

# birth control review

FEBRUARY, 1938

VOL XXII

NO 5



Sterility — What the Public  
Should Know

—William H Cary, M D

The Children's Bureau  
Conference



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# BIRTH CONTROL REVIEW

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## Seventeenth Annual Meeting

RETURNING to her rural New England county from the Annual Meeting of the American Birth Control League, the chairman of a maternal health committee writes, "The meeting was most stimulating and certainly brightened this particular corner of the country with resolve and determination."

Renewed determination seemed the spirit with which the 200 delegates went back to their twenty states from the conference. By discussing their mutual problems at round tables, they had exchanged practical ideas and were eager to put them into action. By hearing of the achievements and plans in other states, they were aware, more than ever before, of that strengthening sense of unity in a common cause.

The inspiring reports of work accomplished during 1937 by twenty-six state member leagues will be published in the next issue of the *Review*, with other proceedings of the Annual Meeting.

Four hundred friends of the League attended the Annual Luncheon on January 27, the theme of which was "Birth Control and Public Health." Dr. Clarence Cook Little, biologist, who has served as president for the past two years, emphasized in a vigorous address, "Birth control is not a public health problem. It is the basic public health principle."

For the first time, the League elected a physician as president — Dr. Richard N. Pierson of New York City, who for four years has been a member of the board of directors. Announcing an educational and fund-raising campaign for this Spring, Dr. Pierson stated, "It is my hope that we who have worked in this field will see our dreams come true in a very few years — that planned parenthood will be an accepted part of every community health program and that the millions of married couples who today have no place to which to turn will be able to get medically prescribed advice when they need it."

## The Children's Bureau Conference

**A** **SOMBER** picture of the lack of adequate medical care for mothers of the United States was drawn at the Conference on Better Care for Mothers and Babies, which met in Washington, D C, January 17 and 18, called by the Chief of the Children's Bureau of the U S Department of Labor

The delegates were told that of the more than 12,000 maternal deaths occurring annually in this country, about 60 per cent could be prevented by adequate prenatal, obstetrical and postnatal care Yet one medically accepted means of preventing thousands of these tragedies—birth control—was permitted no part in the Conference discussions or official proceedings

The delegates were told that one half of the nation's babies are being born into families either on relief or having an annual income of less than \$1,250, one third of the nation's babies into families on relief or having an annual income, including home produce, of less than \$750 They heard Josephine Roche state that the infant death rate mounts steadily as the family income drops Yet no speaker referred to child spacing for family health and security

A yellow light flashed every 45 seconds on one Conference exhibit This meant that an abortion had occurred somewhere in the United States And abortion causes 22 per cent of all maternal deaths Yet discussion of contraception, a means of preventing abortion, was ruled "out of order"

Birth control did come to the Conference's attention when, by permission, Dr Eric M Matsner, executive secretary of the National Medical Council on Birth Control, presented a communication on the subject signed by 322 eminent physicians Miss Katherine Lenroot, Chief of the Children's Bureau, received this communication from Dr Matsner and referred it to the Findings Committee of the Conference

That committee included in its report one sentence which has been interpreted as referring to the birth control communication "Preconceptional and premarital care will help to safeguard the mother from possible later disaster" Dorothy Dunbar Bromley of the New York World Telegram commented, "I am not sure what the committee meant by 'preconceptional care' If they by any chance meant contraceptive care for women whose health makes them poor maternity risks, and for women suffering from the effects of too frequent childbearing, the committee is to be congratulated on its common sense if not its forthright clarity"

At a session following the one during which the birth control communication had been presented, Dr Hannah Stone, medical director of the Birth Control Clinical Research Bureau, was ruled "out of order" when she sought to present statistics relating to birth control The Chairman explained that "some groups" had entered the Conference with

### CHILDREN'S BUREAU FINDINGS

One half of the babies in the United States are born to families on relief or with incomes of less than \$1,250 a year

1,752 mothers died in 1935 from conditions such as tuberculosis and heart and kidney disease, "that may have been adversely affected by the pregnancy"

22 per cent of all maternal deaths are due to abortion



Should child spacing be part of the maternal health program in every community?

the **understanding** that "our **consideration** would be **limited** to the newborn baby and to maternal welfare as concerned **with** pregnancy, **delivery** and postnatal care"

Among the 46 groups represented in the Conference **Planning Committee** was the **National Council of Catholic Women**

