

# Birth Control Review

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## Maintaining Clinic Standards

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WEBSTER defines a standard as a rule or model, but also as an **ensign** or flag. Without mixing metaphors, may we not accept both **definitions** as they apply to our work? For, **while** we proudly unfurl the ensign, we must **within** our **clinic** walls keep our **medical** standards carefully regulated.

**Economics**, race betterment and **public** health are one **thing** in **theoretical discussion**. When we set out concretely to accomplish these **ideals** by founding **contraceptive** centers, we **realize** that we are **dealing with** **lives** and **personalities**. We have then assumed a **responsibility** which we cannot treat casually. In **offering** our **services** and **advice** to mothers who need **physical** and **mental** aid, we have placed ourselves in the **spotlight** of the most **critical** scrutiny.

It **is** not enough that we ourselves **realize** we have a **definite** **place** in the **community**. Our **hospitals**, **physicians** and **social agencies** must be constantly convinced. Before we can expect them to accept us at our own **valuation**, we must prove that we are not **asking** them to endorse **bungling** amateurs, but an **organization** with the **stringent professional** standards which they themselves demand. **Hospitals** and **dispensaries** are subject to state **regulations** and inspection. **Birth control** centers would gladly welcome such **inspection**, but **until** such time as we are **recognized** officially as **clinics**, we should **impose** on ourselves voluntary regulations that we know would meet **medical investigation**.

The central, or **original** mothers' health center in the state **will necessarily** be used as a model, and therefore must **function** as nearly perfectly as **possible**. How else **will** other centers in the state be **inspired** to **attain** an equally **high** medical standard?

The **qualities** of the physician have much to do with the success of the center. **Ethics**, plus **technique**, plus **personality** and understanding — all are **essential**. The **physician** must take the **time** and trouble to work **patiently** with each **individual**. It **is** not just a **question** of **fitting** the **patient** and **supplying** her with the necessary equipment. She must be **given** the **advice** in such a

way that she feels confidence **in** the method. The **patient** of low **mentality** must be **instructed** again and **again**, **until** she grasps the necessary knowledge. There **in** lies the success of the method.

A registered nurse **is** an **essential** staff member for every center. She **is** of the greatest help to the **physician**, and saves the time that he or she would otherwise spend on such **details** as **sterilizing** equipment.

I **believe** that every worker **in** a **contraceptive** center should have some fundamental knowledge and **ideals** regarding medical standards. If volunteer workers are used, they should **familiarize** themselves with the **problems** presented. They should **visit clinics** and **dispensaries** and **see** how they are run. The **psychological attitude** of the worker **is** of the greatest importance **in** **dealing with** the women who come to the center with **their difficult** problems. The confidence of the **patient** can be secured only by an understanding of human nature, and by some fundamental knowledge of what the **medical conditions** and social problems mean.

It **is** **advisable** to have the **instruction** following the **physician's teaching** given, **if possible**, by the same worker at each session. **Otherwise** the **directions** may not be **uniformly** presented, and the patient may return with the **complaint**, "I was not told to do that."

Clear, full and well kept case **histories** are necessary for the safety both of our **clinics** and of the **patients** themselves. Every **hospital** and dispensary keeps such records. We must be sure that our records are in line with those of **recognized** medical departments.

The **impression** made upon the patient at the **time** of her first **visit** **is** of **vital** importance. To come to an **office** where a **dignified** and **professional** atmosphere **is** carefully **maintained**, **impresses** upon her the **seriousness** of the **visit** and **banishes** fear.

Our **responsibility** **is** three fold — to the men and women in the **community** who support our work, to the **physicians** who endorse us, and above all to the **patients** who come to us for **advice**. By our **medical standards** we shall be known and used.

## Main Street Stops to See

**A**N EXHIBIT that cost little in **time** and money, but **effectively** carried the message of birth control to an entire county and beyond, was held **in** August **in** Wakefield, Rhode Island. The Rhode Island Birth Control League plans to take the same display to other towns of the state, thus starting a unique traveling educational service.

The local committee were prepared to encounter some opposition. They met none. Instead, they were overwhelmed by the enthusiastic reception and by the cooperation which came from unexpected sources. Members of the Town Council and **social** workers expressed their **interest** and pledged their support. One "dyed **in** the wool" old Yankee not only gave his entire approval, but went a step further. "What we need is **sterilization!**" he declared.

