

Birth Control Review

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Organized Medicine Dodges the Issue

Contradiction and Prejudice Mark the Report of the American Medical Association's Committee to Study Contraceptive Practices and Related Problems

AGAIN the organized medical profession has evaded its responsibility to guide the families of the United States in the wise use of reliable birth control methods. When the House of Delegates of the American Medical Association a year ago voted to appoint a special committee to study contraceptive practices and related problems, both physicians and laymen throughout the country had high hopes that the committee's report would offer unbiased conclusions and constructive leadership.

The committee of five physicians presented their report on May 12th before an executive session of the American Medical Association's convention in Kansas City, Missouri. The report, as printed in the May 30th issue of the *Journal of the American Medical Association*, is an astonishing document. Full of confusions and evasions, it bears no evidence that the problem has been investigated in a detached and scientific spirit.

Medical considerations occupy about one third of the space of the report. The committee recognize that "voluntary limitation of conception may be necessary to safeguard the health of some women." They go so far as to name certain health conditions which make pregnancy undesirable. However, the committee believe that a physician "should not be criticized because he refuses to furnish such information or advice even when, from a medical standpoint, pregnancy is contra indicated." They do believe that he "should not dissuade a patient from obtaining contraceptive advice" and that it is his duty to inform her of "her physical condition and the hazard of pregnancy."

No mention is made of the medical indications for contraception to space the births of children, although statistics of the United States Children's Bureau show that the infant death rate declines sharply for babies born two years or more after the births of their predecessors. No mention is made of the role of birth control in reducing criminal abortions and the maternal deaths that result from them.

In the remaining two thirds of the report, the five physicians have stepped outside of their province into fields of population, economics, sociology and morals. The excursion has not been fortunate, for their conclusions are not in accord with the opinion of the majority of authorities in these fields. To cite one instance, their conclusions are at variance with those contained in the statement on birth control submitted to the press last December and signed by sixteen outstanding authorities in population, eugenics and sociology, including eight professors at leading universities, and two officers of the Population Association of America.

The committee curiously devote to "the problem of overpopulation in the Western World" as much space as they do to medical considerations. In this section they offer scholarly quotations from studies on population in various countries, but they make no comment on the resulting hodge podge. That "parentage must not be haphazard" and "rational social action must replace the operation of blind forces" in the field of reproduction does appear in these quotations. If the committee subscribe to such recommendations, they have given no evidence of it in their report.

Under the heading "Eugenic Considerations" the committee state, "Our present knowledge regarding human heredity is so limited that there appears to be very little scientific basis to justify limitation of conception for eugenic reasons." What seems to be a contradiction to this statement appears later in the report, when the committee say, "Marriage of individuals who have mental or physical abnormalities which contra indicate reproduction ordinarily should be discouraged."

The committee fail to distinguish between morality and religion when under the heading "Moral Considerations" they assert, "Apparently there is no moral objection to selection of the assumed non fertile portion of the month for coitus by married couples." Some discussion of the medical status of the rhythm method

of contraception would have been very useful to be wildered parents—and to the many bewildered physicians—who would like to know how much they may rely on the books, charts, and other devices giving instruction in the method which are freely circulated with the approval of Catholic authorities. But the committee made no comment.

When the committee attempt to pass judgment upon economic considerations, a major absurdity comes to light. "Your committee," they state, "has found no evidence available to justify the broad claim that dissemination of contraceptive information will improve the economic status of the lower income groups, although it is admitted that some individuals might thus profit by limitation of their family."

That high and uncontrolled birth rates are generally accompanied by poverty has been shown by statistical studies which the committee might have consulted. Many sociologists—and arithmeticians, as well—would agree with Dr. Norman E. Himes, Professor of Sociology at Colgate University, who commented on the committee's report during his recent address before the National Conference of Social Work. Dr. Himes said, "To argue that family limitation by the poor will not raise their economic level is an attempt to refute the simple rules of arithmetic. It is to argue that if one can't raise one's standard of life by increasing one's income, one should not attempt it by limiting family expenditures."