The text of the **communication** presented by Dr Matsner follows Its 322 **signators** represent 39 states and 49 Class A medical Schools Among them are the **President** of the **American Medical Association**, the **President** of the United States Pharmacopoeial Convention, **thirteen** deans and 166 **professors**, **associate professors** and **assistants** in Class A medical schools

#### TO THE CONFERENCE ON BETTER CARE FOR MOTHERS AND BABIES, WASHINGTON, D C

The **undersigned** members of the **National Medical Council on Birth Control** and other **physicians** particularly Interested in problems of maternal and **infant** welfare, endorse the **constructive** accomplishments of the **Children's Bureau** in these fields

We hope that from **this** Important conference will come concrete recommendations which will extend measures of **positive** health in the program of maternal and **child** welfare throughout the United States

We are therefore **sending this communication** and **recommendations** with the request that they be given **consideration** by the Conference

An **analysis** of **studies** on causal factors of maternal and **infant mortality** makes it apparent to us that an Important factor frequently overlooked and not specifically mentioned in any of these reports is the **pregnancies** in a large group of "poor maternity risks," as well as **the disastrous effects** of too frequent **child bearing** with its attendant Increase in **morbidity** and mortality both among mothers and **infants**

Further, we draw **attention** to the fact that **approximately** one fourth of the **high** ma

ternal death rate in the United States is due to **abortion** It is our feeling that the **reduction** of induced **abortion** is partly dependent upon the **effectiveness** of medical contraception

We agree **with** the **Chief** of the Children's Bureau in her statement that "measures successfully undertaken in **certain communities** in the behalf of selected groups be extended to benefit mothers and **babies** throughout the United States" One of these measures is the **availability** of adequate contraceptive **information** for the purpose of **child spacing** and the **avoidance** of **conception** of women **suffering** from physical and mental **conditions** in which pregnancy is **inadvisable**

This measure, which has been apparent to many **obstetricians** and **public health authorities**, has up to the present time been **considered** too **controversial** an aspect for **specific recommendation** At present, however, the **official action** of the **American Medical Association**, of numerous state and county medical **societies**, the **decisions** of various United States Courts, as well as **resolutions** passed by a large number of Important lay and **professional organizations** all **indicate** that our recommendations are supported by both medical and **public opinion**

#### RECOMMENDATIONS

- 1 That all **obstetrical services** end postnatal **clinics** be **equipped** to **give** contraceptive **instruction** to mothers for the purpose of **child spacing**
- 2 That all **maternity clinics** be **equipped** to give **this instruction** in accord with state **regulations** to **patients** whose conditions from the medical **view** make pregnancy **inadvisable**, either temporarily or permanently
- 3 That **instruction** of practicing **physicians** be encouraged in the medical **conditions** calling for **contraception** and in the **techniques** of modern **contraception**

# Sterility

## What the Public Should Know

by William H. Cary, M. D.

The problem of the married couple who are involuntarily childless is receiving more and more attention in programs for birth control, eugenics and marital adjustment. The Review has asked Dr. Cary of the National Committee on Maternal Health, an outstanding authority on the causes and treatment of sterility, to tell us in this article what he feels the public should know on the subject.

IN ATTEMPTING to interest and instruct the general reader concerning the practical aspects of a scientific subject, the writer should aim to present the material in familiar rather than technical terms. Strangely enough, this is especially difficult when discussing reproduction, the obvious and interesting phenomenon by which all forms of life are perpetuated. It is probable that your text book in physiology omitted any description of the generative organs and their functions, and that the course in biology so pointedly ignored the sexual aspects of human reproduction that it aroused an abnormal curiosity and provided no ready or proper phraseology relative to the subject. Because the term "sterility" is so carelessly used in medical diagnosis and the condition so commonly misunderstood by the public, I find it necessary to define my subject, not only for clarity but to correct an erroneous impression which prevents many involuntarily childless couples from seeking scientific investigation of this problem.

Strictly speaking, the adjective "sterile" should be applicable to individuals of either sex who, due to injury, operation, disease or maldevelopment, are definitely unable to procreate. This is relatively a rare condition. "Sterility," however, is essentially a medical term which may be defined as the

involuntary failure to conceive after a year or more of normal marital relations. Such a condition must necessarily obtain when either the husband or wife is sterile, but it is much more commonly due to the lowered fertility of one or very frequently of both partners. The reproductiveness of a marriage is measured by the combined fertility of the mates. This is not necessarily a static condition and when fertility is but slightly below the reproductive threshold, favorable fluctuation may bring spontaneous success after years of failure. It also explains the occasional instances in which a childless couple have been separated and upon subsequently marrying vigorous mates, have each begotten children. Few persons are endowed with a perfectly functioning body, and impaired fertility should not injure one's pride but merits the same intelligent consideration that would be accorded to weak eyes or defective digestion. From the foregoing it is evident that in most problems "infertility" is a more accurate term than "sterility." My failure to use it in the title is simply a concession to custom.