Tourists from states as distant as Texas and Ohio stopped their cars to look and to inquire, "Do they have this **in** my state?" Potential givers had an opportunity to see what **their** money could do, so the exhibit helped to prepare for the state membership campaign soon to be started.

Many mothers had never heard before that **birth** control advice was available nearby. They were referred to the **clinic** in Providence. The exhibit encouraged **family planning in its** broadest sense. One woman wanted to know, "Where may I adopt a healthy baby?" Another asked for the name of a physician who would **give** treatment that **might** overcome her apparent sterility.

Set up **in** an empty store on **Main** Street, the **exhibit** attracted passers **by** continuously for the entire two weeks it was shown. **Always** there was at least one spectator—and often there was a crowd, in front of the show **windows, which** were lighted at night. On each of the days when the store was open with some one **in** attendance, about seventy visitors came **inside**.

"Any **community** that can **raise** fifty dollars and has three workers who will **give** part **time** service, can put on an **exhibit** like ours," says Mrs. Charles H. Durfee of Wakefield, who, with Mrs. **Edson** Schock of **Kings**ton and Mrs. Fred Hazard of Saunderstown carried through this successful experiment.

Because we believe that other towns will want to follow Wakefield's example, the REVIEW asked for the **A B C's** of practical procedure. The first essential is to secure an empty store on a well traveled thoroughfare. The location of the store was largely **responsible** for the success of the Wakefield **exhibit**. Though the town has a **population** of only 4,000, it is a **market**

center for surrounding rural **districts** and for the **population** of the nearby summer colonies. Also, along **its** main highway in summer pass cars from many states, bound for New England resorts. The committee's advice is, first, locate your store. Then get in touch **with** the owner. Try to persuade **him** to let you have the store for two weeks, rent free. The Wakefield committee were able to do that, which **is** one reason for the economy of their budget.

The carpenter work and cleaning the store was done **by** the house man of one of the members. Though both windows were used, it was decided to divide the large store, using only part of it, to give an air of greater **intimacy**. Ply wood boards eight feet high were used for the **partition**. The use of this **material** cost only four dollars, since the local dealer refunded fourteen dollars of the **purchase** price of **eighteen** dollars when the boards were returned to him. A **long** table (planks on **carpenters'** horses) was placed **against** the temporary wall. On this was displayed the literature, most of which had been secured from the American Birth Control League. The cost of **literature** and books was about twenty one dollars. Part of the literature was not used, however, and all the books are available for other **exhibits**. **Against** the left wall was a smaller **table with** cards **giving** the clinic address. At the right, comfortable chairs and a wicker table with books and with **periodicals** containing articles on birth control, **invited** visitors to **sit** down and read.

A sign about thirty feet long, which covered the entire front of the store, read "RHODE ISLAND BIRTH CONTROL LEAGUE EXHIBIT". After inquiries had been made as to whether or not the **exhibit** was free another **sign** was **painted**, reading "VISITORS WELCOME—OPEN SATURDAYS 9 A.M.—9 P.M." This was mounted on the frame of a tire advertisement, which had been borrowed from a local garage, and placed just outside the door. The cost of **painting** the large **sign** and of copying five posters, lent by the Massachusetts **Birth** Control League, was fourteen dollars. Mrs. Schock made other very effective posters.

In one of the windows **was** placed the diorama of the **American** Birth Control League, rented at a cost of five dollars. It was necessary to have an electric outlet **installed** to light the **diorama, which** has three **miniature** stage **sets**. Posters on which were mounted letters received from mothers, did more than anything else to attract and hold attention to the other window. **In** **addition**, there were posters **presenting** statistics on maternal and infant **mortality** in the state. On one

poster appeared the picture of an impoverished family, cut from a magazine, with figures on how much the care of an actual family of this size had cost the community in 1935. The committee were careful to avoid the use on the posters of words such as "abortion," which they felt might shock a rural community. Negative ideas were also avoided. The posters told their audience not what isn't, but what is. A scaffolding, placed on an incline, was used as the background for the posters, which rested on moldings attached to the scaffolding at different levels.