Certainly the members of the committee did not get their evidence by visiting birth control centers. If they had examined clinic records, and talked with the women from slums and tenements who have received advice at the centers, their economic pronouncement might have been different.

The report states that the committee "do not favor independent so-called birth control clinics, believing that needed contraceptive advice should be a matter for proper medical decision in the care of individual women." The American Birth Control League heartily agrees that contraceptive advice should be given only by a physician, and whenever possible, should be given by him in his private practice. However, the committee should be reminded that the birth control centers conducted by the member groups of the League accept as patients only women who cannot afford to pay even a moderate fee. About half of these patients pay nothing.

The committee, in another part of their report, state, "At present the part of our population with the best education and presumably the most competent socially and economically is not reproducing itself. Birth con-

trol propaganda is partially responsible for this condition." The part of our population to whom the committee refer are those who can afford to consult a physician privately for birth control information. Scientific methods have been available to them for years. The "propaganda" of birth control organizations has been concerned with making parenthood voluntary also for the lower income groups. In certain European cities where birth control information has for many years been available to rich and poor alike, it has been found that the higher income groups have the largest families.

In closing the report, the committee made three recommendations, as follows:

1 That a committee be appointed to continue a study of Birth Control and to report further to the House of Delegates

2 Steps should be taken by some responsible group to develop standards for judging contraceptive materials

3 Your committee desires to record its disapproval of propaganda directed to the public by lay bodies, or organized solely for the purpose of disseminating (without consideration or restraint) contraceptive information. Your committee deplores the support of such agencies by members of the medical profession. We feel that an entirely false sense of values with respect to the important function of childbearing and of parenthood has been created by the activities of such organizations

These recommendations were submitted to a reference committee, also of five members, who approved the first recommendation, and the third one—the destructive appeal to prejudice against "propagandists." In rejecting the second, the only constructive recommendation, their comment was, "your committee does not feel that there is yet sufficient knowledge of the subject to go that far and feels that disapproval of certain contraceptive devices would by inference approve others."

Who will advance knowledge of the subject to the point where organized medicine will feel that it may "go that far"? Some 300 firms are now engaged in the manufacture and the active promotion of contraceptives—many of them unreliable, some of them harmful. The lives and health of women, who put their trust in these products, are at stake.

The old legal bugaboo is no longer offered as an excuse for failing to take action. The report admits, "The committee has been unable to find evidence that existing laws, federal or state, have interfered with any

medical advice which a physician has felt called on to furnish his patients. Clarification of such laws, however, is desirable. The committee suggests the advisability of legislation to standardize and control the manufacture and distribution of contraceptive materials. Since the law as it is construed and administered today evidently offers no barrier to an investigation by physicians, what group could undertake a more "responsible" investigation of standards than the American Medical Association itself? Until the Association has the courage to assume this much needed leadership, it looks as though the "propagandists" and the physicians who are chided for supporting them must continue to do what they can to protect the public.

"Propagandists" are called "public educators" when we like what they do. To quote again Dr. Himes, who is the foremost authority on the medical history of contraception, "Laymen have met the responsibilities that organized medicine in the United States has all too long neglected. And now that three fourths of the married people of the United States practise some form of birth control (though many of them do not use the best methods)—certain leaders of medicine are annoyed at what they consider an usurpation of their function. So far, alas, has medicine departed from the ways of Hippocrates, who taught that physicians should not hesitate to learn from laymen."

"This attack on the so called propagandists is utterly silly for another reason. The present diffused knowledge and general practice of contraception is a result only slightly of the activity of any one person. It is a result primarily of certain broad social changes and historical forces such as the growth of hedonism, utilitarianism, secularization, urbanism, a declining death rate, a rising standard of living, and the like. To attribute such a far reaching revolution in the sexual mores of mankind to a handful of emotionally disliked 'propagandists' is historically naive and inaccurate."

