

birth control review

DECEMBER - JANUARY, 1937 - 38

VOL XXII

NOS 3 AND 4

Public Health Number



Birth Control as a Public Health Problem

— C - E A Winslow, Dr P H

State Public Health Programs

Minnesota

Michigan

North Carolina



Published by the

AMERICAN BIRTH CONTROL LEAGUE

BIRTH CONTROL REVIEW

Published monthly by the

AMERICAN BIRTH CONTROL LEAGUE, INC

515 Madison Avenue, New York, N Y

SENT TO ALL MEMBERS OF THE LEAGUE AND ITS AFFILIATED ORGANIZATIONS
COPYRIGHT 1937 BY THE AMERICAN BIRTH CONTROL LEAGUE

Editor Mabel Travis Wood

Consulting Editors

Clairette P. Armstrong Ph D
Robert C. Cook
Edward M. East Ph D
Henry Pratt Fairchild Ph D
Rabbi Sidney E. Goldstein

Ernest R. Groves
Mrs. Sidonie M. Gruenberg
Frank H. Hankins Ph D
Frederick C. Holden M D
Ellsworth Huntington Ph D
Rev. L. Foster Wood Ph D

Mrs. F. Robertson Jones
Foster Kennedy M D
Edward C. Lindeman
Clarence Cook Little Sc D
Eric M. Matsner M D

William J. McWilliams
Carl G. Roberts M D
Edward A. Ross Ph D
Raymond Squier M D
C. E. A. Winslow Dr. Ph D

VOL XXII

DECEMBER - JANUARY, 1937 38

NOS 3 AND 4

1937 — AN ACCOUNTING

THE year now closing has brought significant victories and a new outlook to the American birth control movement.

Though the decision of the United States Circuit Court of Appeals was handed down at the end of 1936, the assurance that the case would not be carried to the Supreme Court came in January, 1937. In June, the American Medical Association gave its long awaited recognition to contraception as a medical problem.

The number of state member leagues has grown to 26 during the year, with the organization of leagues in North Dakota, Vermont, Oklahoma and the District of Columbia. Seventy five new medically directed birth control clinics and clinical services were established, bringing the total to 363 in 42 states, Hawaii and Puerto Rico.

Not all the year's developments have been on the credit side. The movement has suffered a set-back in Massachusetts, where lower courts have pronounced workers in

birth control clinics guilty of violating the letter of an archaic state law. All states eagerly await the outcome of appeals to the Massachusetts Supreme Court.

The number of new clinics opened has by no means kept pace with public opinion and community demand, because sufficient funds have not been available. However, the trend toward public support of clinics—both new and already established—has shown marked growth during the year. More than 40 clinics are now located in city and county health departments. More than 100 clinics received entire or partial support from public funds.

Public health cooperation in three states is described in this issue. And the year starts auspiciously with the news that health authorities in another state have launched a contraceptive program. Only a few years ago the ideal of birth control as an integral part of public health service seemed visionary to many. The strides taken in 1937 bring that goal into clear view.

Birth Control as a Public Health Problem

By C-E A Winslow, Dr P.H

*Professor of Public Health,
Yale University of Medicine*

THE decision of the Federal Circuit Court of Appeals for the Second Circuit, rendered a year ago, declared that the intent of the Federal law with regard to the mailing of contraceptive information was not, in the opinion of the Court, "to prevent the importation, sale or carriage by mail of things which might intelligently be employed by conscientious and competent physicians for the purpose of saving life or promoting the well being of their patients" This formula marks a welcome step forward toward common sense and sanity in American jurisprudence It opens the way (except in a few states limited by archaic local legislation) to a practical program for dealing with an important public health problem

Maternal mortality rates, according to the statistics of the United States Children's Bureau, have at last begun to show a real decline The rate for the Registration Area fell from 67 per 10,000 live births in 1930 to 58 in 1935 These figures are still, however, nearly twice as high as they should be, and the difference between various population groups is disconcerting In 1935, the rate for Wisconsin was 40, for the white population of Florida, it was 73, for the Negro population of the Registration Area, it was 95

Childbirth is not a disease, but a normal physiological process, and experience shows that, under favorable conditions, the maternal mortality rate can be kept down to ten per 10,000 There are three conditions which must be met in order to attain such results The mother able to bear children

should have adequate prenatal care, the mother able to bear children should have competent and conservative obstetrical care, and the woman who is unable to bear children should be protected against the hazards of childbirth Health officers and physicians have made notable progress in providing the first of these three essentials and have begun to realize the second The third desideratum must receive serious attention as a fundamental element of the preventive medicine of the future

