need to offer more than the service which keeps unfit persons alive, which helps impaired minds and bodies merely to survive It will need to ally itself with those constructive forces in modern society which strive for the elimination of needless human disqualifications

I realize, of course, that a program of eugenics must be considered in the light of other and correlated reforms The economic system needs renovating, we must learn how to produce more wealth and distribute it more justly Also we must bring our political and social institutions into harmony with the dynamics of a machine civilization But none of these necessary reforms can in the long run succeed unless we can improve the quality of human organisms and personalities

Birth Control and the Clinical Treatment of Domestic Discord

By HARRIET R MOWRER

Domestic Discord Consultant, Jewish Social Service Bureau, Chicago

BIRTH CONTROL, as part of the treatment program in domestic discord cases, has generally been considered as facilitating economic adjustment and protecting the health of the woman so that she might be a better housewife and mother. Little attention has been given to the possibility that instruction in the use of contraceptives might become a valuable adjunct to sex education in treating the conflicts which arise out of the physical relations of marriage.

Sex conflict in marriage may grow out of a variety of situations. One of the most common of these is that resulting from sexual antagonism on the part of the wife. It is unusual in many groups to find women who have any very definite knowledge of sex at the time of marriage. "I didn't know what marriage would be like. My mother wouldn't tell me anything—she said I would find out for myself," is a frequent confidence. What knowledge these women do have is likely to be of such a nature that it prejudices them against the marriage relation. In the larger number of the group of cases studied by the writer*, the husband himself had had no adequate sexual education, so he could not instruct his wife.

Many wives describe in detail their bitterness and dissatisfactions, but they have no idea that the cause lies in ignorance on the part of their husbands and themselves of the physiology and psychology of the sex act. Part of this feeling of rebellion is a physiological tension which the wife cannot explain and which makes her irritable. This irritation becomes directed against her husband, who in turn often feels misunderstood and justified later in having extra marital relations.

Fear of pregnancy is an important factor in the sexual inhibition of the wife. Not infrequently she has already had several pregnancies. Sex relations become associated with child bearing, which comes to symbolize further economic burden, pain and discomfort and further infringement upon her freedom. She must constantly stay home and care for her children, while

her husband is able to go places and continue his social contacts.

While birth control knowledge is often thought to be widespread, in many groups contraceptive measures were found to be either unknown or little used. In many instances conception had taken place during the time unscientific methods of contraception had been used, so that the wife's fear of pregnancy was not removed.

Sexual dissatisfactions and inhibitions may quickly lead to other conflicts and so break down all attachments in the marriage relationship. Thus, for example, a sex conflict may soon produce an economic conflict—the implication on the part of the husband being that a wife does not deserve support if she is not a "wife" in the true sense of the word. Cultural conflict may arise when the husband feels that, because of his wife's attitude, he is justified in going out alone and following his own recreational interests. Again, sex conflict may express itself overtly in an intense hatred of one parent for a particular child or in unreasonable demands for attention and affection on the part of a "sick" or complaining wife.

Likewise, drunkenness may be in many instances a particular personality conflict exaggerated by a sexual conflict. In other instances the husband who has a wife unusually inhibited may drink excessively in an effort to blot from his mind his conscious sex desire. This is illustrated in the case of Mr. and Mrs. X. The wife explained:

"After we were married I continued working a few months. In three months I got pregnant. The first sex experience was a shock. Perhaps I was like a child fourteen when I married. In my home, my mother was very strict. I knew nothing about sex. I was very shy and modest. I never could sit down with my husband and talk frankly. Then he started drinking. He started staying out until four and five o'clock in the morning. He breaks the furniture. When he is drunk I hate him. My husband speaks of me as dead."

Here is Mr. X's view of the case:

"I was in love with my wife and anxious to get married. I liked her ideas and opinions. I thought a wife would take care of a husband and treat him good."

*Space will not permit detailed case histories. These, together with discussion, may be found in the writer's book, *Personality Adjustment and Domestic Discord*, New York, American Book Co., 1935.