When they charge birth control organizations with creating "an entirely false sense of values with respect to the important function of childbearing and of parenthood," the committee pass a rather sweeping indictment on the judgment of American parents. The American Birth Control League believes that married couples do not lose, but gain a sense of values when they are given the power to choose how many children they will have and when they will have them. It believes that the function of parenthood, to which the committee rightly attach importance, should be left not to chance but to conscious choice. Thus voluntary parenthood, for the poor as well as for the more fortunate, is the aim of the American Birth Control League.

One Hundred Contraceptive Centers

Twenty eight years old with three living children, in poor circumstances or receiving public relief—this is the typical mother who was instructed in birth control centers last year, as shown by the following statistics, compiled from the records of 100 representative centers in all sections of the country

ATTENDANCE DATA

100 centers reported 20,722 new patients during 1935
92 centers reported 75,294 clinic visits during the year
54 centers reported continuous contact for one year or more with 17,042 cases

There were 5,625 sessions in 90 centers during the year
46 centers had 2,030 *morning* sessions
47 centers had 2,914 *afternoon* sessions
12 centers had 681 *evening* sessions

SOCIO ECONOMIC DATA

Average age of patients was 28 years
Average number of living children was 3.1
Average number of pregnancies prior to clinic visit was 3.8
Fifty per cent of the patients in 69 centers were instructed free of charge
80 centers reported that 8,578 of their patients were receiving public or private relief
Average fee \$1.22 (65 centers), Minimum fee \$.64, (71 centers), Maximum fee \$3.63 (85 centers)
61 centers instructed 1,013 Negro patients in 1935
During 1935, 74 centers reported that 4,953 Catholic patients were instructed

COOPERATION OF SOCIAL AGENCIES

Social agencies referred 7,720 patients to 82 centers
Social agencies paid fees or met the cost of supplies in 22 centers
Public relief agencies contributed free quarters or financial aid to seven centers
Community chests have aided four clinics
39 clinics received financial aid or free quarters from social agencies

MEDICAL DATA

Success 516 failures were reported by 74 clinics. Of these, ten clinics reported that they had had no failures. The total of new patients advised during the year by these 74 clinics was reported at 15,007, which indicates that the method has been used successfully by 96.5 per cent of the patients advised.
50 failures due to lack of understanding method (reported by 71 clinics)
No failures were reported by 27 clinics as due to lack of understanding method

- 362 failures reported by 72 clinics as due to lack of cooperation of patient
- 107 failures reported among Negro patients by 26 clinics
- No failures reported with Negro patients by 36 clinics
- 186 failures reported among Catholic patients in 36 clinics
- No failures reported with Catholic patients in 43 clinics
- Referral* 816 patients were referred elsewhere for medical or surgical treatment (62 clinics)
- 4,999 patients were referred to private physicians for contraception because of financial or physical ineligibility for care at clinic (41 clinics)
- 675 patients were refused instruction in 52 clinics for reasons which included the following pregnancy, no children, no health reason, unmarried and no plans for marriage, religious objection, gynecological conditions which made medical treatment necessary first, economically ineligible, patient already under treatment of family physician

The Doctors and Birth Control

ANOTHER SIDE OF THE PICTURE

A FEW days after the report of the American Medical Association's committee on birth control had been made public, the press carried an item that, to those who read between the lines, marked a long step forward in the medical progress of birth control. This was the announcement of the formation of the National Medical Council on Birth Control. Seventy one eminent physicians in 23 states make up the membership of the council, whose function is "to initiate, encourage and execute appropriate scientific research in the medical aspects of birth control." Though it is an autonomous body, the council will control and supervise all medical policies of the American Birth Control League, replacing a smaller medical advisory board which has been directing the League's medical policies for the past five years.