The most obvious group of conditions which make childbearing dangerous are those associated with obstetrical conditions and gynecological disorders and with diseases such as heart disease, nephritis and tuberculosis In a series of reports from eight birth control clinics, 55 per cent of the cases requiring contraceptive advice were given such advice on account of obstetrical and gynecological conditions, ten per cent on account of tuberculosis, nine per cent on account of diseases of the heart and blood vessels and eight per cent on account of nephritis No one of these conditions is necessarily, and in all instances, a bar to pregnancy Yet in every large medical practice, and in every considerable community, there are women to whom childbearing would be a grave hazard on account of such physical handicaps

A second group of conditions which make pregnancy dangerous are those associated with mental and emotional disorders These hazards are less obvious to the layman than are heart disease and tuberculosis, but they are equally important The institutional

beds occupied in any given community by patients suffering from mental disease and defect are nearly as many as those in hospitals for all other types of diseases and defects taken together. If we could justly estimate the relative burden placed upon the average family by minor mental and emotional maladjustments (fears, uncertainties, suspicions, prejudices) on the one hand, and by non fatal physical illnesses on the other, we should similarly find that mental maladies contribute a full half of our total health problem. It cannot be doubted that there are very many women whose emotional balance is so precarious that the additional burden of pregnancy and the fear of an unwanted child will spell all the difference between reasonable adequate adjustment and serious emotional unbalance.

Finally, there is a third health menace involved in pregnancy which, though less apparent than the direct contra indications of subnormal physical and mental status, is equally significant. This is the indirect influence upon health of pregnancy in the family whose economic status is not adequate to meet the financial burden of child bearing and child rearing. We are today realizing, more and more clearly, the relation of poverty to health. Death rates consistently mount as we pass from higher to lower income levels, and the effective income level of a given family is determined by the number of mouths which must be fed. Each additional child involves an extra burden. Each additional child lowers the effective income level of the family. Each additional child, for the family whose income is near the margin of subsistence, means poorer housing, less food, more nervous strain for the family as a whole. The limitation of pregnancy in such a family is a fundamental essential of preventive medicine.

It should be emphasized that we are deal-

ing here with no gospel of one sided selfishness. The new child itself is one of the chief sufferers in a family that grows too fast for its economic resources. We owe it to future generations that children should not be born into families unable to provide for them homes which ensure a reasonable minimum of physical and mental health.

Granting that protection against child bearing is an essential objective of preventive medicine in certain families, we may next consider the means by which such protection can be secured. The solution of the ascetic marriage may be definitely dismissed from consideration, since we know that interference with the normal course of married life is likely to have effects in the field of mental and emotional health quite as grave as those involved on the physiological side in unrestrained childbearing. We are left with three alternatives, abortion, sterilization and contraception. Therapeutic abortion and sterilization both have their place in the scheme of medical practice. Therapeutic abortion is the only procedure possible where conditions arise in a particular pregnancy which could not be, or have not been, anticipated and which are not likely to recur. Sterilization is indicated where serious physical defects or mental aberrations exist which are reasonably certain to be permanent.

In the vastly greater proportion of instances, where permanent sterilization is not warranted and where difficulty can be foreseen, contraception is infinitely to be preferred. The alternative is a practical and pressing one. It is the neglect of contraceptive measures which gives us our abortions, in the ratio of one abortion to every four live births as is commonly estimated. Whatever the exact figures may be, the number of abortions which represent a costly and dangerous substitute for contraception is certainly sufficiently large to constitute a public health problem of real

importance In the majority of instances, contraception is the wise and safe way to avoid the hazards of childbearing, where such avoidance is necessary and desirable

I should like to point out, as I did in an address before the American Birth Control League, four years ago, that the problem of birth regulation has its positive as well as its negative side The word "control" is too often interpreted in the sense of "means of restraint, check" This is only, however, a secondary implication and a misleading one The primary dictionary definition of "control" is "power of directing, command" This is the sense in which we must use the term

"Control" should imply intelligent and purposeful adjustment of the life of the individual and the community to its physical and social environment "Birth control" should imply protection against conception when the coming of a child would be detrimental, but also the provision of expert advice to the considerable group of persons who desire more children than they have I believe the number of husbands and wives in the latter category is far larger than has been commonly recognized, particularly in the higher levels of professional life

We must look forward ultimately to the merging of the birth control clinic into an institution of wider scope, a center for conjugal hygiene where sex education for adolescents, premarital counsel and examination and advice as to marital adjustment, including control of fertility, shall all be included

From the time when our Palaeolithic ancestors fashioned primitive weapons to slay the bison and the aurochs for food, and primitive tools to cut down trees for fuel and scrape skins for clothing, the task of men upon this earth has been the application of observation and knowledge to the

betterment of the conditions of human living With the scientific developments of the past two centuries, our power of control over the material universe and over the physiological and psychological health and efficiency of the human body has increased by leaps and bounds It would be indeed anomalous if advancing knowledge were not applied to what is perhaps, in the long run, the most important function of the human being—that of the reproduction of the race

