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Progress In 1937 —

Reports of State Member Leagues

Sword or Scalpel?

An Editorial by Robert C Cook

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Sword or Scalpel?

THE birth control movement has listened to a good deal of preachment to the effect that it has important—nay vital—positive and negative values. That it is a two edged sword which may—and no doubt, has—cut in a variety of ways. It is implied that the birth control movement borders on the unique in this respect. This is altogether misleading.

Every social, economic and biological experiment which man has developed and used has a variety of edges and cuts in a number of ways. Paul of Tarsus and Robert Fulton of New York both made social inventions which have profoundly altered the genetic history of the human race. The lives of these two very unlike individuals resulted in tremendous migrations, the survival of different types of populations, and have played an important part in causing and deciding racially disastrous wars. These, and countless other innovators who have greatly altered human history, have pro-

ceeded in cheerful ignorance of, or even in fanatical indifference to, the effect which the changes they made have had on the biological destiny of the human race.

The birth control movement, motivating what Prof. Norman Himes called the "Vital Revolution," is unique in that quite rapidly it has grown up through the necessary adolescent stage of missionary enthusiasm, and is consciously attempting to learn what are its effects on the hereditary make up of the human race. It quite readily admits that this "Vital Revolution" is indeed a two edged sword. It is most anxious to learn what can be done to make this particular two edged sword into a skillfully guided scalpel which can aid mankind in urgently needed surgery of some of our more serious cancers of the body politic and the body social.

This willingness to be increasingly objective even on the field of battle (and Massachusetts reminds us that there still is a battle), is one of the great positive contributions of the birth control movement. Hu-

man progress has been crucified in the past by two antipodal attitudes—indifference and fanaticism. Nobody cared to find out what effect the steamboat would have on human beings. Only a few hardy souls in Christian countries, or in Mohammedan or Buddhist countries, dared to wonder aloud what effect the current theological dogmas would have on the kind of people we are likely to become. In the birth control movement it seems that at last we are beginning to approach maturity in reform and to be able to combine a receptive attitude toward scientific inquiry and a willingness to face facts, with enough fanaticism to get things done. We begin to out Hamlet Hamlet and to utilize that "pale cast of thought" which we must have if our emotions are to be kept from running away with us, with the result that we end in wasting our lives in mere palliation—"hacking at the branches of evil" while the roots remain untouched. Unlike Hamlet, we decline to let ourselves become "sicklied o'er" into inactivity.

For thought and knowledge have vastly changed the methods and the responsibilities of those people of good intention to see the possibility of a better world. "A cup of water, even unto one of the least of these" is not enough. We have to be reasonably sure that the water is free from *Bacillus Coli* and its microscopic playfellows.

Very few reform movements have been as willing as has birth control to face that fact and to accept new responsibilities which an age of scientific discovery has forced on all reform movements. In that scientific attitude, those who are carrying on this work have a right to feel a real pride. Not only a scalpel is being forged, but the skill and knowledge to wield it as an instrument of healing. And we need urgently both the sharp tool and the practiced hand.

ROBERT C. COOK, editor
The Journal of Heredity

Massachusetts Waits

The Birth Control League of Massachusetts is hopefully awaiting a decision from the State Supreme Court. On February 7th and 8th the Court heard the cases of the four defendants indicted after the police raid on the North Shore Mothers' Health Office of Salem last summer. The judiciary bench was composed of Chief Justice Rugg and Justices Qua, Lummus, Dolan and Donahue. If these five cannot reach an agreement, the two other justices of the Court will be called in.

The principal arguments presented in the comprehensive brief of Mr. Robert Dodge, counsel for the League, were as follows:

- 1 The statute does not apply to the furnishing of contraceptives by or under the direction of a physician when necessary for the preservation of life or health.
 - (a) Section 21 is not to be construed as interfering with proper medical practice.
 - (b) The use of contraceptive measures in medical practice was recognized in 1879, and long before.
 - (c) There is no difficulty in reading an implied exception into the statute.
- 2 The decisions of the federal courts are uniformly to the effect that statutes with respect to contraceptives are not to be construed as interfering with the bona fide practice of medicine.
- 3 If the Massachusetts statute is to be construed as forbidding the use and distribution of contraceptive articles by a physician in the bona fide practice of his profession, it is unconstitutional.