Dr Frederick C Holden, Emeritus Professor of Obstetrics and Gynecology, New York University and Bellevue Hospital Medical College, serves as chairman of the executive committee. Dr Eric M Matsner, a member of the visiting staffs in gynecology and obstetrics of the Riverside, Sydenham and City Hospitals in New York City, is executive secretary. The council's headquarters are at 515 Madison Avenue, New York.

Among the members of the council are such distinguished physicians as Dr Robert Latou Dickinson, Chairman of the Executive Committee of the National

Committee on Maternal Health and a foremost medical pioneer in the movements for birth control and sex education, Dr F Bayard Carter, Professor of Obstetrics and Gynecology, Duke University School of Medicine, Dr John Favill, Clinical Professor of Neurology, Rush Medical College, University of Chicago, Dr William Palmer Lucas, Clinical Professor of Pediatrics, University of California Medical School, Dr Adolph Meyer, Professor of Psychiatry, Johns Hopkins University Medical School, Dr Albert S Rider, Past President of the South Dakota State Medical Association, Dr Milton J Rosenau, author of the medical text "Preventive Medicine and Hygiene", Dr Fred J Tausig, who reported to the White House Conference on Child Welfare a study of abortion in relation to maternal mortality, Dr Milton C Winternitz, Professor of Pathology, Yale University School of Medicine, and Dr Hans Zinsser, Professor of Bacteriology and Immunology, Harvard University Medical School, and author of "Rats, Lice and History," the book that has done so much to educate laymen in the progress of preventive medicine.

In addition, more than 1,000 physicians are serving on the medical advisory boards of the state member leagues of the American Birth Control League. The President of the Rhode Island Birth Control League is Dr Edward S Brackett, Chief of Staff of the Lying in Hospital, Providence. On the council of the Illinois Birth Control League appears the name of Dr Joseph B DeLee, founder of Chicago's great Lying in Hospital. Dr DeLee, as *Time* recently put it, "ranks as No 1 U S obstetrician, because he helped make obstetrics a learned and respected profession, and demonstrated methods to prevent women from dying in child birth." At the American Medical Association convention in May, some 5,000 physicians eagerly watched Dr DeLee's motion pictures, in which he demonstrates the use of the forceps in delivery.

"Every day in the United States at least three women die from abortion. Instead of condoning abortion we should give people better methods of birth control," Dr DeLee is reported to have said.

Many other names of high repute could be cited. Physicians considered among the most able and forward looking in their states are lending not only their influence, but their time and effort to advancing the movement for clinical contraception. In their own cities many of them are serving as unpaid staff members for the birth control centers which are protecting the lives and health of poor mothers.

The members of the National Medical Council on Birth Control are listed on the opposite page.

NATIONAL MEDICAL COUNCIL ON BIRTH CONTROL

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 Hans Zinsser, M D, Boston

Social Work Lends a Hand

THE social workers of America want to know about birth control clinics, they are eager to refer their clients to the clinics, they are deeply concerned with the progress of the birth control movement. No one could doubt this who had spent an hour in the booth which the American Birth Control League had set up at the National Conference of Social Work. The League's booth was one of the busiest of those which the 48 national associate groups of the conference occupied in the huge municipal auditorium in Atlantic City during the week of May 25th.

One thousand and ninety social workers from 43 states, Canada and Puerto Rico signed registration cards at the book. Hundreds more took literature, but did not register. At times the delegates were lined up in rows four deep in front of the booth, waiting to reach the literature, to get a better look at the exhibit and to ask questions of the League's staff members. More than 10,000 pieces of literature were distributed.

The positions held by those who registered reflects the variety of social work fields to which birth control is allied. In addition to the many relief investigators, settlement workers and family case workers, whose work brings them into intimate contact with the home, there were medical social workers, psychiatrists, clergy men, probation officers, directors of community chests, Red Cross secretaries and superintendents of public welfare departments. A large number of persons con-

nected with health organizations stopped for literature. Social workers holding positions of high responsibility expressed their willingness to lend office space, help field workers, and otherwise to advance the movement for clinics in their own localities.