We greatly need more fundamental knowledge than is now available in this field Yet we have enough information, if applied, to transform the living conditions of a very large group of American families and to elevate their health status to a level far above that otherwise attainable The only possible way to secure such application is through the development and extensive multiplication of public clinics, since that section of our population which most urgently needs contraceptive counsel can be reached only through clinics The attitude taken by reactionary authorities in certain states that contraceptive information may be furnished by the private physician to the well to do, but not by the clinic to the poor, is abhorrent both to common sense and to common humanity

It must be a clear and obvious public health responsibility of every intelligently governed community in the future to provide marital counsel, including contraceptive instruction where indicated, to all those who are not in a position to obtain such counsel through the medium of a properly informed family physician or specialist This is an ideal which has been pursued by the American Birth Control League with energy and with notable success In the attainment of such an end, it should have the earnest support of the public health workers of the United States

Minnesota

(An encouraging start has been made by the Minnesota Birth Control League in its effort to win the cooperation of county agencies throughout the state. At a recent meeting of the League's board of directors, it was reported that public welfare boards in three counties have voted to pay physicians to provide contraceptive advice for mothers of dependent families who wish this medical service. In six other counties, public agencies are cooperating with the League, either by meeting the expense of birth control service for indigent mothers, or by housing birth control clinics in public health departments. The following report, which Dr. Rae T. LaVake, medical director of the League, made to the board illustrates the position that birth control clinics occupy among other public health agencies, by contributing to the health and social welfare of their communities.)

THE following observations betoken progress during the past year

1 At present, 81 of the 87 counties in the state have medical representatives of our organization

2 Speakers have been furnished, upon

request, to five county medical societies in different parts of the state

3 At a short course held by the University of Minnesota Medical School for physicians from all parts of the state, one whole afternoon was given over to a lecture and demonstration of contraceptive techniques

4 It was arranged to have Dr. Eric M. Matsner, medical director of the American Birth Control League, give an illustrated lecture on birth control to the medical students at the University of Minnesota. The amphitheater was crowded, which indicates the belief of future doctors in the importance of contraception

5 For the past several years, every section of the senior class at the Medical School has seen a demonstration of birth control methods

6 At the Minneapolis Maternal Health Center, during the past seven months, we have given birth control advice to 328 new patients and cared for 1,012 old patients

7 In point of technical efficiency and scope of endeavor, your maternal health

PLANNING FOR PROGRESS

—Minneapolis Star

Members of the Minnesota Birth Control League Board of Directors discuss plans for raising funds to continue the League's efforts to make birth control a part of the general public health program in the state. Left to right: Mrs. Carl Waldron, a member of the lay board of the State Organization for Public Health Nursing; Mrs. Charles Lundquist, state president of the Women's Farmer-Labor party; Mrs. George Dunn, chairman of the Maternal Health Center committee and a director of the Minneapolis Community Health Service; and Mrs. Benton J. Case, chairman of the membership committee of the League.



State Public

Health Programs

clinic aims to be second to none in the country. During the initial visits and semi-annual check ups, our examinations are directed to the discovery of venereal disease and cancer. The same may be said of heart disease, tuberculosis lesions and genital pathology. If such conditions are found, the patients are sent to the appropriate agencies for treatment. So far this year, 194 patients have been so referred. These check ups mean added time and expense, but are very important to the public health program. Your clinic has an opportunity, equalled, I believe, by no other clinic. The intense and continuous fear engendered by the likelihood of an unwanted pregnancy will urge a woman to seek medical help far more effectively than will the fear of disease *per se*. Thus many women will go to a clinic for contraceptive advice, who would not visit another type of clinic, for other important health reasons.

Obviously, birth control information should not be broadcast in all its angles, as is information on the cure of tuberculosis and other diseases.

Contraception is a phase of preventive medicine, for which, thus far, it has been difficult to allocate public funds. Whatever support you obtain must be through quiet, personal contact. Prospective supporters should hear of the work your maternal health clinic is doing to promote family health and happiness and to prevent cancer. Also they might be interested in a few suggestive figures from one of our general hospitals, regarding costs to the community of criminal abortions. On one hospital service in 1936, we had 324 abortions, 175 of which were criminally induced. Many of these women recovered in a few weeks. Some took months to recover, and one pa-

tient was in the hospital 256 days before she had reached a state of convalescence that made it safe for her to go home.

Aside from the danger and expense, what effect would the mother's long absence have on the husband and children? Some of these cases end in death. When the women do recover, unless they can get immediate advice from clinics such as yours, they will again resort to abortion. Many case histories prove this.