In his oral argument, Mr. Dodge emphasized that this case does not deal with the subject of birth control in its broad sense, but rather with the necessity of medical contraception as a branch of preventive medicine. He said that the Massachusetts obscenity statute passed in 1879, pertaining

to offenses against chastity, morality and decency, was not aimed at preventive medicine, and asked, "Is it to be applied to the practice of physicians protecting the lives and health of sick, married women?" Outlining the purposes, personnel and practices of the League's Health Offices, as well as the sources from which patients came, Mr Dodge stressed the fact that the closing of these offices had resulted in sickness and even death for poor women

A medical brief, signed by twenty prominent physicians acting as *amici curiae* has been submitted to the court. Its 41 pages give quotations from medical text books and journals, stating that it is often the physician's duty to prescribe contraceptives

"The statute does not purport to regulate medicine," is the argument of this telling brief "If the words of the statute are all inclusive, an exception for physicians should be implied. Unless such an exception is implied, the statute is unconstitutional."

The prosecution, represented by Assistant District Attorney John J. Ryan, said that the issue was not whether birth control is a good thing, but whether the defendants have violated the statute. Mr. Ryan stated that he felt this question should be settled by legislative procedure.

The League believes that a decision will be handed down before July.

Tomorrow's Children

The most vital problem of America's future—tomorrow's children—was the theme of a conference on eugenics and birth control which met January 28th in the Town Hall Club, New York City. More than seventy leaders in fields of birth control, eugenics and population attended, at the invitation of the American Eugenics Society.

Two general conclusions emerged from the discussions. First, that birth control is

an essential instrument of the eugenic program and a solution for present dysgenic trends lies in more widespread birth control knowledge. Second, that birth control must prepare to take its place in a broad movement for encouraging desirable parenthood and improving the quality of the race.

Dr. Frank W. Notestein of the Office of Population Research summarized the present changes in population trends. He warned birth control leagues to prepare for adverse public opinion at the time the 1940 census figures are released. Then for the first time the declining birth rate and increase of population in older age groups will be clearly evident, he said. Repressive legislation may result, unless steps are taken to educate the public in the positive aspects of the birth control program.

Several discussion leaders echoed this warning and advised birth control clinics to place increasing stress on child spacing, the value of the periodic health examination, marriage counseling and referral for the treatment of sterility.

In a paper on "Birth Control Future Policies," Dr. Eric M. Matsner, medical director of the American Birth Control League, emphasized the need of medical education to make contraceptive knowledge universal and reverse the present unfavorable selective trend in the birth rate.

An illustration of practical eugenics was the report on the work of the Cleveland, Ohio, Maternal Health Association, presented by its executive secretary, Gladys Gaylord. At least fifty planned and desirable pregnancies a year are now recorded at the Association's clinic, she said.

From this most rewarding conference, representatives of birth control leagues gained a broader perspective on their work and a new sense of responsibility for their part in a constructive program for the upbuilding of family life.

The Year 1937

Excerpts from the Annual Report of the American Birth Control League

IN NOVEMBER, 1936, the National Medical Council on Birth Control of the League addressed to the trustees of the American Medical Association an important document which bore the signatures of 324 eminent physicians. In June, 1937, at Atlantic City the House of Delegates of the Association unanimously adopted a resolution, which in all but one particular embodied precisely the recommendations made by the League's Council. This action made 1937 a memorable year in birth control history.

During the year it was gratifying to welcome into the American Birth Control League family the new state leagues of Vermont, North Dakota, Oklahoma and the District of Columbia. Centers and services grew during the year from 287 to 374, an increase of 87. Of these, 207 in the United States and two in Canada display the standards certificate of the League.

Medical Activities

The Executive Committee of the National Medical Council on Birth Control, empowered to act for the Council, has voted a six-point program of broad expansion. Vital to the field work of the League was the decision to recommend a simpler technique to public health administrators who will assume the responsibility of sending aid to remotely situated rural women. Other programs voted by the Committee were to conduct a survey of hospitals, to organize a speakers bureau, to enlarge the distribution of *The Technique of Contraception*, and to incorporate the Council.

The League was enabled to send Dr. Matsner abroad during the summer to attend the International Population Conference as an official delegate.

Field Work

The field staff have spent collectively 115 weeks in the field traveling 40,000 miles in 14 states and reaching 134 cities. Through the organization of new local committees and the aid of the Clinic Fund, 28 new services were started. Sixteen are functioning in special quarters, and the remainder upon a referral basis, patients being referred by social agencies. The field staff were responsible for the organization of three of the four new state member leagues and for thirty-two local committees.

About half of the field work year was spent in already organized states at the request of the state organizations. This assistance toward consolidating established groups reduced by almost half the pioneering in new territory. Since both the new and the consolidating work are essential, this year's experience serves to re-emphasize the need of more field workers.