The cost of the exhibit was divided as follows

Sign and copying posters	\$14 00
Poster boards	1 50
Use of boards for partition	3 94
Rental of diorama (express paid)	5 00
Literature and books	21 20
Electricity	2 52
Window stickers "Visitors Welcome"	1 50
Cards with clinic address	1 50
	—
Total	\$52 16

The windows told the whole story when no one was in attendance. Saturday was chosen as the day to have the store open, since that is market day, when Main Street is crowded. The three workers took shifts of four hours each, so that someone was always on hand during the twelve hours.

Although one male visitor admitted, "I paced in front of this door eight times, getting up courage to come in," many men did go in and ask questions. One said, "My wife is in the hospital with a new baby. I am going to tell her about the clinic right away." Many mothers brought their daughters and daughters in law, and said they did not want the young women to have to endure the worry and ill health caused by continuous child bearing, as they had.

"My son in law is on relief," one explained, "and my daughter worries all the time." Several mothers said that their family incomes were sufficient to give their children only the necessities of life, and that another baby would mean want and despair.

A publicity release was used by local papers, as well as by the Providence Journal, which gave the story a two column spread.

"We are on the lookout for suitable empty stores in other towns," Mrs. Durfee reports. "The exhibit can be transported easily in a station wagon. Now that our original outlay has been made, we believe that we can put on an educational drive throughout the state, at a cost of only ten or fifteen dollars for each exhibit."

### A RESOLUTION

Voted at its 24th Annual Conference, held in Norris,  
Tennessee, June 3 7, 1936, by the

#### NATIONAL FEDERATION OF SETTLEMENTS, INC

The conservation of family welfare is one of the most important factors in achieving social health. Without presuming to speak for any individual settlement, a majority of the delegates to this conference subscribe to the right of parents to limit their families as they think best and urge that abridgments shall no longer be tolerated to their right to obtain information concerning the best scientific methods of family limitation.

### Dr. Matsner Addresses Puerto Rican Physicians

**E**IGHTY per cent of the practising physicians in Puerto Rico, including all physicians engaged in public health work, heard Dr. Eric M. Matsner speak on "Medical Aspects of Contraception" during his recent visit to the island. Dr. Matsner, who is executive secretary of the National Medical Council on Birth Control and medical director of the American Birth Control League, went to Puerto Rico upon the invitation of the Puerto Rican Medical Association. On September first he addressed 150 of the Association's members. A second meeting, arranged by the Commissioner of Health, brought together all the public health officers of the island, as well as many heads of nursing services and social service work, to hear Dr. Matsner speak in the auditorium of the San Juan tuberculosis hospital.

Dr. Matsner reports, "The medical profession is extremely interested in the entire problem of contraception, recognizing in it the basic solution to the acute health problem in Puerto Rico. Because of the density of population and the scarcity of arable land, the general standard of living is very low, with a resultant high incidence of malnutrition, tuberculosis, malaria, hookworm and other tropical diseases. Maternal and infant mortality rates are extremely high, with no records available for the incidence of abortion. While, in 1899, the death rate exceeded the birth rate by 30,000, present figures indicate that the birth rate exceeds the death rate by more than 50,000. Approximately 70 per cent of the population belong to the peon class, and the average yearly earning for the head of a family is estimated at fifty dollars. Because of economic, social and geological factors, as well as for health indications, a program of maternal health is imperative for the welfare of Puerto Ricans."

## News From The States

**ARKANSAS** Among the booths occupied by 25 social welfare agencies of Little Rock at the Welfare Exposition in the Boys' Club September 11th and 12th, was an exhibit of the work of the birth control clinic conducted by the Arkansas Eugenics Association. The Association is a member of the Little Rock Council of Social Agencies and of the State Conference of Social Work.

A total of 1,009 applicants have registered at the Little Rock clinic since its inception in February, 1931. Of these, 21.5 per cent had returned regularly for supplies through August, 1936. Inability to pay a private physician is an admission requirement, and clinic fees are based upon income.