### CAUSES

The conditions which may inhibit or habitually defeat some essential part of the sensitive mechanism of human reproduction are so numerous, and so often obscure and

functional, that the most painstaking and specialized investigations are necessary to reveal the one or more causes preventing the fruition of the individual marriage. These causes may be discussed here only in the most general manner.

Two decades ago the writer first recorded in medical literature that routine examination of the husband indicated varying degrees of male responsibility in approximately one third of involuntarily childless marriages. This revolutionary conclusion was received with the healthy skepticism characteristic of the medical profession. Ample confirmation ultimately followed, but until very recent years women were being subjected to long series of treatments and even unnecessary operations without the fertility of the husband being previously evaluated. Today, however, the majority of informed people realize that infertility is a partnership problem for which either one or both may be responsible.

Three popular but erroneous impressions have done much to retard the adequate study of infertility, firstly, that because the woman bears the offspring she is naturally responsible for failure of conception, secondly, that the good health and normal physical capacity of the man are criteria of fertility, and, finally, that male infertility suggests sexual inferiority or hints at an unsavory past.

My statistics disclose that in approximately ten per cent of infertile marriages the husband is found sterile, that in an additional sixteen per cent his fertility is sufficiently impaired to make pregnancy improbable, and that in seven per cent more, reproductive vigor is sufficiently subnormal to warrant consideration as a contributory factor. Other observers have reported somewhat higher percentages.

In the female certain functions are essential to fertility. Under the most normal conditions the sex glands (ovaries) are stim-

ulated by certain dynamic hormones in the blood to produce and liberate, once a month, a single egg (ovum). This is a passive cell hardly visible to the unaided eye. Certain obscure currents carry it a short distance to the abdominal entrance of the oviduct, which it enters. After a three or four day itinerary through the hair sized canal of this four inch duct, it finally reaches the tiny cavity of the womb, where it soon dies and disintegrates. If during this interval of travel it is met and penetrated by a male seed which has successfully traversed the lower half of the female generative system, fecundation is accomplished and the united cells imbed themselves in the spongy lining of the womb where the growth of the embryo continues.

Normally more than 300,000,000 male seed are deposited in the female generative tract in each sexual contact in order that one, the most vigorous of the lot, may survive the few hours of its migration to the ovum. The data by which male fertility is measured are the past history of the husband and his physical status, a highly technical study of the seminal specimen including the microscopic count of normal sperm cells in units of millions, the percentage of motile cells and the vigor of activity, as well as the number of hours which it persists. Sperm cell production by the testicles is also governed by the hormones. The itinerary from the gland to the male organ from which they are finally expelled is a constant process, but is otherwise somewhat analogous to the journey of the ovum in the female. When liberated and transferred to the female during sexual relation these microscopic bodies assume active migratory power, which drives the more vigorous upward into the womb where one may occasionally meet the descending ovum.

It is obvious, therefore, that any condition which defeats the normal development of reproductive seed by the husband or wife



SCULPTURE BY BRENDA PUTNAM

*This joyous symbol of 'The Wanted Child' decorates the letterhead of the Short Hills Committee, New Jersey Birth Control League*

would prevent conception. Hormone deficiency with consequent failure to activate the sex glands is occasionally responsible, but less common than popular literature would indicate. Improper development of these glands in either sex owing to some serious acute or chronic illness during the years of puberty is not infrequent. Injury may also result from local complications of contagious disease. The production of seed may be inhibited in some individuals by dietary disorders and especially by severe and long continued nerve strain. Hence, this type of sterility is more common among sedentary persons involved in nerve wracking occupations than among outdoor laborers. The effect of mental strain was demonstrated often in men during the exigencies of the depression. Similar conditions occur in the female but are less accurately determinable.