I thought that the man would be good, too We got married In some ways she seemed always ashamed We wanted the first child and the second—after that no more At first we slept together Then she would sleep with the children

“Then I started taking a drink now and then I looked about for some recreation I like to drink with people—I like company When I drink and come home, the sex relations are not on my mind I go to sleep”

It is clear from the foregoing excerpts that much of the conflict centering around sex could have been avoided, or modified early in the marriage relation ship through a thorough going program of scientific birth control and sex hygiene In the writer's experience as a domestic discord consultant, this need has been strongly indicated in the larger number of cases Any social therapist, accordingly, who fails to include as fundamental to the treatment process a program of birth control and sex education, cannot hope to meet with any real success Instruction in the use of con traceptives, medical treatment of physical anomalies,

education in the understanding and appreciation of the sex impulse and its physiological nature are of the greatest importance in the treatment of domestic discord cases In the more complex cases, where the sexual maladjustment is not so exclusively physiological, it is necessary to understand and treat the psychological factors as well

Since maladjustment in marriage so often arises out of the inhibitions associated with the hazards involved in pregnancy and child birth, and out of physiological impediments and biased attitudes toward sex which develop from neglected instruction and unfortunate sexual experiences, both the social therapist and the birth control clinician must work hand in hand if a program of therapy is to be successful For the therapist, this means more than referring the husband and wife for birth control instruction, although this is one of the initial steps in the treatment process It means, further, the coordination of every aspect of the treatment program in such a way that it recognizes and treats the sexual maladjustment in all its ramifications

The Foundations of Crime

By JAMES L. MCCARTNEY, M.D.

AT THE outset of any discussion of crime, two general statements may be made Our criminals are young people Our prisons are filled with poor people This is a bold indictment against American society

The young men and women who are committed to our penal institutions differ in no way from the maladjusted children in the home and school or the neglected and dependent persons with whom social workers everywhere come in contact Some accidental or peculiar circumstances have brought the former within the statute law, and they have become public offenders

Unfortunately, public interest in the criminal is usually not awakened until he has been committed Then the public becomes extremely emotional about what shall be done with him The sentiment still holds that industrial schools and reformatories are fine disciplinary institutions, and that the best means of preventing crime is to sentence all youthful offenders to institutions It has been clearly shown, however, that delinquency has not decreased where the policy of vengeance and punishment prevails Neither does moralizing ever cure delinquency or keep anyone from delinquent behavior

If society is to dig up the roots of crime, it will have

to probe deeper than it has in the past Until we can give young people a more healthful environment, one in which they can develop a normal life, we shall go on building prisons for an increasing horde of law breakers

A study of 4,000 prisoners who passed through Elmira Reformatory, New York, has convinced me that large and unwanted families is a major cause of crime Fifty nine per cent of the prisoners came from families of five or more children, and more than ten per cent came from families of from ten to 21 children Only eight per cent had no brothers or sisters

Also worthy of note is the fact that 22 per cent of the prisoners were the oldest in their families Left to care for themselves when repeated childbearing overburdens the mother, the older children of a large family are apt to be the most neglected

It takes only a few years of neglected youth to produce a criminal The prisoners we studied showed a median age of 23 years, twenty five per cent of them being under 19 years of age Furthermore, 97 per cent of the prisoners had a record of arrest made when they were still younger Forty three per cent of them had been arrested for the first time before they were fifteen years old Likewise, before they were fifteen, 65 per

cent of them had left school. The majority were deprived of further schooling in order to contribute to the support of the ever increasing number of small brothers and sisters at home.

The fathers of the prisoners we studied were trades men or laborers, all with incomes of less than three thousand dollars a year. Twenty per cent of the parents were illiterate and 77 per cent were of foreign stock. It is quite natural that, since the majority of the prisoners came from families of Continental stock, the majority of them should be Catholics.

What about the mothers of these young criminals? We found that most of the prisoners had been born of young mothers—under 21 years old in the case of 25 per cent of the prisoners, under 30 years old in the case of 70 per cent. In spite of the youth of the prisoners and their mothers, 20 per cent of the mothers had died. Significantly enough, the deaths of 65 per cent of these mothers had occurred because of later childbirths.

Of the living mothers, 33 per cent were reported to be in poor health. Thus the influence of the mother had been either removed by death or weakened by ill health in the case of 53 per cent of the prisoners studied. In view of the death record above, I am of the opinion that information on scientific birth control would have gone far toward protecting the lives and health of these mothers.