The new exhibit of the American Birth Control League gave a brilliant first performance. Fourteen feet wide and six feet high, the exhibit features two lighted stages with cut out figures. One, under the inscription "Prevent This," shows a dark tenement room with a crowded family and worn out mother. The other scene "Encourage This" shows a planned family of four happy, healthy children in a cheerful modern home.

The social workers themselves acted as critics for the tryout. Though they were most enthusiastic about the exhibit in general, they suggested a few important alterations. The criticism heard most often was, "That tenement scene is very lifelike, but you haven't enough children in it. There are only six, and I visit families like that who have ten and twelve." Two more children have been added to the family and other minor changes have been made. When the exhibit goes on the road, it will be as faultless as it was possible for these hundreds of interested spectators to make it.

The increasingly effective work done by member leagues in reaching social workers was indicated by the number of visitors to the booth who knew all about the

clinics in their states. However, many social workers who were anxious to refer mothers to clinics learned for the first time of the facilities in their own cities.

When a young Negro social worker from New York was asked whether she referred clients to the Harlem center, she told a dramatic story. "I certainly do. You see, the advice I got there has meant my own happiness, and I want to help other women. For four generations each of the women in my family has had a daughter, then has lost her own life by bleeding in childbirth. A few years ago I fell in love. But I told the young man we never could be married. There was the terrible fear that I, too, would die if I had a child. Then I learned about the Harlem clinic. The birth control information given me there has made my happy marriage possible."

Among the visitors to the booth were a number of Catholics who expressed interest in the principle of family limitation and child spacing. Two black gowned nuns lingered for more than ten minutes, chatting pleasantly with a director of the League and telling her of a student course in "Rhythm" which has been started in a Catholic University. A young Catholic social worker told what steps she thought the League might take to meet religious opposition.

The two round table sessions and the luncheon held by the League were attended by 1,500 persons. The May 26th round table on "Birth Control as a Modern Therapy in Social Adjustment" featured practical talks by persons in close touch with clinic service. Mrs. Caleb S. Green, a director of the New Jersey Birth Control League, outlined the steps to be taken in forming a county birth control clinic. "Control of conception is certainly rightly classed in the health program," said Edith W. Johnson, director of the Outpatient and Social Service Departments of Mountainside Hospital, Montclair, New Jersey. Miss Johnson told how lay and medical committees had cooperated to establish a birth control clinic in her hospital. The establishment of birth control centers in the mining and rural districts of West Virginia was described by Doris Davidson, field nurse of the American Birth Control League.

"The Negro Mother's Response to Birth Control in a Settlement Clinic" was the topic of James H. Hubert, executive director of the New York Urban League. A study of 647 Negro mothers who have received birth control instruction in the center conducted in the Urban League headquarters has shown that 85 per cent of them are using the method successfully, he reported. "Oversized and unregulated families have contributed to the high rate of ill health, poverty, unemployment

and crime among Negroes," Mr. Hubert asserted. "The struggle which the Negro mother must undergo in maintaining and rearing families is increasing year by year. She is the forgotten woman in America, and one of the health services she needs most is information on scientific birth control. The rate of deaths from abortion is half again as high among Negro women as among white women, and the maternal death rate among Negro women is twice that of white women."

Mrs. Carol K. Nash, field secretary of the New York City Committee of Mothers' Health Centers, who presided, emphasized that New York mothers are using the clinic method successfully under the most unpromising conditions. "A shift in the approach of social work has made the family unit the focal point of attention," Mrs. Nash pointed out. "I think all social workers will agree that the strength of the family, its morale and its well being, centers around the mother. If she is to keep her home clean and wholesome, her family well fed and clothed, and if she is to have time and strength to train her children in good citizenship, the mother must of necessity be freed from continuous childbearing and from constant fear of repeated and unwanted pregnancies."