Recently the Association compiled a list of 45 physicians throughout the state to whom women with higher incomes may be referred for contraceptive advice. A questionnaire was sent in May to 280 physicians of the State. Forty-six replied. Twenty-one of them sent the names of lay groups that might be interested in establishing clinic service. Only one physician stated that he thought the laity should not promote the program. As a result of these physicians' interest, another clinic has already been established and three towns have asked that representatives of the Association meet with them to discuss the establishment of clinics.

**CALIFORNIA** The Birth Control League of Alameda County opened in June two new branch clinics, in East Oakland and Berkeley. Mothers of small children have been greatly aided by this service, which makes it unnecessary for them to travel the long distance to the central clinic in Oakland.

The League's original clinic, since it opened in 1929, has given contraceptive advice to 4,200 women. From 40 to 50 per cent of these patients received information and supplies free of charge. Others were charged according to their ability to pay, as indicated by the budget made up by the Budget Committee of the University of California.

Although two-thirds of the patients are sent by other patients, all the social and health agencies in the county and its bordering counties have referred clients to the clinic. Visits to social and health agencies are made from time to time by the clinic secretary, and social workers and public health nurses are invited to meetings at the clinic.

An interesting experiment will be made this fall, when the medical director, a woman physician, will

ask a group of patients to come to the clinic for an evening group discussion. Patients who had been married only a short time when they received their contraceptive information will be invited, and encouraged to ask questions.

**CONNECTICUT** This has been a red letter year for the Connecticut Birth Control League. After twelve years of fighting—without results—to amend the state law which forbids "the use of contraceptives," the League determined in July, 1935, to open its first clinic. Now more than 1,350 mothers have received advice at four permanent clinics established in Hartford, Greenwich, New Haven, and Stamford, and two visiting clinics in Westport and Danbury. Town chairmen have formed motor corps, who transport patients from rural districts to the nearest clinics.

The annual report of the president, Mrs. A. Morgan Pease, read at the annual meeting on June 17th, stated, "After the defeat of our bill by the legislature last June, we were determined not to become discouraged and wait until the next Assembly to again undertake the same campaign which had gotten us nowhere for the last twelve years. So a meeting was called of a group of prominent Hartford men and women and it was decided to open a birth control clinic in Hartford. The clinic has now been operating for a year and 450 patients have attended. There has been some publicity in the newspapers but instead of hurting, it has advertised the clinic."

A large new sign in front of the Hartford center reads "Hartford Birth Control Clinic." A financial drive for this clinic and for the work of the state league will be launched the first of October.

**IOWA** When the Iowa Maternal Health League asked permission of the State Health Department to have a booth in the Education Building at the state fair in August, the place of birth control in public health was emphasized. Permission was granted. About 5,600 pieces of literature were distributed by the League at its booth.

The League will participate in the Iowa Conference of Social Work, to meet in Des Moines. A round table on birth control, which will be held as part of the Conference on October 30, will have as chairman Mrs. Albert Robertson. Dr. Helen Johnston will speak on "Health Problems in Relation to Birth Control" and Mrs. Myrtle Meyer Eldred on "The Beginning of the Des Moines Clinic."

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**ILLINOIS** Since January 1, 1936, the clinics of the Illinois Birth Control League have cared for approximately 400 women without charge. In addition, free supplies have been furnished to return patients. Whenever it is possible, however, the patients are asked to pay a small amount.

A patient whose record is outstanding was received by the League in September. She is 34 years old, has been married sixteen years, has had 32 pregnancies and has been aborted 32 times.

**INDIANA** Up to the present, the Maternal Health League of Indiana has been a state league in name only, reports its chairman, Mrs. Louis Haerle. Now, as a result of the work of a field nurse of the American Birth Control League during August, the organized groups in South Bend and Evansville, and the semi-organized groups in ten other communities have expressed an eager willingness for closer cooperation with the Indianapolis group. Plans for further state organization will be made at a meeting of the Board of Directors on October 12th. Interest in the movement has been increased by the addition of an advisory committee of 34 influential men and women, thirteen of whom are prominent physicians.

The Indianapolis clinic continues to hold weekly sessions, and has cared for 1,316 patients in the two and a half years it has been functioning. The daily attendance averages between 30 and 35 patients, a tremendous increase over attendance last year.