The outstanding field achievement of the year was the organization by a League nurse of a state-wide public health birth control project based upon the new Council policy. The supplies are financed by the state Department of Public Assistance and the state Medical Society favors the program. For the time being the location of this project must remain unidentified by request of the authorities.

Publications and Publicity

The REVIEW was issued in a new format and its circulation grew from 15,000 to 17,500. The space given League activities and statements by the newspapers increased by ten per cent over the previous year, eleven per cent more literature was distributed.

At the National Conference of Social Work at Indianapolis in June, the League sessions broke several records. Twenty one hundred people attended the three birth control sessions. At the League booth, 904 persons registered and close to 10,000 pamphlets were taken.

The educational exhibits were shown at 17 conferences in eight states.

Public Health

No phase of the League's work has met with more encouraging response than that directed toward the public health front. About three years ago we began actively to stress the need and the propriety of tax supported contraceptive service. It was recognized that a national organization could foster such a program only educationally, that the ultimate application must be a community responsibility, dependent, like the voluntary clinic, upon local leadership and social consciousness. For this the state leagues provided the logical machinery. Accordingly in the REVIEW and general literature, by field work and public addresses, through the National Conference of Social Work, the theme of public health clinics was constantly reiterated. A classification to show the number of city hall clinics was added to the statistical chart and widely distributed. The cumulative effect of repetition and discussion can easily be seen.

Today in five states there are fairly well developed birth control projects under county or state Public Health Departments. In others we find public health officials sharing the cost or in other ways actively cooperating with voluntary groups. In all, 43 clinics are located in city halls or state health department quarters and a total of 85 clinics receive all or part of their support from public funds. That public administrators are seeking a more constructive

solution for their case load problem is shown by the letters they write to the League.

Conclusions

In spite of the evident progress made by the American Birth Control League and the state member leagues, legal and medical sanction have not as yet produced the revolutionary changes which for years it was assumed they would. Two universal enemies of progress—bigotry and social inertia—are still with us, the latter perhaps more difficult than the former. Because we still face these conditions, strength through sound organization is essential. Organizing work must still be based upon the firm foundation of medical and lay sponsorship of the highest type, for it has been conclusively shown that birth control centers which lack proper leadership and fail to cultivate the cooperation of social agencies are those which falter and call for resuscitation by the state or national body.

Happily, the early individualistic control is yielding to democratic group leadership as state and local units perfect their organizational procedure. This tendency and the emphasis placed upon administrative standards, upon professionalization of birth control work, are bringing it more into line with other public health organizations.

With the prospect of more funds in 1938, the enlargement of our program can take definite shape. There is great need for more speakers and trained field workers to reach public and voluntary health agencies, for more medical education, for control of commercial exploitation, for encouragement of socially desirable parenthood—work in abundance. We begin another year's work confident that our old friends and many new ones will stand by us, that we may realize the ultimate eugenic goal of planned parenthood.

State League Progress

During 1937 the state member leagues took long strides toward their goal of establishing birth control as a public health service. Progress may be measured not only in clinics opened and counties organized, but in the active participation and financial support of welfare and health agencies. Twelve leagues now have membership in state social work conferences. The emphasis placed upon higher standards of administration has meant that clinics are employing more trained social workers and field workers. Through determined effort, funds are being raised to increase such professional service. Space permits the *Review* to publish only an outline of the stimulating reports presented at the Annual Meeting. State league reports in full will be issued in mimeographed form.

ARKANSAS EUGENICS ASSOCIATION

*Submitted by Mrs. Edward Cornish,
chairman*

The state has four clinics, with the organization in 1937 of a center in the community house at Truman. Other clinics are located in Little Rock, in the Health Department at Hot Springs, and in Granite Mountain Hospital. Fifty physicians are on the Association's referral list.

Last October clinic sessions for Negro women were inaugurated in Little Rock, made possible through a special donation.

The Association has been a member of the State Conference of Social Work since 1931.

CONNECTICUT BIRTH CONTROL LEAGUE

Read by Mrs. A. Morgan Pease, president

Last year Connecticut reported four clinics and two branch clinics—this year we have seven full fledged clinics and one birth control service. Only two rural counties are as yet without any organization for clinic service.

A list of 56 referral physicians is given to those not near a clinic, who ask for birth control advice.

The Hartford clinic had 690 new patients during 1937 and a clinic attendance of 2,079. Internes from one of the city's leading hospitals have visited the clinic for

instruction. Through personal contact of all industrial nurses in the city and vicinity, a new source of securing patients has been opened.