Attendance at the second round table, "Birth Control and the Medical Social Worker," on May 28th totalled more than 700—an enthusiastic audience, many of whom stayed on for discussion until they were put out by the auditorium attendants. The report of the American Medical Association's committee on birth control was attacked by all three of the speakers. Dr. Eric M. Matsner, medical director of the League, who presided, charged that the report does not represent the attitude of the progressive American physician. Dr. Hannah M. Stone, medical director of the New Jersey Birth Control League and of the Birth Control Clinical Research Bureau, termed the report "sadly inconsistent and reactionary, and apparently not based on any thorough investigation."

A forceful indictment of the sociological and economic views expressed in the report was made by Dr. Norman E. Himes, Professor of Sociology in Colgate University and author of the recently published "Medical History of Contraception."

Dr. Stone pointed to the striking change in the popular attitude toward birth control within the last decade or so. "The extension of clinical contraception has no doubt been due to the social and economic forces of the day and to the awakened public and professional opinion," she said. "In a large measure, however, it has also been due to the sympathetic interest and active cooperation of the social workers. It is the social work

er who comes most closely in contact with human needs and family problems, and it is the social worker who was among the first to realize the pivotal importance of family regulation in the amelioration of human misery and in the preservation of family health and family welfare”

The part that birth control can play in advancing social and family security was the theme of the luncheon on May 29th. Dr. James H. S. Bossard, Professor of Sociology at the University of Pennsylvania, spoke on social security, and Dr. Ruth Brickner, psychiatrist, who directs the Family Consultation Service of the Child Study Association, gave from her wide experience the psychological implications of birth control in family life.

“Unless social work accepts birth control as its logical complement, it will be in large measure but a sentimental underwriting of human failure, which will result in a bottom heavy society,” Dr. Bossard asserted. Stating that the complete availability and wise use of birth control facilities must become an integral part of a planned national population policy, he predicted that the next step forward for the birth control movement would be its extension to the rural regions.

Dr. Brickner emphasized that the possibility of marriage for most young people today is dependent upon birth control knowledge, which permits them to establish themselves more securely before children come to them. “Birth control has played a major part in giving some measure of security to the family during these chaotic times, both to the young people just starting out in married life and to those well on the way,” she said. She expressed the opinion that birth control clinics have a great opportunity to function more positively by enlarging their scope and becoming family consultation centers, and by encouraging families to plan for more children when they can afford them.

Comments on the success of the exhibit and of the meetings were numerous and approving. But it was the more informal and indirect comments that most warmed the hearts of the League staff and made them feel that the effort had been more than worthwhile.

For instance, one social worker called across to another on the boardwalk, “You should have gone to that birth control meeting yesterday! It was grand!”

As the exhibit was being packed in its boxes for shipment home, the workman who was assisting paused to volunteer a final benediction. “I’ve seen a lot in the papers just this last year about you people. Some difference from the way they used to talk about birth control! I think you’re doing a fine work, myself.”

Among the Member Groups

ILLINOIS

Of the mothers who sought birth control information during 1935 at the nine centers of the Illinois Birth Control League, only four asked for aid because they did not want children. Mrs. Benjamin Carpenter, president, reported at the League’s annual meeting in April. Economic inability was cited by 1,923 of the 2,251 mothers who were advised in the centers, she said. Health reasons were cited by 100 mothers, both economic and health reasons by 108, and 90 said they wanted to space their children.

The meeting received nation wide publicity through Associated Press dispatches and a comment during the “March of Time” radio program. Professor Paul H. Douglas of the University of Chicago, the principal speaker, described as “barbarous” the denial of birth control information to the unemployed.

IOWA

The annual meeting of the Iowa Maternal Health League on April 13th was addressed by Dr. Eric M. Matsner. Mrs. John Cowles presided. Reports made by the clinics in Des Moines, Cedar Rapids, Cedar Falls and Sioux City showed a total of 910 patients referred by social workers and physicians.