Not alone are normal seed necessary but the tiny tracts through which they travel in

each sex to their final union must be free from obstruction. Nearly half the cases of infertility are due to the occlusion of these ducts in either the male or female. Such a condition is usually the end result of some infective process following injury, sexual transmission of disease or induced abortion. It is not practicable to mention here many less common causes of infertility or the almost limitless combinations of minor disturbances which together may long retard conception. One should note, however, that any of the above conditions may exist without recent or contemporary evidence of disease, and the disorders with which the public is most familiar, such as small tumors, displacements and frigidity, may bear no causative relation to sterility. Hence, every problem must be attacked on its individual merits.

#### TREATMENT

An attempt has been made to give an elementary sketch of the fecundating process and an outline of some of the conditions which may prevent its successful operation, for that is the crux of the sterility problem. There is no medical panacea, secret procedure or miraculous operation for its relief. Artificial methods of impregnation are rarely indicated, very rarely successful and sometimes ill advised unless utilized for the introduction of a donor specimen from a normal male.

When the one or more causative factors have been accurately diagnosed and evaluated by meticulous, special methods of investigation, then, and then only, may intelligent treatment be undertaken or profitably abandoned. All too often some symptomless disorder noted upon routine physical examination is subjected to immediate correction in the hope it may result in relief. Occasionally it does. An enthusiastic autoist, however, would not permit the finely adjusted carbureter or distributor of his

stalled motor to be overhauled **until** satisfied that there was gasoline **in** the tank and the battery was charged, **with** all **electric connections in** order. Not alone must the **examiner** be competent but he must be **aided** by the confidence and earnest cooperation of the **patients**. For **obvious** reasons prolonged treatment or major procedure solely to improve the **fertility** of the husband or wife are not really **justified** until the **potential fertility** of the mate is reasonably assured. In most **instances** the youth of **patients** **contributes** to the success of treatment, but not **until** after the age of thirty eight **in** the female and somewhat later **in** the male does age usually become an im-

portant **handicap**. Contrary to the popular **idea**, the husband may be as responsive to treatment as the wife.

Under a competent **regime** of management, from 35 to 40 per cent of couples may hope for a successful result. From these figures it is evident some couples must find their sole **satisfaction** in having made every possible effort for success. In the **occasional** case **believed** by the expert to be **intractable** to science, a frank explanation will pave the way for **adoption** of a **child**, or at least **will** protect **patients** from endless hope and disappointment and sometimes costly **trials** of **various** well meant but **empiric** methods of treatment.

## The Moron Menace

By Clairette P. Arrnstrong, Ph D

*Clinzcal Psychologist*

**C**OULD the countries of the world agree to set an upper **limit** to the number of their **citizens** and a lower **limit** for their measured **intelligence**, the causes of **social ills**, even wars, would be greatly **diminished**. Population mass **production** leads to **industrial** mass **production** and over **production** may very well find an outlet **in** war. **Raising** the average mental age by **eliminating** morons and dullards would advance the cause of peace and **civilization**. Also, a **high** correlation between **family** size and **intelligence** would spur progress.

The **lugubrious** note sounded when there **is** a **slight** **diminution** **in** the **birth** rate **is** evoked by the bugaboo "race suicide," despite the fact that the population of the United States has increased by more than **six million** **in** **six** years, and **despite** the **evidence** of **steadily** **increasing** numbers in an overcrowded world. **Mention** is rarely made of the quality of **new arrivals** or of

their parents. Ignored **is** the **possibility** that parents are mental defectives or psychopaths, unable to **train** their children or to furnish decent homes. **Disregarded** is the **possibility** that parents may be **incompetent** to support **their** **offspring** by their own labor and **will** be **obliged** to unload **their** annual baby, probably of low mentality, on the **public**—**with** untold hardship to the child, who has every **right** to be cared for **in** his own home by his own parents.

Among **specialists** **in** **various** fields of human welfare, there **is** a **growing** **conviction** that quality of population has over long been a neglected factor. Dr. Guy Irving Burch, **population** expert, **in** a recent **article**, "Headed for the Last Census?"; summarizes the **evidence** **which** points directly to over **population** at the lower end of the scale of **intelligence**. Dr. Burch writes,

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*\*Journal of Heredity, June and July, 1937*



"We are rapidly bringing together exact statistical knowledge, which is altogether unique, about what kind of people we are, and we are learning to guess with increasing accuracy what kind of people we must become if certain trends persist. Through studies such as those of differential birth rates we are able to observe these trends very closely and we are given an opportunity to modify dangerous tendencies before it is too late."

