

# Birth Control Review

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## A Public Trust

By MARGUERITE BENSON

*Executive Director, American Birth Control League*

TIME was when the birth control movement was the "pet" philanthropy of a few courageous pioneers. Fighting to bring a new social idea before the public, the leaders of the early work were little concerned with formulating standards of administration and finance. Possibly other health movements have gone through the same stages, though the path must have been smoother where less prejudice was encountered.

The past eight years have brought tremendous changes in the birth control movement. In that time, state leagues have grown from six to 23, clinics from 28 to 280. Ears and eyes for trends show quite unmistakably that the pioneer days with their trial by error process are over. Also disappearing is the "pet charity" or individual enterprise. Today the movement is supported by the gifts and prestige of many social minded citizens. The services rendered are in the public interest. Those who conduct the work as volunteers, and those employed by the movement have a grave responsibility to contributors and sponsors. The birth control movement, like all modern philanthropy, is a public trust and should be so administered.

The day of transition to tax supported clinics seems not so distant when we note that there are already seven contraceptive clinics in city health departments. Still, the chances are that for a number of years to come, private contributions must continue to bring birth control to the poor. We are guiding, then, a nationally organized public health movement of vast potentialities, which demands the very best its sponsors can give in skill, diligence, perseverance.

Today professional workers in the movement are seriously studying methods by which standards may be elevated in both the medical and social service aspects of clinic procedure. We have been a little slow to grasp the necessity for close alignment with the field of social work. There are two

practical means to this. First, every state league should join its state social work conference and local groups should affiliate wherever possible with the official clearing house for philanthropic effort in their cities. Second, the birth control clinic and league should study and adopt recognized social work procedures.

The importance of a medical committee to formulate clinic policies has also received rather tardy recognition. No matter how competent the individual clinician may be, he or she is human and can err. A public clinic should not come to be called "Dr. So and So's clinic," nor should it be bound by the ideas of one person only, be he lay or professional. The existence of a medical board to consult on clinic problems puts the enterprise at once upon a broader social basis, brings collective skill to the work and serves as a protection against idle criticism. Such matters as choice of contraceptive materials, entrance requirements, referrals to and from other agencies, hours and location of the clinic, and case procedure should be reviewed and discussed by at least two physicians beside the clinician. This is practically and psychologically sound.

When a clinician or the president of the league is too willing to undertake all the work, the task of broadening the base of public support and sponsorship is retarded. The chairman who complains, "It all falls back on me," makes a pathetic confession. A true leader sees needs, evaluates methods, chooses the right person for each job—but does not do all the work. The strongest state leagues today are precisely those in which the president has surrounded herself with a group of competent workers to whom she delegates specific departments of the work. These are also the leagues which have expanded throughout their states and which correspondingly have the least difficulty with fund raising.

During the coming months we might well keep before us the fact

*Today the birth control movement is laying the foundation for a public health service destined to reach far beyond the scope of private philanthropy*

that establishing clinics in cities and small towns is only the beginning. A tragic need lies out in the farm homes in the remote and sparsely settled areas. Permanent clinics are impracticable in such regions, but a traveling or circuit system can be worked out.

Further help can be brought to suffering farm women by increasing the list of referral physicians throughout each state. Exhibits at state and county fairs, publicity in farm periodicals, cooperation with county home demonstration agents and visiting nurses are ways which some leagues have utilized to bring the rural mother and the physician together.

Even in our moments of discouragement, most of us will agree that nothing reasonable is impossible of attainment. Birth control is reasonable, constructive,

sound. Thousands upon thousands of us firmly believe that the funds with which to bring contraceptive service to all the needy are there, if only we ask often enough and persistently use every means of presenting convincing facts.

With the phenomenal success of recent years to support us, let us accept a newer and more inspiring challenge—a double challenge. First, to study and to maintain throughout the movement the highest possible standards of administration and public relations. Second, to keep ever before us the realization that today we are laying the foundation for a public health service destined to reach far beyond the scope of private philanthropy.

## Consulting Editors

We are honored to announce that a group of eminent specialists will serve as consulting editors for the *REVIEW* and other publications of the American Birth Control League. During the past two years, discussion on the birth control question has seen a marked advance in the press, in periodicals, in churches and universities. There has been, too, a new emphasis on the economic, sociological, religious and biological aspects, and a reorientation of thought on the basic factors involved. The cooperation of the authorities who are listed below assures that publications of the League will keep pace with the constantly developing viewpoint on birth control in its relation to many fields of scientific research, public welfare and world thought.