An effort is being made to have the League represented with an exhibit at the State Conference of Social Workers, to be held in Indianapolis November 28-December 1. Twice a year a conference of representatives of all cooperating social agencies is called by the Indianapolis clinic for informal discussion of clinic problems. These meetings have greatly stimulated interest in the clinic and in improving its service.

**MAINE** A new clinic with an atmosphere of friendliness opened in a private house in Bangor late in May. Of the five patients advised at the first session, only one had less than seven children. She was a girl of 23, the mother of four children. One of the patients had eleven children.

Fine educational work is being done in the surrounding rural districts. Volunteer drivers from six rural towns have transported patients to and from the clinic. Welfare workers from these six towns also have visited the clinic, and have expressed their interest in getting their local physicians to give contraceptive advice to mothers in poor circumstances who wish it.

Mrs. E. R. Godfrey, a member of the board of directors of the Maine Birth Control League, was instrumental in organizing the Bangor clinic. The League now has seven centers.

**MASSACHUSETTS** Work for the winter will be in full swing after October 9, when the board of the Massachusetts Birth Control League reassembles, and plans for the financial campaign are laid. The new board, which took office in April, pressed the work steadily on during the summer. Heretofore the summer months have brought a decrease in new patients. But this summer, records show an increase over the spring months of sixteen per cent in Brookline and twenty per cent in Springfield.

The Health Extension Committee, under the leadership of Mrs. Weston Howland, is at work in four communities, where it is hoped to establish new mothers' health offices. In one of these, Salem, a strong committee has been formed and the North Shore Mothers' Health Center will be open as soon as satisfactory quarters have been found.

A bitter attack on the Worcester Office, published in the Catholic Messenger of that city, lowered the number of patients for a month, and cost the doctor her position with a large public utility. The physician, Dr. Bertha Olson, won the respect and gratitude of a large part of the community by courageously sticking to her clinic work. In the next month the patients came back in increased numbers.

Increased cooperation with women's clubs is one of the most encouraging developments of recent months.

**MICHIGAN** To help its organized groups to administer their clinics with the highest possible efficiency, the Maternal Health League of Michigan is sending out quarterly news letters. The letters, which will keep the clinics in active touch with one another and with the state work as a whole, report activities and give suggestions for administration, publicity and finance.

The Marquette Maternal Health Clinic has been opened in the Northern Michigan Children's Clinic. The entire staff of St. Luke's Hospital are cooperating and a number of social and health agencies referring patients. Another new clinic has been started in a hospital in Albion, making a total of 21 centers in the state.

For the first time, the League has been asked to hold a joint meeting in connection with the annual meeting of the State Conference of Social Workers in Kalamazoo on October 8th. The League will have a booth, the background of which will be the American Birth Con

trol League exhibit, and will conduct a luncheon and a clinical conference

Plans are being made for extensive rural organization in the northern counties of the state's southern peninsula. The League hopes to obtain special gifts for this work. Because there are no cities in the district large enough to support clinics, the work will have to be accomplished through contacting county medical societies and individual physicians and through cooperation with public health units and social agencies.

**MISSOURI** The Maternal Health Association of Missouri has received the endorsement of the Charities Bureau of the St. Louis Chamber of Commerce, which means that the Association is listed with the agencies considered to have adequate business management and to follow high standards of social service work. This endorsement should prove valuable in obtaining funds, as many business men look to the Chamber of Commerce to guide them in their support of charities.

Plans are being perfected for organization work throughout the state during October and November. Mrs. Marion H. Post, field nurse of the American Birth Control League, will spend these two months in Missouri, helping in the establishment of clinics.

In spite of the heat and drought this summer, the Association's clinics were crowded, which indicates that knowledge of the service is being more generally spread. A new suburban clinic will be opened soon in Kirkwood, for the use of residents of St. Louis County who find it expensive and difficult to reach the city clinics. Volunteers for this clinic have been trained in the St. Louis clinics during the summer.

The Association became a member of the Missouri Association for Social Welfare last May.

**MINNESOTA** A most successful part in the Minnesota Conference of Social Work has just been taken by the Minnesota Birth Control League. The League's program on September 17th, featured a dynamic address by Dr. Eduard C. Lindeman, professor of social philosophy, New York School of Social Work. A large map indicating clinics, co-operating physicians and lay groups throughout the state was displayed at the League's booth, and literature was available. The American Birth Control League's exhibit, with its graphic portrayal of planned and unplanned families, attracted much favorable attention.