Tests for venereal diseases are made in all the clinics of the state—in some as a routine procedure, in others, only in suspicious cases.

Securing the cooperation of social agencies and labor groups is among the League's aims for 1938.

BIRTH CONTROL LEAGUE OF DELAWARE

*Read by Mrs. Union Worthington,
president*

With two clinics and six referral physicians at strategic points in the state, contraceptive advice is within fairly easy reach of any Delaware woman who needs it. Enough publicity has been obtained through various sources to make every physician and social worker in the state aware of these centers.

In connection with the Open House held at the Wilmington clinic last spring, newspapers gave the League splendid publicity, and our local radio station assigned to us broadcasting periods on four consecutive days.

For the first time, the League had an exhibit in the State Conference of Social Work this winter.

MOTHERS' HEALTH ASSOCIATION OF THE DISTRICT OF COLUMBIA

Read by Mrs Prentiss Willson, president

On September first the Association opened an extra mural clinic in a private house which had been donated. Sessions have been increased from one to four a week, with a total of 120 patients advised. Our medical board has set policies, determined the referral list of physicians, and discussed the question of supplies. We are attempting to give the community a model clinic set up.

Increasing requests for speakers are coming from church and adult education groups and mothers' clubs in settlement houses. We are cooperating with a Negro group who plan to start a clinic of their own.

ILLINOIS BIRTH CONTROL LEAGUE

*Read by Mrs Benjamin Carpenter,
president*

The League has had a busy and encouraging, though not spectacular year. Our six clinics in Chicago, three in the Chicago area and another in Peoria have shown constant growth. The Chicago clinics alone had 2,247 new patients, an increase of 227 over 1936.

On January 7, 1938, we opened a new clinic, housed in the Abraham Lincoln Center in the heart of the Negro district on the South Side of Chicago.

The State Conference of Social Work in 1936 and 1937 afforded us the opportunity to come in contact with social workers.

Last spring we engaged the services of Mrs Marion Post of the American Birth Control League, who spent several weeks in preliminary field work. A further program is now being carried on by Mrs Harry Guthmann, our Chairman of Extension Work. She has reported that new clinics are about to open in Danville and Centralia, under very favorable auspices. A local labor union has given the use of its rooms for the Centralia clinic.

MATERNAL HEALTH LEAGUE OF INDIANA

Read by Mrs Louis Haerle, president

With four organized centers, and 20 referral physicians in nine other counties, we still have 79 counties to organize before birth control service is readily accessible to all Indiana mothers. Since April the Indianapolis clinic has had a paid social worker, who has been doing a much needed check up on former patients. As a result of her visits to their homes, 90 patients have returned to the clinic.

For two years the League has had a booth at the State Conference of Social Work, and last year was given a place on its program. Excellent and direct cooperation is given by most social agencies in Indianapolis. The Evansville center is in the Family Welfare Office and all cases come from referral by agencies. In South Bend, social agencies are non cooperative and our hats are off to the South Bend group for having advised 372 patients since 1934.

IOWA MATERNAL HEALTH LEAGUE

*Submitted by Mrs Arthur Kirk,
corresponding secretary*

Clinics are functioning in Des Moines, Cedar Rapids, Sioux City, Cedar Falls and Grinnell.

Forty four per cent of the new patients at the Des Moines clinic in 1937 were on relief or were non relief unemployed. At the Sioux City clinic, 73 per cent of the patients were on relief.

Several important social agencies are cooperating unofficially. The State Department of Health gave the League space for an exhibit in its booth at the State Fair. Last fall, for the first time, the League participated in the Iowa Conference of Social Work. Its program was included in the general program on maternal health.

The League has cooperated with the Y W C A in giving pre marital counsel, supplying literature, and holding meetings.