*Biology*—Edward M. East, Professor of Genetics, Harvard University

*Contraceptive Research*—Raymond Squier, M.D., executive secretary, National Committee on Maternal Health

*Eugenics*—Ellsworth Huntington, President, American Eugenics Society, research associate in geography, Yale University

*Family Consultation*—Ernest R. Groves, research professor, Institute for Research in Social Science, University of North Carolina

*Genetics*—Clarence C. Little, director, Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine

*Heredity*—Robert C. Cook, editor "The Journal of Heredity"

*History*—Mrs. F. Robertson Jones, honorary president, American Birth Control League

*Law*—Morris Ernst, William J. McWilliams

*Medical Problems*—The National Medical Council on Birth Control, Frederick C. Holden, M.D., chairman, Eric M. Matsner, M.D., executive secretary

*Mental Hygiene*—Foster Kennedy, M.D.

*Negro Problems*—Carl G. Roberts, M.D.

*Parent Education*—Mrs. Sidonie M. Gruenberg, director, Child Study Association of America

*Population*—Henry Pratt Fairchild, president, American Sociological Society, professor of sociology, New York University

*Psychology*—Clairette P. Armstrong, clinical psychologist

*Public Health*—C. E. A. Winslow, past president, American Public Health Association, professor of public health, Yale Medical School

*Religion*—Sidney E. Goldstein, chairman, Commission on Marriage, the Family and the Home, Central Conference of American Rabbis  
L. Foster Wood, secretary, Committee on Marriage and the Home, Federal Council of Churches of Christ in America

*Social Work*—Eduard C. Lindeman, professor of social philosophy, New York School of Social Work

*Sociology*—Frank H. Hankins, editor, *American Sociological Review*, professor of economics and sociology, Smith College  
Edward A. Ross, chairman of the department of sociology and anthropology, University of Wisconsin

# Population and National Security

By JAMES H S BOSSARD, PH D  
*Professor of Sociology, University of Pennsylvania*

THE modern world has become security minded. Individual investors are shifting from speculation to guaranteed income, working classes press for systems of social insurance, and nations hectically promote alliances against the possibility of military invasion. This quest for security is, in part, a natural and age old craving for protection against the inevitable exigencies of life, but the recent marked emphasis upon it is also a by product of social change. In a rapidly changing social order, nothing seems more certain than uncertainty, and nothing more essential than to guarantee against some of the insecurities of life.

The problems of population are of pervasive importance to national well being, and hence to national security. One group of problems concerns the growth and density of population and its relation to natural resources. Over population is recognized generally as a fruitful cause of war. Recent events in Europe, Asia and Africa bear eloquent testimony to the tragic potency of this factor in international relations.

A second group of problems, equally significant for national security, has to do with the internal aspects of population—its quality, balance and changing make up. For nations, as for individuals, the enemies to security lie within quite as often as without.

In turning to these so called internal problems of population, it is necessary to consider three basic facts.

1 *The existence of class differences.* The population of the United States, like that of every other country, is divided into classes. The bases for classification of populations are many and varied. They include physical development, health, culture, occupation, economic status and intelligence or other innate abilities.

2 *Class differentials in population growth.* From surveys of the many population studies of recent years, one fact stands out with unmistakable clearness—these different classes in the population do grow at different rates. Some large and well-defined elements are increasing at the rate of 50 per cent within a single generation, others are decreasing by as much as 30 per cent within the same span. Because these elements are large, differences so widespread have tremendous influence and involve millions of persons.

3 *The distribution of class differentials of population growth.* If these classes were all on the same level of innate ability and of social achievement, the difference in their rates of reproduction would be but

of passing interest. Of course, the lines between these classes are constantly being crossed, and the operation of many factors is not yet entirely understood. On the whole, however, it stands out fairly clearly that reproduction rates are lowest in those classes that have the better family traditions, the better social and cultural environment, and the better biological heritage.

The evidence on this last point, the biological heritage, is perhaps the most complicated and obscure. Certain critics insist that biological differences, i.e., class differentials in innate ability, are all that count. They assume that, since the evidence on this point is controvertible, the significance of class differentials of population growth is minimized, if not wholly removed.