The cooperation of at least one physician in each of 72 of the state's 87 counties has been secured. All these physicians indicated that they are willing to care for

dependent women without charge when these patients are referred to them by their county relief workers or other social agencies. The League meets the cost of supplies.

The clinic staff in Minneapolis has had a busy summer. Sessions have been filled to capacity, even during the hottest weather. An average of 350 patients visit the clinic each month for consultation or supplies.

Luncheon meetings will be held this fall in at least ten towns in the southern part of the state. Interest in starting contraceptive service was aroused in these towns by a field worker of the League who visited them in May and June.

**NEW HAMPSHIRE** The New Hampshire Birth Control League was organized on June 25th at a meeting in the South Congregational Church Chapel in Concord. The League has become a member group of the American Birth Control League. Its officers are: Mrs. A. Ray Petty of Deering, President; Ursula G. Sanders, M.D. of Concord, Vice President; Mary L. Whittaker of Concord, Corresponding Secretary; Rev. Robert Blakeley of Laconia, Recording Secretary; Mrs. E. Benjamin Armstrong of Peterborough, Treasurer. Among the honorary directors are Ernest M. Hopkins, president of Dartmouth College; Mrs. Grace Morrison Poole, formerly president of the General Federation of Women's Clubs; Rev. Allan L. Lorimer of Manchester; Judge Eugene Leach of Concord and Judge Oliver W. Branch of Manchester.

The maternal health clinic in Concord, which has been functioning very successfully for more than a year, forms the nucleus for state service. Maternal health referral service has been started this summer in Tilton, Nashua, Lincoln, Deering and Littleton.

**NEW JERSEY** Not only the social workers themselves, but the boards behind them are being educated in the service given by the New Jersey Birth Control League. The Trenton Maternal Health Center has been included in the Community Chest of that city, and other centers of the state are working to win the same recognition.

Executive committee meetings of the League have been resumed for the fall, and will be held every month. The board of directors meets three or four times a year.

Two new leaflets on "Planning the Family," have been printed in Italian and Yiddish. These answer in simple and straightforward fashion the questions mothers have most often asked about birth control and the service of the clinics. Copies of the leaflets, with Eng

lish translations and prices for printing, may be secured from the American Birth Control League by state leagues interested in ordering a supply

**NEW YORK** The method of county organization has proved most successful in extending the work of the New York State Birth Control Federation. Two important counties, Westchester and Kings, now have five birth control centers each. Nassau County has two centers. One center is functioning in each of seven counties—Albany, Dutchess, Franklin, Monroe, Onondaga, Queens and Schenectady. In addition, ten centers are maintained in Manhattan and the Bronx by the New York City Committee of the Federation.

Field work this summer in the upper part of the state resulted in valuable contacts and interest in eleven counties. Chemung, Orange, Hudson and Greene Counties have organized committees to work with the medical profession toward the establishment of centers. The experience proved definitely that the only practical way to expand the state work is through the services of a competent organizer over a period of several months. The Federation found that the summer, however, is not an opportune time for organization work. As many physicians, social workers and other key persons were away from home in the months of July and August, the organizer was obliged to make return visits in September.

A special membership drive has been launched by the Federation in counties which are unorganized, or have organization work in progress. The membership fee has been placed at one dollar, since this effort is primarily educational. The Federation wishes to have the *Birth Control Review* and other literature received regularly by interested persons in counties where it is particularly important to build up an informed body of lay support.

**PENNSYLVANIA** An assistant who speaks Pennsylvania Dutch proved indispensable to a traveling service started this summer in Berks County. The Reading clinic sent a registered nurse—with the assistant—to help local doctors, who held occasional clinic sessions in six towns of the county.

A new field secretary with social work background will begin her travels around the state this fall. She has been engaged to help the clinics already established to raise their professional standards.

The handsomely printed and carefully planned study program, "Addressed to the Club Women of America," which was issued last summer by the Pennsylvania

Birth Control Federation, has been sent to all the women's clubs of the state, with a letter from Mrs. John M. Phillips, President of the State Federation of Pennsylvania Women. Several other leagues have adopted this program with enthusiasm for the use of women's clubs in their own states.