Unfortunately however, data are still conspicuously meagre concerning various phases of our population. It has been estimated that in New York State, in addition to 125,000 feeble minded, of whom perhaps 16,000 are institutionalized, nearly two million are "borderline" in intelligence--that is, near moron and dullard. In New York City, for example, exact figures are needed as to whether the public schools contain more children of subnormal intelligence than normal, or the reverse, whether there are today 15,000 feeble minded children in ungraded classes, as once was computed roughly by school authorities, and how many more mental defectives are still in grades. Also how many borderline or dull children are in adjustment or industrial classes, being taught a minimum of the three R's--or should be there? Information as to mental age and other pertinent facts should be available concerning incarcerated adults as well as children in institutions, whether protective or corrective.

An initial step in answer to these questions is psychological examining of all primary school children and careful classification by mental measurements, accompanied by data concerning parents and siblings. The institutionalized should be similarly classified, as is the case even in some prisons. An I Q is a relative symbol, after all, and discloses individual differences, which are measurable as well as obvious. Normal wits are necessary even for

a modest adjustment, but the witless, in danger of being exploited or harming themselves, are unable to lead an independent existence and require continual assistance. Even though some defectives can hold jobs, the normally intelligent can carry on all activities of the subnormal more safely and efficiently.

Prof. Donald Laird of Colgate University, authority on industrial psychology, has long warned of the mounting population of "unemployables"--those whose intelligence is so low and/or their personality traits such that they cannot hold a job.

New York voters on November second approved a forty million dollar bond issue for ineducables, who must be cared for, of course. The growing company of the feeble minded is among the most urgently in need of more extensive institutional facilities. The exigencies of the problems of the unfit monopolize attention so that intellectually normal children and their problems are neglected and ignored.

The "biological repentance and reformation" recommended by Dr. Ernest Hooton, Harvard anthropologist, are heartily urged by the clinical psychologist, who in the course of mental measurements has a ring side seat at the struggle for existence of the mentally unfit. At best, the plight of the unfit is only temporarily ameliorated by the marshalling of every known agency.

A biological house cleaning, which will reduce to a minimum mental deficiency and subnormality, is long overdue. When this need is recognized by the organization of Department of Public Welfare Clinics for limitation of family size, and by sterilization of mental defectives--both humane measures which will relieve many unfortunate of the burden of large families, forestall unhappy existences doomed to misery, and act as a prophylactic for future generations--then perhaps civilization may advance with the survival of the fittest.

## IN THE MAGAZINES •

FORTUNE, February, 1938 The *Accident of Birth*

This forthright survey of the \$250,000,000 contraceptive industry in the United States and of the need for its regulation will render a genuine service to the birth control movement. A distinction is drawn between the ethical manufacturers of contraceptives and the "hundreds of scoundrels who make small fortunes out of ignorance." The article exposes in detail a number of pernicious and unreliable products and their misleading sales promotion.

The conclusions Fortune draws are, first, that a special endowment for research is necessary, to make contraception available to the masses in a reliable form, second, that a rational program of legislation relating to the sale and advertising of con-

traceptives must be drawn up in cooperation with the medical profession.

The location of non commercial, medically directed birth control clinics is shown on a map of the United States, which also indicates the states having no laws on birth control and those having various types of statutory restrictions.

The publication of the article was endorsed by Dr Morris Fishbein, editor of the Journal of the American Medical Association, and by Dr Paul Nicholas Leech, Secretary of the Association's Council on Pharmacy and Chemistry. At its close, the article expresses the hope that the committee which the A.M.A. has set up to investigate birth control "will do its work speedily and come forth with some positive information and assistance. From what has gone before it ought to be clear that in the practice of contraception the rôle of the physician is vital."

PHYSICAL CULTURE, January, 1938 *I Went to A Birth Control Clinic*

The anonymous author sympathetically describes the procedure of a typical birth control clinic. However, her economic status is evidently above that of a typical clinic patient.

THE COMMENTATOR, February, 1938 The Stork Is the *Bird* of War, by EUGENE LYONS

A description of the immense forces of propaganda which dictatorships focus on parenthood for the sake of the state. In this well documented article, the author of the best seller *Assignment in Utopia* points out that birth control is gaining ground in the more democratic, more highly civilized and economically more prosperous nations—while it is either outlawed or unavailable to the masses for other reasons in the poorest, most overcrowded, politically most terrorized nations.