Personally, I cannot accept this conclusion, for social heritage is of profound significance, even if it is not reinforced by biological differences. If half of what modern psychiatry and sociology tells us is true, then the fact that the highest reproduction rates are in families of poor cultural and social environment assumes the utmost social meaning.

On the basis of these facts, I shall outline three points which seem to be of fundamental importance to national well being and security.

1 *Results of social welfare work.* The reproductive rate of a population, or of any element thereof, is the difference between two variables—the birth rate and the death rate. Much of our social welfare work, of which we are justifiably proud, has resulted in a decrease in the death rate. We have saved the lives of millions of infants, of tubercular patients, of defectives. Our organized social agencies have said to them, "Live," when nature and social circumstances have said to them, "Die." Since this type of work has been confined, for the most part, to socially inadequate elements in the population, the result has been an increase in their rate of reproduction.

Birth control is the logical complement of social work. When social work accepts, as it should, the responsibility of enabling most children who are born to survive, it must face the ultimate consequences of that policy in its effect upon population make up. If social work undertakes the care of infant defectives, it must consider also the reconstruction of the sanctions under which they are propagated. Not to face these implications would mean that social work, in large measure at least, would be but a sentimental under

writing of human failure, which would result in time in a bottom heavy society I do not mean by this that social workers are to force birth control upon people in return for their services, but that birth control clinics should be as much a part of social work's general provision for clients as is prenatal care

2 *The changing occupational pattern* Our economic structure involves a well defined occupational hierarchy of differing percentages of persons employed at professional, proprietary, managerial, skilled, semi skilled and unskilled levels Generally speaking, this structure takes the form of a pyramid, with the small professional and proprietary groups at the apex, the large unskilled group at the base and the skilled and semi skilled groups between

In the last twenty years, this occupational structure has been showing marked changes The apex has broadened and the base of the pyramid has become more restricted From 1910 to 1930, the percentage of persons gainfully employed in the upper levels, as professional workers, proprietors, managers, clerks, skilled and semi skilled workers, has increased 12.5 per cent On the other hand, the percentage of unskilled workers has decreased 8.6 per cent In addition to these changes, the percentage of farm owners and tenants has decreased by 3.8 per cent, and a substantial proportion of this change should be added to the decline among unskilled workers

The demand for unskilled labor has been declining to a marked extent, but it is in this group, according to our population studies, that the reproductive rates are highest Not only does this situation mean a growing maladjustment of demand and supply, but it must have some effect in the direction of reducing the bargaining power and thus depressing the condition of all unskilled workers

Striking evidence of the result is forthcoming from the experience of the National Youth Administration At least one state administrator has pointed out recently the surplus of boys who do not have the capacity to go beyond the sixth grade, who have no skills, and for whom there are apparently no employment opportunities

The logic of this situation seems clear As the demand for unskilled, low intelligence labor decreases, corresponding readjustments must be made in the supply of this type of labor, if we are to avoid the crystallization of a large element in the population who are destined to become permanent public charges This points again directly to birth control on a scale which we have not yet fully visioned

It is high time that we realized the undemocratic

nature of our present situation, in which birth control facilities are denied to this element of the population, so much in need of them Discrimination against the poor, against unskilled labor, as encouraged by the opponents of birth control, must give way to a constructive program which opens the opportunity for family limitation to this large group who are caught in a series of fundamental economic changes

3 *The rural aspect* One of the most serious aspects of differentials in population growth is the mounting surplus of population in rural areas A few figures will sketch the situation In 1930, about 21 per cent of all women of child bearing age were living on farms, yet, from 1925 to 1929, they produced about 29 per cent of the nation's children Our surplus farm population has been increasing at the rate of some 200,000 a year On the other hand, from 1910 to 1930, the percentage of gainful workers who were farm owners and tenants decreased by 3.8, and that of farm laborers by 7.3 per cent

Until recently, this surplus of rural population has been ignored because of the belief that it could be drained readily into the cities Now that the cityward movement of population has been checked, and in certain cases reversed, a situation has been created which, in the opinion of population experts, is of the utmost gravity