**RHODE ISLAND** The Providence clinic is so active that the Rhode Island Birth Control League will be obliged either to extend the clinic hours or to have another session each week. A busy clinic in Newport serves the surrounding rural districts.

The League's annual membership drive will be launched in October. Double the usual amount is needed this year to insure adequate clinical attention to an increasing number of applicants. Teams of men have been formed to work with the women's groups. In a store in the business section, the League will have an information booth and exhibit, and will hold lectures.

The very successful exhibit held during the summer in Wakefield is described on page 2 of this issue.

**WISCONSIN** A new office at 720 North Jefferson Street, in the downtown district, was opened on July 15th by the Maternal Health Center of Milwaukee. This is a short distance from the physician's office where the clinics were held previously. The waiting room has been furnished simply but charmingly by the furnishing committee, and the office is efficiently equipped.

**TEXAS** Representatives of seven cities of Texas met in Houston on June 4th and 5th to consider means of extending contraceptive service throughout the state. The Birth Control League of Texas was formed. Mrs. Haywood Nelms of Houston was elected President and a committee to nominate other officers was appointed.

The interest and spirit of cooperation shown at the conference has started the American Birth Control League's new state member group constructively on its way. Clinics already functioning in Houston, Waco and Dallas will serve as demonstration centers. During the conference, the delegates visited the Maternal Health Center of Houston, where Dr. John Zell Gaston spoke to them on the medical aspects of birth control and Mrs. J. G. Flynn, secretary of the center, gave a detailed account of clinic procedure.

San Antonio, Dallas, Beaumont, Austin, Waco and Galveston sent delegates. Though no one was able to represent the interested group in Fort Worth, word was received that a clinic may be established there soon.

## World Center Advocated

The establishment of an international birth control center at Geneva, for the more effective coordination of birth control work throughout the world, was advocated by Mrs Edith How Martyn of England at a luncheon given in her honor by Margaret Sanger on August 26th in New York Mrs How Martyn, honorary director of the Birth Control International Information Center in London, had just completed a tour of the Orient, where she lectured on contraception to physicians and nurses in many countries

"A world organization, backed by adequate funds, is needed," she declared "Birth control exists in isolated spots, but the real need is for all nations to regulate the quality and quantity of their population

A responsibility rests on organized women's societies in the more advanced countries not only to support the birth control movement in their own lands, but to give help to the inarticulate mothers all over the world"

"Especially is it hopeless to think of getting rid of war if we pay no attention to the problems of population," Mrs How Martyn pointed out "War will not be abolished until more respect and care is shown in the production of life"

An absurd situation occurred when Mrs How Martyn crossed the Canadian border and a suitcase of contraceptive exhibit material which had travelled with her around the world was confiscated by United States customs officials Most of the materials in the case had been manufactured in the United States and had started on their tour from this country Before visiting Canada, Mrs How Martyn had entered America via California,

where customs officials had made no objection to the exhibit material

In England, the speaker said, birth control is accepted as a normal and necessary factor in modern life Today every public health authority may arrange for physicians to give birth control advice to mothers who ask for it on medical grounds About 250 local health authorities, including Manchester, Birmingham, Leicester, Brighton and Kensington, are giving contraceptive advice

## Young Americans Want Children

The young man in America today wants to have about three children, according to an article, "Male, White and Twenty one," by Gretta Palmer, which appears in The Delineator for October Mrs Palmer interviewed four young men, typical of four strata of society, to get their opinions on marriage, morals and work Here are their answers to the question, "Do you want to have children? If so, how many?"

Mr A (Princeton student of wealthy family) Two or three But I wouldn't even consider children without \$10,000 a year

Mr B (student in a Western co educational university) About three

Mr C (white collar worker) Sure Three or four

Mr D (enrolled in the Civilian Conservation Corps) Only if I had enough money to give them a break In that case, about three

Mr A and probably Mr B will have no difficulty in obtaining contraceptive information Only through the spread of birth control clinics will the Mr C's and Mr D's of America be able to regulate their families scientifically and to give their children "a break"

## Birth Control Review

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