### SEX LIFE IN MARRIAGE by Oliver M. Butterfield

An unusually successful attempt to present the information about the ways in which love may be nourished and strengthened the best manual to give

—*Ohio State Medical Journal*

A simple practical guide in line with modern sociological, psychological and medical thought on the subject

—*Science News Letter*

A rational viewpoint and a fulfillment of the need for fact facing instructive manual for the married and the to be married

—*The Psychiatric Quarterly*

Gives sensible and scientific advice about sexual relations with a full description of the physical relations and commonsense counsel about the more intangible but none the less real emotional relationships. We recommend this book

—*Health and Hygiene*

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**JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION**, January 22 An *Evaluation* of the Safe Period, by IRVING F STEIN, M D and MELVIN R COHEN, M D

Results of a study during an entire year of the menstrual cycles of 115 women. The authors state, "Less than 20 per cent fall into the class of regularity defined by proponents of the rhythm theory. The variations that were observed often appeared to occur as a result of psychic influences."

Conclusion—"We believe that the safe period estimate by the calendar method is not practical."

**LADIES' HOME JOURNAL**, March. What the Women of America *Think* About Birth Control, by HENRY F PRINGLE

By the time you receive this REVIEW, the March Ladies' Home Journal will be on the news stands, containing the results of a nationwide survey on the birth control question, made among women of all races, creeds and income levels. Study the article, by all means! This is, we believe, one of the most eventful records of public opinion ever secured on a question affecting the family life of America.

Seventy nine per cent of the women interviewed are in favor of birth control, an advance proof of the article states. Among Catholic women, 51 per cent declared their belief in birth control.

Most significant of all, the women of America favor birth control not to avoid parenthood, but because they want healthy, happy children. The majority of them believe that four children is the ideal number. Of the mothers questioned, 98 per cent said they are glad they have children, 40 per cent wished they had more children.

The reason for favoring birth control that the women most often cited was that they believe parents should not have more children than they can care for properly.

• **BOOKS RECEIVED** •

**SHADOW ON THE LAND — SYPHILIS** by THOMAS PARRAN, M D. Special educational edition. American Social Hygiene Association. 309 pages, paper cover, price \$1 00.

The Surgeon General's dramatic and comprehensive discussion of "the next great plague to go." Written for educators, parents, community health committees.

**PRACTICAL BIRTH CONTROL** by RITA IRWIN and CLEMENTINA PAOLONE, M D. Robert McBride and Co. 172 pages, price \$1 75.

Both medically approved and unreliable birth control methods are evaluated in detail. Includes a chapter on birth control clinics.

**THE MAN TAKES A WIFE** by IRA S WILE, M D Greenberg, *Publisher*. 277 pages, price \$2 50.

Advice on the sexual and emotional problems of men from adolescence to old age.

**MATERNAL DEATHS — THE WAY TO PREVENTION** by IAGO GALDSTON, M D. The Commonwealth Fund. 115 pages, price \$ 75 cloth, \$50 paper.

Valuable material on prenatal care and delivery. Contraception is disregarded, except for a brief quotation in the chapter on abortion.

**CHILD LABOR AND THE NATION'S HEALTH**

by S ADOLPHUS KNOPF, M D. *Christopher Publishing House*, Boston. Pamphlet, 32 pages, price \$50.

Includes a discussion of birth control as a health and eugenic measure.

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Have you a copy of the *American Birth Control League's* booklist, recently revised? The League will send one, on request.

# A Prediction Realized

(From the report read at the Seventeenth Annual Meeting of the American Birth Control League, January 27th by Mrs Louis deB Moore, Chairman of the Board of Directors)

In the minutes of the May 1935, meeting of the League's Board of Directors, I find the following sentence, "We must get ready for the day when birth control takes its place as a public health measure. It would seem wise to begin an educational program toward that eventuality"

Since that time the Birth Control Review has constantly emphasized the public health approach. Field workers have been permitted by action of the National Medical Council on Birth Control to recommend simpler contraceptive techniques for rural areas, the League had the honor of adding to its board one of the country's great public health leaders—Dr C-E A Winslow of Yale University

Today there are six states having more or less fully developed birth control projects in their public health programs, as well as numerous counties and cities where programs or active cooperation are in force. In all, 43 clinics are located in city or state health department quarters, a total of 128 clinics now receive all or part of their support from municipal or state agencies. The cooperative attitude of health agencies is shown in the number of inquiries we receive from health and relief officials

So, to look back to our optimistic prediction made in 1935, we can see that what was only a hope is almost a reality—that birth control is on the threshold of acceptance as a public health measure