The next big step forward for the birth control movement will be its extension to the rural regions of America Perhaps no element in our population has suffered more from the opponents of birth control than that old stock of Americans who are scattered on the farms and in the hamlets They are prolific beyond most other elements, yet changes in the economic structure restrict their role

The time has come for us to think through and plan through for the broader and more fundamental tasks of the birth control movement Increasingly we must cease to think of birth control as a patch up service, for an oversized, low income family here, for an unpromising relief case there, we must emphasize it more and more as a social policy with a direct bearing upon the quality of our population and a proper balance between its constituent elements

The birth control movement has been only scratching the surface of its ultimate field The complete availability and wise use of contraceptive facilities must, as time goes on, become an integral part of our national policy and national planning Population is the basis of society, and an intelligent and planned population policy is the most fundamental step in any intelligent ordering of our social life.

## Birth Control?

An Editorial by DAVID I SUGAR, M D

Reprinted from the *Detroit Medical News* of June 29

THEY came into our office. She was a woman of 26, a little woman, a clean housekeeper. Her husband was a big man. They told me what I already knew, that they had five children, a girl seven, a girl five, a boy three, a girl two, and a baby boy ten months old. And they were afraid they were going to have another baby and didn't want it, couldn't afford it. We listened and tried to be kind, and pointed out it were best to do nothing, and told them of the dangers, and advised against interference, and the woman said, "I don't care, I don't want any more babies," shaking her head side ways, and the husband who didn't talk much said, "I can't feed what I got. I can't feed what I got." And we told the woman our usual thing, to try and make a deep impression. We told her "Your husband can always get another wife but your children can't get another mother." And she answered, "I don't want any more babies," and her husband muttered, "I can't feed what I got, I can't feed what I got." And as they went out the woman said, "I don't care, I'm going to do something." And the husband repeated, "I can't feed what I got. I can't feed what I got."

Five days later the husband called us over to his house with, "The missus is sick!" And she was. She had "done something." Her face was pinched, and her eyes were bright, and her pulse was fast, and small, and wiry, and her knees were pulled up and she lay still, and she complained of pain in the abdomen, and when it was touched there was rebound tenderness, and her husband said she had been vomiting and wouldn't eat. We called the city physician and he gave us a telephone order to take her to the hospital and she was admitted to a ward bed.

Everybody was so kind. The hospital provided a donor for blood transfusion without charge. And the night nurse on general duty (they couldn't afford special nurses) on her hours off just specialised the sick woman, and watched that the intravenous ran just the right number of drops to the minute, and she kept the solution warm with hot water bottles. And when we told her that the woman had five babies at home, the nurse cried.

And about two o'clock in the morning the husband came from work (he worked the afternoon shift) and he said, "She seems a little brighter." He never did talk much, and seemed to be talking to himself. And

the nurse who was on general duty and on her hours off was specialising her, called me to the woman's bed side and she called the husband too, and she drew the screens close around the bed. The man spoke to his wife so softly, and she smiled, oh, so feebly, and the nurse patted her head, and the nurse was crying silently, and the husband who never did talk much said to his wife, "You are going to be all right," but he seemed to be talking to himself and sounded afraid. And the woman whispered, "My babies, my babies," and she gasped. Then she lay so still and quiet. And the ward was quiet. And she was dead.

And the husband looked at us like a wounded poor animal and without a sound his lips formed the word "Dead?" And we nodded our head and took him out of the room and he sat down in a chair, and he held his chin between his thumb and his forefinger, and he looked straight ahead, and he didn't say a word. His eyes were dry and staring, and that was the first time we were sorry we were a doctor.

It was just getting daylight. A robin was chirping. And another robin chirped an answer. We drove the husband to his house and neither of us spoke.

The next day they brought the body home. The neighbor lady came in and said, "My, isn't she a beautiful corpse?"

The second afternoon they had the funeral from the house. And an old lady whispered to another old lady, "Isn't it a pity for that young man to be left a widower with five children?"

The children were sitting all in a row in the front room where the black coffin was. There were a few flowers, and some candles were burning. They sat there like a series of steps, the girl seven, the girl five, the boy three, the girl two, and the girl seven held the ten months old baby in her lap. And then the preaching began and the text was, "The Lord Giveth and The Lord Taketh Away." And they told all about the saintliness of motherhood, and how this good woman had given her all for her family, and her reward in the after life was assured, and how the good husband would be comforted in his children, and the two old ladies looked at the husband and dabbed their eyes with their handkerchiefs.