MASSACHUSETTS

Instruction in the rhythm theory of birth control, which the Brookline Mothers’ Health Office of the Birth Control League of Massachusetts inaugurated last winter as a service for Catholic patients, has been discontinued, as this instruction is now being given at the Free Hospital for Women. Dr. John Rock, a Catholic physician who was one of the members of the committee submitting the recent report on contraceptive practices to the American Medical Association, is giving the instruction. The League cooperates by referring to the hospital patients who wish advice on the rhythm theory.

The annual meeting of the League, held on April 14th, was attended by representatives from leading medical and social agencies. Mrs. Leslie D. Hawkrige was re-elected president and a strong board includes eight new members. As a result of a vigorous financial campaign, the League has a fund for the establishment of Mothers’ Health offices and has engaged an additional field worker. The report of the first year’s work of the publicity committee showed an amazing increase in newspaper space. News items have been presented with dignity and have drawn no unpleasant counter attacks.

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NEBRASKA

A little more than one year old, the Maternal Health League of Nebraska has 352 members and has cared for 600 women "Now that our clinic in Omaha is functioning successfully," the League reports, "we are turning our eyes to the need in the state. In all our efforts we have met with a splendid response and are resolved that Nebraska shall do a fine share in promoting the birth control movement."

Following its annual meeting in February, the League launched into a membership campaign. Mrs. William D. McHugh, Jr., is now president, and Mrs. Drexel Sibbersen is publicity chairman. A mimeographed news sheet, recently distributed, illustrates with clever sketches what birth control means "to the baby, to Mrs. Jones and to posterity."

NEW JERSEY

At the annual meeting of the New Jersey Birth Control League on May 13th, Mrs. Henry L. DeRham was elected president. Dr. Frank Kingdon, president of the University of Newark, addressed the meeting on "Birth Control in Relation to Peace." New clinics were announced as ready to open in the city dispensary at Camden and in the Middlesex Hospital at New Brunswick. There are now nine clinics in the State.

PENNSYLVANIA

Representatives from three states—Ohio, West Virginia and Pennsylvania—met in Pittsburgh on May 19th and 20th for the Regional Conference sponsored by the American Birth Control League. There were 157 registered delegates. Clinical, financial, publicity and medical problems were discussed at round tables. The medical session was well attended by physicians and medical students not included among the registered delegates. Dr. Emilia Caprini presided.

At the luncheon meeting, Rabbi Solomon B. Freehof defended birth control on moral grounds. "Voluntary parenthood is morally right by every ethical ideal," he declared. "No ethical system can deny to the individual the right to manage his life in his own way, provided the social good is not harmed."

The liveliest discussion of the Conference took place on the air, when the birth control question was debated during the Town Meeting broadcast over station KDKA. Among those defending the issue were Dr. Clarence J. Gamble, president of the Pennsylvania Birth Control Federation, and Mrs. William Thaw, president of the Allegheny County Birth Control League.

SOUTH DAKOTA

Strong impetus was given to a state wide birth control movement when the South Dakota Maternal Health League met in Mitchell on March 30th. Mrs. W. R. Ronald was elected chairman. Dr. Albert S. Rider of Flandreau is serving as the League's medical director and carrying on educational work with physicians.

South Dakota's neighbor state, Minnesota, gave the benefit of her long experience in organization and clinical work by sending as delegates to the meeting Mrs. Frederick G. Atkinson, president, Mrs. F. Peavey Heffelfinger, chairman of extension, and Dr. Rae T. LaVake, medical director of the Minnesota Birth Control League.

Be sure to read the article "They Voted for Children and Birth Control" appearing in *True Story Magazine* for July. Of the 45,000 persons who answered the magazine's Ideal Marriage Contest questionnaire, 64 per cent believe in the practice of birth control—because they want healthy, happy children. The article reveals an interesting cross section of public opinion.

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