Physicians, nurses and social welfare workers, professional and lay, are looking to your clinic more and more for the solution of their problems. We must not be handicapped by lack of funds.

RAE T. LAVAKE, M.D.

Michigan

A milestone not only for the Maternal Health League of Michigan, but for the birth control movement, was the League's most successful participation in the Seventeenth Annual Public Health Conference of its state, held in Lansing, November 10-12. The Conference was conducted by the Michigan Department of Health and the Michigan Public Health Association.

Delegates crowded around the League's booth. About 250 registered, and many times that number took literature. Nurses, health officers and especially women health directors told of the need for birth control information and marital advice in their counties, reports Mrs. Addison P. Cook, president, and other League officers who were in attendance. The large exhibit of the American Birth Control League attracted considerable attention.

The outstanding address of the Conference was that made by Dr. Haven Emerson, professor of public health administration at the College of Physicians and Surgeons, Columbia University, New York, who was the guest of the Michigan League.

Dr Emerson spoke most inspiringly to an audience of more than seven hundred. He was introduced by Dr Alexander M Campbell of Grand Rapids, chairman of the Maternal Health Committee of the Michigan State Medical Society (Dr Emerson's address, "Education in Maternity Essential to Public Health," will be published in an early issue of the REVIEW.)

A comprehensive program of marriage advice, given by all governmental health agencies, was urged by Dr Emerson. Scientific birth control information is essential to such a program, he emphasized.

During the animated discussion which followed, Dr Emerson answered questions. He pointed out that the existing mechanism of health groups of the state could, with a little expansion, include marriage counseling and contraceptive service. All progressive measures, he stated, are first tried out and proved by non official agencies before being incorporated into public health units. The chairman asked those in the audience who felt the need for tax supported marriage advice service to raise their hands. The response was almost unanimous.

North Carolina

Contraception is taking its place as a routine part of public health practice in North Carolina, through a far sighted program launched by the State Board of Health in cooperation with the North Carolina Maternal Health League. This demonstration will have great practical value in leading the way toward the adoption of similar programs in other states.

Last March the State Board of Health employed a public health nurse, on full time, to cooperate with county health officers who are interested in making birth control advice available to indigent mothers needing it for health reasons. The adoption of this service has been entirely optional, and has met with rapid response

on the part of both health officers and county medical societies. In all instances, the work has been under the specific direction of the local health officers.

Already contraceptive service has been established by seven county health departments under the new plan. In two additional cities, where birth control clinics have been functioning for several years with the sponsorship of health departments, this work has been strengthened and extended.

The following program, signed by a committee of physicians and endorsed unambiguously by the medical society in one county, is typical of that adopted in several other counties.

"Your committee believes that a contraceptive program for the county should be adopted. The program should apply to families of low grade mentality, low income, those suffering from diseases, and other conditions incompatible with normal pregnancy, and who are poor maternal risks.

"Your committee does not recommend any specific one of the several types of medicinal agents used for contraceptive purposes.

"A visiting nurse, working under the supervision of the County Health Department or the State Board of Health, in cooperation with the physicians of the county, is essential for the success of the program.

"A careful history of each case should be kept."

Other counties of the state are interested in adopting similar programs, as soon as sufficient local interest and support are available. North Carolina's progressive health officials deserve high praise for their leadership in this constructive effort to reduce maternal and infant deaths and to promote family health and welfare.

ERIC M MATSNER, M D

Birth Control in the Orient

By Eleanor Dwight Jones

PART II

In the November REVIEW, Mrs F Robertson Jones, honorary president of the League, described the evidences she saw, on her recent world cruise, of the Orient's need for birth control, and the realization of this need on the part of the educated people she met. She told of birth control resolutions adopted by medical and women's associations in China and India

IN SOME thirty cities of the Orient birth control committees are actually at work, and in about two dozen of these they have opened clinics

Most of these committees owe their existence to the able propaganda of Margaret Sanger and Edith How Martyn of England, who have visited the East several times. Some of the pioneers, however, told me that they had become interested in birth control when they were students in the United States. A woman physician I met in Tokyo, who gives contraceptive advice to her patients and talks on birth control to nurses and prospective brides, worked under Dr Winslow, Dr Winternitz and Dr Creadick at Yale. Dr Ann Chou, capable and devoted executive secretary of the Shanghai Information Bureau, owes her interest to Dr Robert Latou Dickinson. Dr Singh Bea Chang, health commissioner of Hangchow, who favors a birth control clinic as being cheaper for the city than founding asylums, learned about birth control from Dr Bessie Moses of the Baltimore clinic, when he was studying public health at Johns Hopkins.