And then the baby, who was sitting in the lap of the girl seven, wet himself, and the girl seven put him

on the floor and his wet diaper dropped down over one little shoe top, and he sat there on the floor and looked at the preacher, and he looked around the room. He didn't make a sound. He looked like his father who never talked much. And then a woman sang, "Nearer My God to Thee." And they covered the coffin. And the pallbearers picked it up. Nobody picked up the ten months old baby with the wet diaper hanging over one little shoe. And as they started to carry the black coffin out the door, the little baby sitting on the floor in his wet diaper screamed, "Mama, mama!" And the little girl seven began to cry and picked him up and held him tightly, and the other three babies began to cry.

And the smallest baby, with a terrified look on his face, cried again, "Mama, mama!"

And as the two old ladies walked out the door the one repeated to the other, "Isn't it a pity for that young man to be left a widower with five children?"

### Havelock Ellis' Life Work

*Studies in the Psychology of Sex* By HAVELOCK ELLIS,  
Random House, New York 3,000 pages, four volumes \$15.00 postpaid from *The Review*

Indicative of the rapid liberalization of public opinion in sexual matters is the recent appearance of the first public edition of the hitherto banned *Studies in the Psychology of Sex*.

This monumental classic represents the results of a life time of intensive scientific investigation by an outstanding and courageous pioneer. In 1898 a London bookseller was arrested for having on sale the first volume of the author's *Studies*, which Victorian upholders of the law termed "wicked, bawdy, scandalous and obscene." Today Havelock Ellis is considered the foremost living authority on the psychology of sex and his studies are accepted as the greatest contribution to a knowledge which is indispensable to human welfare.

The foreword to the new edition has been written by Morris Ernst, New York attorney, who for many years has been a leader in the fight to liberalize information on sex and birth control. Mr. Ernst points out, "A profound progress has taken place in our attitude toward sex, due partly to the natural forward march of events and in a large measure to the researches of men like Ellis. We have learned that suppression serves merely to aggravate the purported evil against which it is aimed, and that in the long

run it is healthier, both for the individual and for society, to have full, free discussion of the causes, manifestations and deviations of man's deepest urge. Sex is no longer taboo, and much of the old hypocrisy is gone, not only from newspapers, books and plays, but also from personal and social ethics. The courts have played an important part in this salutary evolution."

During the summer of 1935, the reviewer had the pleasure of a talk with Dr. Ellis at his home in England. Though he was approaching his seventy-sixth year, his attitude was as progressive as that of the most modern research scientist. Dr. Ellis asked many and keen questions on the progress of the birth control movement in the United States and on the advances being made in contraceptive technique. He continues to contribute to various publications and he carries on an active correspondence with thousands of individuals the world over who write to him for advice and counsel.

In the chapter devoted to "The Science of Procreation" Dr. Ellis outlines the history of the birth control movement, discusses the control of conception, and the fallacy of racial suicide, and concludes that procreative control is the outcome of natural and civilized progress. He further points out that "it is no longer permissible to discuss the validity of birth control for it is an accomplished fact and has become a part of our modern morality."

"This movement (birth control), we have to remember—in opposition to the ignorant outcry of certain would-be moralists and politicians—is a beneficent movement. It means a greater regard to the quality than to the quantity of the increase, it involves the possibility of combating successfully the evils of high mortality, disease, overcrowding, and all the manifold misfortunes which inevitably accompany a too exuberant birthrate. For it is only in a community which increases slowly that it is possible to secure the adequate economic adjustment and environmental modifications necessary for a sane and wholesome civic and personal life. If those persons who raise the cry of 'race suicide' in face of the decline of the birthrate really had the knowledge and intelligence to realize the manifold evils which they are invoking, they would deserve to be treated as criminals."

No student of any of the social sciences can afford to neglect the *Studies*. The publishers are to be congratulated on making available to the non-medical reader this authoritative and valuable reference material in a compact and attractive edition.

ERIC M. MATSNER, M.D.

### Modern Health Insurance

Today the cities most enlightened in matters of public health are pointing with pride to their newest service safeguarding the health of mothers and children—the birth control clinic. Eighty five centers giving contraceptive advice are now located in city and county health departments, city halls, and hospitals.