The poverty that so frequently goes with large families is one of the main contributing factors to criminal behavior. Also, from the personality standpoint, large families many times lead to lack of understanding and indifference to the proper training of children and consequently the children are allowed to drift into criminal behavior. The study of the home background of criminals has assured me that knowledge which will enable parents to plan for the arrival of their children will play a decided part in giving young people a more wholesome environment and a chance to grow up useful citizens instead of a problem to society.

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Birth control centers under medical direction now number 260 in 41 States—an increase of 110 centers during the past sixteen months. Most of these centers limit service to mothers who are unable to pay a physician. Last year 41 per cent of the mothers received by 100 representative centers were on public relief. Social workers may secure from the American Birth Control League, 515 Madison Avenue, New York, the addresses of state and local leagues which conduct accredited centers giving medical advice.

Ancient Magic to Modern Science

MEDICAL HISTORY OF CONTRACEPTION. By Norman E Himes, Ph.D. *The Williams and Wilkins Company, Baltimore, Md.* 490 pages \$7.00 postpaid from THE REVIEW

"I wish to write a history," said Voltaire, "not of war but of society, to ascertain how men lived in the midst of their families and the steps by which they passed from barbarism to civilization." To the medical aspects of such history Dr. Himes has made a highly specialized and informative contribution.

The evolution of one cultural element, knowledge of contraception, has been traced from the dawn of human affairs and it makes an amazing story. The true function of history is to illuminate the past in order that the reflected light may give us some vision of tomorrow, and in the final chapters of the book under the heading, "The Result: Democratized Birth Control," the author summarizes in charts, graphs and tables the available evidence as to the part contraception is playing in contemporary social development. This portion of the book, though encumbered by statistics and lacking the historic flavor of the earlier chapters, merits careful reading for here one finds partial answers at least to many of the practical questions being asked as to the present status and future potentialities of contraception. Medical historians have almost entirely neglected this subject and it is peculiarly consistent that the author, who is not a doctor of medicine but of philosophy, should have been forced to secure his material from anthropological literature. Much of this, the author states, was difficult to locate, especially the reliable references to the sexual aspects of ethnology. Most of the material was in foreign libraries and the few volumes in American collections were often uncatalogued or secluded in special files. Numerous references and explanatory notes found on almost every page reveal the extensive and painstaking research necessary to compile this rich source book.

The first of the six parts, into which the book is divided, analyzes contraceptive methods among primitive and preliterate people in various parts of the world. It seems clearly established that more or less rational methods to prevent pregnancy were employed by almost every group except possibly the North American Indians, concerning whom there are few reports. In general, however, contraception among these folk was entangled with religious rites and the chant and magic of the priest and medicine man and the herbal potion of the influential old women of the

tribes make up a great part of the record. The ingredients of these potions are mostly unknown and there is considerable disagreement among investigators as to their efficacy. As they were used both for sterilization and as abortifacients, it seems that the two problems have been associated throughout human history.

The practice of contraception among the ancient Hebrews and during the ascendancy of the Egyptian, Grecian and Roman cultures is discussed in succeeding chapters. Repetition in the description of technique is unavoidable in a work of this character, for the early people of Mesopotamia brought much of their culture from Africa. Information regarding the sexual life of the Hebrews is gleaned chiefly from their tribal laws and the Old Testament. The author gives credit to Dr. Gandz, a Talmudic scholar, for assembling the material in this chapter. Readers will be interested in the photograph of a medical papyrus written as early as 1850 B. C., bearing a prescription for an acid, contraceptive paste consisting of honey and the tips of the shrub acacia.

It is in the philosophical writings of Aristotle, son of a physician and member of a medical fraternity, that we naturally look for mention of Grecian methods. Although more of a logician than scientist and probably ignorant of reproductive physiology, he suggests the use of cedar oil to prevent conception. Theology and biology were undistinguishable at this time. Soranos, the Greek physician who practised in Rome during the second century and who wrote a treatise on "Diseases of Women" (not published until 1838), described the most comprehensive methods of contraception prior to the 19th Century. To this illustrious gynecologist, Doctor Himes very gallantly dedicates his book. This Greek disclosed the futility of many magical procedures and potions and introduced the use of methods which may have had some chemical or mechanical effectiveness. However, the extent to which contraception was used by any of these ancient peoples is still in doubt and much reading must be done between the lines.