The committees have a fine membership of gynecologists, social workers, professors



Mrs Jones confers with a young Tokyo physician on Japan's population problems

of sociology and health commissioners. For some reason, however, most of them are not making much headway in getting the poor to practice birth control. The committees in Bombay, Shanghai and Peiping are the most successful. The number of new patients at the Peiping clinics last year was 503 and nearly a third belonged to the unemployed or laboring classes. But from many of the other committees I heard discouraging reports. "Our clinic has been opened sixteen months and has had only fifty three patients." "We ran a clinic for a year but only middle class women came to it, so we closed it." "The obstetrician in the hospital tells her patients to come to us for advice after their babies are born, but they never come. There is no eagerness for birth control among the poor women of India." "We opened a clinic in 1928. It had three branches, each open two days a week. But in eight months only six women came, all wanting abortions, so we closed it."

At first I could not understand what the trouble was. But the longer I was in the Orient, the more I appreciated the tremendous difficulties in the way of launching a scientific measure like birth control. The masses are still in the Middle Ages. Their outlook is mystical, fatalistic, unpractical, they do not relate cause and effect. They still wear charms against disease and sudden death, they still grovel before hideous gods—fat bellied, elephant headed, always hungry.

Except in Japan, the masses are illiterate. Doctors are few and far between, in China there is only one to every 54,000 people. But in the cities abortions are easy to obtain. I was told that one Japanese hospital in Peiping performed 8,000 criminal operations in 1935. The greatest obstacle to the spread of birth control among the masses, however, is their poverty—just what makes it such a crying need for them. Destitution results in apathy, inertia. With an empty stomach, who will bother about contraception? Yet without birth control, there will always be empty stomachs. The destitute cannot afford contraceptives, but unless people practice contraception, they will be destitute. The crowded homes make the practice of birth control difficult, but without it, homes will continue to be crowded. And so on. There seems to be an economic impasse.

Then, too, birth control workers come up against conscientious objections. Buddha and Confucius and Manu apparently did not demand unlimited multiplication, but Mohammed unfortunately taught his faithful that they must welcome as many children as "come." That makes trouble for birth control in India. In China the opposition is on moral and patriotic grounds. Some people are afraid that removal of the fear of pregnancy will encourage sexual promiscuity. Others believe that birth control is contrary to the teachings of the revered founder of the Republic, Dr. Sun Yat

Sen. In his famous *People's Three Principles*, it is true, Dr. Sen urged "more life," but on the best authority he meant not a larger population, but a more abundant, or richer life.

In Japan the opposition is militaristic. The army, which dominates the nation, wants a big population to justify its imperialistic ambitions, and to supply soldiers for carrying them out. A physician who was courageously running a birth control clinic in the slums of Tokyo, told me in April that not more than three doctors in the whole city were outspoken in the support of birth control and that public meetings were not possible. Baroness Shidzue Ishimoto spoke to me tragically of her country's militarism and materialism. She was quietly conducting a clinic in her own house, but a physician acting in an advisory capacity had been summoned to the police station and called off. Her book, *Facing Two Ways*, had been banned, and no open birth control work would be tolerated.

Everywhere I went in the Orient I saw tremendous difficulties confronting the birth control movement. Some of them will disappear in time. When progressive elementary schooling is given to all girls, fatalism and apathy will be supplanted by self reliance and self help. Cheap, easy contraceptives are being developed and will be perfected. Birth control is already practiced by the upper and middle classes and is bound to spread to the lower. In the long run, self interest wins out over religious or government opposition, people will not be denied what makes for their health and prosperity. But the classes are far apart in the East, and democratization of birth control will be very, very slow, unless it is promoted by expert and concerted effort.

To speed up the movement, it seems to me, three things above all are needed: better communication between the various committees, more publicity (impracticable

at present in Japan) and professional field work As a rule one committee, I found, is unacquainted with the methods and findings of the others, the existence of clinical service in a community is unknown to the general public, in fact even to physicians, the groups of volunteers need professional guidance in setting up clinics and getting the poor to avail themselves of the service

If the committees in each country would form a national federation, and the federation would engage a native woman doctor to travel from one province or city to another, staying in each until a clinic has been opened and a steadily increasing attendance secured for it by systematic missionary work among the poor, the birth control movement would make real headway in the Orient, and gradually relieve the horrible congestion

Meanwhile, bombs and cholera are mowing down some of the population

DID YOU KNOW THAT—

A national program for the reduction of maternal and infant mortality will be considered at a conference called by the Children's Bureau of the United States Department of Labor, to meet on January 17th and 18th in Washington Some forty national medical and civic organizations are cooperating in plans for the conference The National Medical Council on Birth Control, medical advisory board of the American Birth Control League, has been invited to send a delegate and will be represented by its executive secretary, Dr Eric M Matsner