It is significant that all six of the cities which received awards in the recent national health conservation contest—Detroit, Oakland, Syracuse, Schenectady, Brookline and Hibbing—have birth control centers. The contest, conducted by the Chamber of Commerce of the United States in cooperation with the American Public Health Association, was undertaken to determine "which municipalities of various populations are carrying on the most effective community health programs, in an effort to prevent premature deaths and economic losses due to unnecessary illness."

Hibbing, Minnesota, won first place for communities of less than 20,000 population. The birth control clinic of the Range Maternal Health League is located in the health department quarters at the city hall. Dr. C. N. Harris, health officer and head of the local Chamber of Commerce health conservation committee, is a member of the clinic staff.

From the conservative South has come one of the most forward looking editorials received in a year when editorials favoring birth control have been plentiful. Entitled "A Social Gain from the Depression," this appeared in the July 29th issue of the Danville, Virginia, *Register*. "One social gain," the editor wrote, "was the breaking down of some of the last barriers of opposition to birth control. Even the Catholic Church gave its approval to what is known as the 'rhythm theory' of birth control, although it is still withholding its approval from medicinal and mechanical devices that are more certain."

The editorial concludes, "The public health program in Danville is well correlated and efficiently conducted and is saving the city heavy relief costs that accrue in other cities less well insured against preventable disability. In the sum total of illness and unhappiness prevented, we do not think any of the Health Department clinics are doing a work comparable to the birth control clinic."

*Is your clinic doing its part in collecting statistics for the 1936 clinic record form, sent out in June by the American Birth Control League? Only by receiving complete and accurate records can the League compile invaluable data on the use and effectiveness of scientific contraception throughout the nation.*

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## Soviet Union Prohibits Abortions

"The performance of abortions shall be allowed only in those cases when the continuation of pregnancy endangers the life or threatens serious injury to the health of the pregnant woman, or when a serious disease of the parents may be inherited" These stipulations in a law passed in June by the Central Executive Committee of the Soviet Union means the discontinuance of the public abortoriums, where any woman who desired it might have an operation performed by a competent physician Imprisonment of from one to three years is the penalty for performing an abortion under conditions violating the new law's provisions

The law mentions "the proven harm of abortions" However, many commentators have pointed out that the substitution of "bootleg" and self induced abortion for skilled operations will scarcely benefit the health of mothers Contraceptive materials and techniques available in the Soviet Union are as yet inadequate, according to reports from American physicians who have recently visited the country

Louis Fischer states in *The Nation* (issues of July 18 and 25) "What about the alternative of contraception? The law makes no mention of this most pivotal problem

The state, the medical profession and the population have paid far too little attention to this phase

Moreover, though the facts of birth control are available to all, there has been no drive and no enthusiasm behind the efforts to disseminate them Yet this is the weapon against abortions"

The law does not represent the will of the people, Mr Fischer asserts Crowded living quarters and an inadequate supply of goods for children were cited by many mothers who opposed the preliminary draft of the law when it was submitted for public discussion

With abortions legal, the annual excess of births over deaths in the Soviet Union has been about three million—more than in all the rest of Europe In contrast, Italy and Germany, which ban both abortions and contraception, have shown little increase in birth rates, in spite of bonuses to large families

## As the People Think

Sixty three percent of the population of the United States believe in the teaching and practise of birth control, according to the *Fortune* Quarterly Survey announced in the July issue of that magazine Fourteen percent of the people questioned said that they did not know, only 23 percent said "no" It is especially interesting that Roman Catholics declared themselves 42.8 percent in favor of birth control, and only 45 percent opposed

"Possibly a number of Catholics had in mind the principle of 'rhythm'" *Fortune* reports "Be that as it may, neither church nor state seems to be on the popular side of the question"

## The Summer Has Brought

Two new state member leagues, the New Hampshire Birth Control League and the Birth Control League of Texas

Resolutions favoring birth control, adopted by the American Neurological Association and the American Federation of Settlements

Busy schedules for the two exhibits of the League, which have been shown at conventions including those of the American Federation of Teachers, the National Medical Association and the National Organization of Colored Graduate Nurses

Detailed news of state league activities and plans will appear in the October REVIEW

## Birth Control Review

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and of its affiliated groups

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