It is easy to understand why the author encountered a paucity of information when studying the eastern civilizations. The difficulty of interpreting their classical language is a barrier and the Confucian philosophy which dominated Chinese culture for so many centuries were opposed to contraception, as were also family customs and traditions. Indications for contraception and abortion are acknowledged but the methods are largely magical and ineffective. The courtesan

and the concubine solved the problem of the sterile or too prolific wife. In Japanese literature there are references to contraceptive devices, doubtless more as a curiosity than an accepted procedure. Western culture is making progress in the Orient and is carrying with it knowledge of contraceptive technique, the author points out.

In Islamic countries methods of preventing conception were similar to those of the Egyptians and Greeks, whose cultures influenced that of the Mohammedans. Islamic literature bears many references to contraception and the attitude toward it was rather liberal. Rock salt, which is known to have spermicidal properties, is mentioned.

As society during the Middle Ages was dominated by the Catholic Church and its doctrines were largely dictated by the dogmatic and powerful writings of St. Thomas Aquinas, who was an Ecclesiastic and in no sense a scientist, it is not necessary to review contraception during this epoch. There is abundant evidence, according to the author, that the application of contraceptive knowledge was not prevented, however, during this period.

Under the chapters, "European Folk Beliefs" and "The Early Birth Control Movement in England and the United States," the author describes the Renaissance of contraception and the awakening of Anglo-Saxon interest in disseminating knowledge of its technique. Much of this material is extremely interesting. Favorite prescriptions of the 18th Century are given and there are illustrations of handbills and original historic documents used in promoting birth control.

The reviewer has already referred to the final chapters of the volume dealing with present day aspects of contraception. Those who view with some apprehension the recent decline in the birth rate in large urban centers, frequently attributed to reduced reproduction by the educated or professional classes, will find much relevant material in these chapters.

The book is exactly what its title states, the material is well arranged and presented and indicates a scholarly approach to the subject and sincere reporting. Although written primarily for physicians and social workers, it will, I believe, attract a wider circle of readers. The subjects, authors and bibliography are well indexed. The volume was prepared under the auspices of the National Committee on Maternal Health and Dr. Robert L. Dickinson has written an appreciative foreword.

WILLIAM H. CARY, M.D.

BIRTH CONTROL SESSIONS

National Conference of Social Work

ATLANTIC CITY, N J, MAY 24-30 1936

TUESDAY MAY 26—4 00 P M 5 30 P M

Birth Control as a Modern Therapy in Social Adjustment

What part does the social worker take in birth control service? Is there an unteachable group? Is the recommended method practical for uneducated mothers? Case histories will be cited

Presiding MRS CAROL K NASH Field Secretary
New York City Committee of Mothers Health Centers

The County Birth Control Clinic
Mrs Caleb S Green Pres New Jersey Birth Control League

The Hospital and Birth Control

Edith W Johnson Director Out Patient and Social Service
Departments Mountainside Hospital Montclair New Jersey

The Negro Mother's Response to Birth Control As Shown in a Settlement Center

James H Hubert Executive Director New York Urban League

Birth Control Service in Mining Regions

Doris Davidson Field Nurse American Birth Control League

THURSDAY MAY 28—2 00 P M -3 30 P M

The Medical Social Worker and Birth Control

A discussion of contraceptive methods the safe period clinic set up referral of patients follow up systems used by birth control centers etc

Presiding ERIC M MATSNER MD Medical Director Amer
American Birth Control League

Clinical Birth Control Service in New Jersey

Hannah M Stone MD Medical Director Birth Control Clin
ical Research Bureau New York City and New Jersey Birth
Control League

What We Can Learn From the History of Birth Control

Norman E Himes Assistant Professor of Sociology Colgate
University

FRIDAY MAY 29—1 00 P M -2 30 P M LUNCHEON

Birth Control in the Social Crisis

Birth Control and National Security

James H S Bossard Professor of Sociology University of
Pennsylvania

Birth Control in Relation to the Security of the Family

Ruth Brickner MD Director Consultation Service Child
Study Association of America

The American Birth Control League as an associate group of the Conference will have a booth in the Consultation Center on the main floor of the Auditorium during the entire week There will be an exhibit on display literature for free distribution and consultants available by appointment for conference on medical problems clinic organization and publicity methods

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