"Birth control information under medical control" is among the ten topics suggested by the Public Affairs Committee of the National Board of the Y W C A for discussion this winter by its state public affairs committees In a series of state meetings, Y W C A leaders and delegates are

considering methods of forming study groups and plotting procedure for community action on these ten important modern questions

A study of the monthly cycles of 150 women was reported to the American College of Surgeons on October 27th by Dr Irving F Stein of Chicago Dr Stein found that only 15 or 20 per cent of the women studied could count with any degree of certainty on using the "rhythm" method of birth control The prospects of success for most women were so meagre, he said, that this method should not at present be recommended to the public

Twenty New York City housewives, living in the heart of the lower east side tenement district, have determined to have no more babies until their neighborhood gets a federal model housing project like the one they have seen across the Williamsburg Bridge in Brooklyn They formed a picket line at the City Hall, wheeling empty baby carriages and carrying such signs as "Slums Make Bums" and "We're against any more 'Dead End' babies"

Philip Murray, steel and mine union leader of the Committee for Industrial Organization, stated on December 8th in an interview with the Scripps Howard newspapers that modern depressions are forcing the spread of birth control among the American people Himself a Catholic, Mr Murray pointed out that in Pittsburgh the decline in the number of children reaching school age is apparent in parochial as well as public school enrollment

"If the worker knows his children will starve in our terrible modern depressions, he won't have children He can't afford to He can't bear to think of what may happen," Mr Murray commented

News from the States

Connecticut

Progress in county organization was reported at the November board meeting of the Connecticut Birth Control League. Mrs. A. Morgan Pease was re-elected state president. Mrs. Thomas N. Hepburn, Mrs. J. Stillman Rockefeller and Mrs. James K. Whittemore will serve as vice presidents, Mrs. Charles W. Deeds as secretary and Mrs. James W. Hatch as treasurer.

A clinic was opened in New Britain on December 7th, following a successful drive for \$1,600. A League for Maternal Health, embracing the towns of New London County, was formed recently at a meeting in the home of Mrs. Edwin Dimock. Dr. Dorothea Scoville will serve as medical advisor.

In its program of community service, the Greenwich Committee for Maternal Health includes a birth control clinic, a Marriage Counseling Bureau and a station for collecting and dispensing mothers' milk. Each year the Committee chooses two graduates of nurses' training schools as candidates for its six months' course in birth control field and clinic work.

Delaware

For the first time, the Birth Control League of Delaware was invited to have an exhibit at the State Conference of Social Work, which met in Wilmington, December second and third. A photograph of the attractive exhibit appears on page 41. Literature was distributed, and posters announced that the Wilmington clinic would be open for inspection by social workers attending the Conference.

That birth control is fundamental to public health and social welfare work was stressed in several of the Conference dis-

cussions. The President of the Conference stated in his address that contraceptive advice should be available in every hospital.

A second clinic was opened in Dover in September.

Massachusetts

The hearing before the Massachusetts Supreme Court of the cases of four workers indicted in the Salem Mothers' Health Office raid will take place, it is expected, early in February. As the Birth Control League of Massachusetts prepares for this important test case, both medical and public opinion in favor of the League's work continues to mount.

Wide newspaper publicity was given, early in December, to the vigorously worded medical protest against the police raids on the League's health offices last summer. Dr. George Gilbert Smith of Boston announced that 1,782 Massachusetts physicians, comprising 34.9 per cent of the membership of the state medical association, have signed the protest.

Dr. Clarence Cook Little, president of the American Birth Control League, addressed a luncheon meeting of Massachusetts League members on December 8th in Boston, and later gave an interview to the press. "It is unthinkable," Dr. Little said, "that the physicians who direct the fine clinic services of Massachusetts in tuberculosis, heart disease, syphilis and the like, should allow the clinic type of patient to be deprived of so essential a health measure as contraception."

I don't think Massachusetts is going to persist in going back to the dark ages. Such laws will be looked back on in the future as we now look back on witch burning. They will seem just as barbaric, and people will be amazed when they realize that we are actually arguing



Positive aspects of birth control were emphasized in the exhibit of the Birth Control League of Delaware at the State Social Work Conference

over the advisability of letting mothers die, rather than help them with sound medical advice”

Nebraska

The Nebraska Maternal Health League is conducting an intensive campaign to build up birth control referral services in rural districts, with the cooperation of local physicians

Typical of the community support given to the League’s work is the following announcement, broadcast over Station WJAG “The Nebraska Maternal Health League and its sponsors will have a meeting in the parlor of the Presbyterian Church, November 9th, at 2 P.M. Doctors, professional and lay members of this vicinity are invited to attend in order to consider an educational program for the benefit of overburdened

parents. A center for better family planning is becoming an important service to every well managed community. Can we neglect our obligations in this important health and social problem?”

Oklahoma

The Oklahoma Maternal Health League, twenty sixth state member league of the American Birth Control League, was formed on November 4th at a meeting attended by representatives of 46 state and city organizations. Present were executives of the leading public and private social agencies of both the state and its principal cities

The new league will coordinate an already strong birth control movement that has been quietly growing in various parts of the state during the past year, through the organization work of Mrs. Ruth Smith,

field representative of the American Birth Control League Birth control centers are functioning in Oklahoma City, Tulsa, Ponca City, Shattuck and Hobart and committees have been formed in Guymon, Pawhuska, Muskogee, Newkirk and Stillwater

Mrs Virgil Browne, president of the Oklahoma City Maternal Health Center, was elected president of the state league In her address of welcome, she announced that 319 patients have been advised at the Oklahoma City center since last June The clinic in the Tulsa General Hospital, which held its first session in March, has had 110 patients

Pennsylvania

Congratulations on the tenth anniversary of its organization are due to the Pennsylvania Birth Control Federation, which reviewed a decade of progress at its annual meeting on November 23rd Since the first clinic in the state was opened in January, 1939, a total of 23,049 patients have been advised Today there are 33 affiliated and medically directed clinics spread across the state In 1937, clinic attendance showed a 13 per cent increase

"We no longer need persuade and exhort We must now improve and develop our skills in administering this highly specialized form of social service," the Federation states in its attractive anniversary report

Delegates from 13 of the 22 clinic committees in the state attended the annual meeting At a noon session, Mrs Stuart Mudd spoke on the birth control clinic as a dynamic factor in the community Officers were elected at a business meeting in the afternoon Dr James H S Bossard, professor of sociology at the University of Pennsylvania, continues as president The principal speaker at the dinner meeting was Morris Ernst, whose topic was "Human Values of Birth Control"

Rhode Island

November closed the sixth year of clinic service of the Rhode Island Birth Control League During 1937, membership in the League has increased by 223, making the total now 859

At the League's sixth annual meeting held on November 17th, Mrs Thomas K Chaffee was elected president, and Mrs Henry Salomon and Dr Edward S Brackett were named honorary presidents Dr Brackett's election, for life, was made in a resolution in which his help in building and maintaining the organization "in accordance with the highest of medical ethics" was cited

Reports presented at the meeting stated that 23 per cent of the families consulting the clinics last year were on public relief The average income per family was \$16 54 per week

The Seventeenth Annual Meeting of the American Birth Control League will be held at 1 00 p m on Thursday, January 27th, 1938, at the Hotel Biltmore, Madison Avenue and 43rd Street, New York City

CHARLOTTE D MARSH, Secy

The nominating committee presents the following for election to the Board of Directors

TO SERVE UNTIL 1939

Mrs Joseph D Burge, Kentucky
Mrs S B McPheeters, Missouri
Mrs Harry Pfeifer, Jr., Arkansas
Mrs Charles Sheldon, Vermont
Mrs Prentiss Willson, District of Columbia

TO SERVE UNTIL 1941

Mrs Francis N Bangs
A N Creadick, MD
Mrs Lewis L Delafield
Mrs Ellason Downs
Frederick C Holden, MD
Mrs Thomas S Lamont
Mrs Henry J Mah
Mrs Moritz Rosenthal
Mrs Warren Thorpe
Mrs Willis D Wood

MABEL W BLADGEN, Chairman

AMERICAN BIRTH CONTROL LEAGUE, INC.

515 MADISON AVENUE, NEW YORK CITY

President
Clarence C Little Sc D

Honorary President
Mrs F Robertson Jones

Chairman of the Board
Mrs Louis deB Moore

Secretary
Mrs Robert McC Marsh

Treasurer
Gilbert Colgate

Associate Treasurer
Mrs Francis N Bangs

Vice Presidents

First Vice President, Mrs Lewis L Delafield

Mrs Frederick G Atkinson
Mrs George C Barclay

Mrs Richard Billings
Mrs Dexter Blagden

A N Creadick M D
Mrs Union Worthington

DIRECTORS AT LARGE

Mrs Frederic Cromwell
Mrs Henry L deRham
Mrs Ellason Downs
Mrs Charles Dana Draper
Morris Ernst
Henry Pratt Fairchild Ph D
Mrs Mansfield Ferry
Clarence J Gamble M D
Rabbi Sidney E Goldstein

Mrs Morris Hadley
Frederick C Holden M D
Mrs John Mead Howells
Mrs Roger Howson
Mrs O Donnell Iselin
Mrs Thomas S Lamont
Mrs Henry J Mali
Richard N Pierson M D
Mrs William C Potter

Mrs Moritz Rosenthal
Mrs Walter N Rothschild
Mrs Carl Taylor
Mrs Warren Thorpe
Benjamin T Tilton M D
Mrs Leslie J Tompkins
Ira S Wile M D
C E A Winslow Dr P H
Mrs Willis D Wood

STATE REPRESENTATIVES

Mrs Frederick G Atkinson, *Minnesota*
Mrs F Huntington Babcock, *New York*
Mrs Virgil Browne *Oklahoma*
Mrs Joseph D Burge, *Kentucky*
Mrs Benjamin Carpenter, *Illinois*
Mrs Thomas K Chaffee, *Rhode Island*
Mrs A P Cook *Michigan*
Mrs Edward Cornish, *Arkansas*

Mrs John Cowles *Iowa*
Mrs George A Dunning, *Pennsylvania*
Mrs Louis H Haerle, *Indiana*
Mrs Leslie D Hawkridge *Massachusetts*
Mrs Robert Hsley *New Jersey*
George H Lawrence, *North Carolina*
Mrs Samuel B McPheeters *Missouri*
Mrs Casper Offut *Nebraska*
Mrs A Morgan Pease *Connecticut*

F O Plunkett M D, *Virginia*
Mrs W R Ronald, *South Dakota*
Mrs Charles Sheldon, *Vermont*
Mrs Deane Small *Maine*
Mrs Charles Vogel *North Dakota*
Mrs Prentiss Willson
District of Columbia
Mrs Union Worthington, *Delaware*

MEMBER ORGANIZATIONS

Arkansas Eugenics Association
Birth Control League of Alameda County Cal
Connecticut Birth Control League
Birth Control League of Delaware
Mothers Health Association
of the District of Columbia
Mothers Health Center of St Petersburg Fla
Illinois Birth Control League
Maternal Health League of Indiana
Iowa Maternal Health League
Kentucky Birth Control League
Maine Birth Control League
Birth Control League of Massachusetts
Maternal Health League of Michigan
Minnesota Birth Control League

Maternal Health Association of Missouri
Maternal Health League of Nebraska
New Hampshire Birth Control League
New Jersey Birth Control League
New York Birth Control Federation
North Carolina Maternal Health League
North Dakota Maternal Health League
Oklahoma Maternal Health League
Pennsylvania Birth Control Federation
Rhode Island Birth Control League
South Dakota Maternal Health League
Birth Control League of Texas
Vermont Maternal Health League
Virginia Birth Control League
Maternal Health League of Milwaukee Wis

STAFF

Executive Director
Marguerite Benson

Medical Director
Eric M Matsner M D

Publications Director
Mabel Travis Wood

Field Representatives
Doris Davidson R N Marion Post

Assistant to the Director
Janet B Whitenack

MEDICAL ADVISORY BOARD — THE NATIONAL MEDICAL COUNCIL ON BIRTH CONTROL

Seventeenth Annual Meeting

AMERICAN BIRTH CONTROL LEAGUE

BILTMORE HOTEL NEW YORK CITY JANUARY 26TH AND 27TH

The 1938 Annual Meeting will be devoted to "brass tacks" There will be no theoretical discussions, no prepared speeches Those who are serving in the front lines of the campaign for family health will have ample opportunity to exchange their experiences in solving clinic problems, extending services, successfully enlisting the cooperation of public health and welfare agencies The tempo of the birth control movement has been accelerating to the point where, we believe the lay and professional workers want most of all to sit around a council table together, taking inventory and drafting plans for healthy growth The program is as follows

Wednesday, January 26th

9 30 a m Annual Meeting of New York State Birth Control Federation

12 30 p m Informal Luncheon

2 30 5 30 p m Round Table on Clinic Problems

(Conducted by the New York State Federation and open to representatives of all state leagues and member clinics)

Thursday, January 27th

9 30 a m Annual Reports by State League Presidents, and Discussion

1 00 p m Annual Luncheon

Speaker Clarence Cook Little, Sc D, President, American Birth Control League

Report of the American Birth Control League—Mrs Louis deB Moore Chairman Board of Directors

(A members' meeting, to elect directors and change by laws, will directly follow the luncheon)

2 30 2 50 p m Meeting of Board of Directors to elect officers

3 30-5 30 p m Round Table—Publicity and Financing Problems

(Representatives of a New York newspaper and of a nationally known fund raising organization will answer questions)

Plan now to attend the Annual Meeting, and to join leaders from other states in charting the course ahead Birth control is entering its third phase, as a public health movement Let us perfect our skills, that 1938 may be a year of outstanding achievement!