Pictures Inc

Four state league presidents talk things over between sessions at the Annual Meeting of the American Birth Control League Left to right—Mrs Union Worthington, Delaware, Mrs Thomas K Chaffee, Rhode Island, Mrs George C Barclay, New York, Mrs Leslie D Hawkrigde, Massachusetts

KENTUCKY BIRTH CONTROL LEAGUE

Submitted by Mrs Charles G Tachau, president

Louisville has two clinics for white patients and one for Negroes In the past year, Lexington organized on a very sound foundation a maternal health center for white and Negro mothers, and has had a large number of patients Three centers have been opened under other auspices in one mountain county, and these are to become a part of the Kentucky Birth Control League, locally sponsored The League has a referral list of doctors in various parts of the state

We have had considerable cooperation from social workers, though not much from social agencies officially Membership in the State Conference of Social Work has been

promised the League, and we hope to participate in its meetings next October

The budget for 1938 includes \$500 for extension work in the state

MAINE BIRTH CONTROL LEAGUE

Read by Mrs Deane Small, president

The Portland clinic has been functioning successfully for almost four years and seems to be filling a very real need in the community Public health nurses in all parts of the state, as well as social service agencies, have cooperated by referring patients We feel that our close association with the outpatient department of the hospital has helped immeasurably many women whom we have referred there for further treatment

The clinic nurse has done excellent follow up work She has discovered that fail

ures have been proportionately very few and have not been the fault of the method

A representative of the League spoke at a round table discussion during the Maine Conference of Social Work in October. Next year we expect to have a speaker featured on the program

BIRTH CONTROL LEAGUE OF MASSACHUSETTS

*Read by Mrs Leslie D Hawkrige,
president*

Seven mothers' health offices were well established and had had more than 3,000 patients, referred by fifty leading hospitals and social agencies

Last summer, after police raids on three of the offices, the League decided to close all its centers, pending a court interpretation of the state law passed in 1879. At present our most vital work must be educational (*Developments in Massachusetts are reported on page 59*)

MATERNAL HEALTH LEAGUE OF MICHIGAN

Read by Mrs Robert Breakey, president

The League's clinics and services are set up on a county, city or neighborhood basis, according to the demands of the situation. Flint is the only large city in the state having no birth control clinic. Of the 83 counties in Michigan, 28 have organized birth control service. Our referral list of 205 doctors in 23 counties includes fourteen counties having no organized service. This leaves about one half of Michigan still uncharted.

One new clinic has been opened during 1937 in the Neighborhood House Settlement, Detroit. Records of 11,855 patients advised in our clinics during a five year period show 99.3 per cent success in the use of the method prescribed. In two cities, clinics have the services of paid social workers.

The League participated in both the State Conference of Social Workers and the

Michigan Public Health Conference. Individual social workers and health officials are most eager to work with us, but the organizations officially still do not offer outspoken, wholehearted cooperation.

While we are well along on our way, a tremendous work remains to be done.

MINNESOTA BIRTH CONTROL LEAGUE

*Submitted by Mrs Frederick G Atkinson,
president*

In Minnesota we speak less and less of "clinics." The state is predominately rural, and centralized clinics will not be of as much help to rural mothers as will be physicians cooperating with lay groups and welfare agencies. For this reason we have concentrated on securing the cooperation of physicians in all parts of the state, and now have a referral list of 155 doctors representing 73 of the 81 counties in which there are no organized groups.

Lay groups are advised to sponsor "clinic services" where mothers may have their choice of physicians cooperating with the group. Such services have been started in Meeker and Clearwater counties. Minneapolis, St Paul, Rochester, Duluth and Hibbing have well established clinics.

The League has had what seems a very good response from welfare agencies. Four counties having no clinic centers are providing contraceptive service for relief clients from public funds.

The League's goal is to have county welfare boards assume responsibility for the family planning service in their counties.

MATERNAL HEALTH ASSOCIATION OF MISSOURI

*Submitted by Mrs Helen S Buss,
executive director*

Seventeen cities and towns of the state have been organized, and clinics are functioning. One new clinic was opened during 1937. At the St Louis clinic, an eve

ning session for Negro patients was started in November. Premarital advice was given to 44 patients.

The Association's referral list consists of 152 physicians.

A luncheon and exhibit was arranged by the Association at the State Conference of Social Work, of which it is a member. During 1937 an exhibit was shown at the State Nurses' Conference.

NEBRASKA MATERNAL HEALTH LEAGUE

*Submitted by Mrs. Casper Y. Offutt,
president*

The League has made headway during 1937, though the task seems slow and arduous.

The Omaha clinic continues to function most successfully, and the Lincoln clinic has become a group member of the state league with headquarters in Omaha. Organization is under way in North Platte, where a clinic will be opened soon. As a result of organization work by the League last spring and fall, a clinic is functioning in Grand Island and interest has been aroused in Auburn and Norfolk.

NEW HAMPSHIRE BIRTH CONTROL LEAGUE

*Read by Mrs. T. Benjamin Armstrong,
president*

The League has its nucleus in the Concord Maternal Health Center, which functions under the direction of a physician, a nurse and a paid social worker. Last year the center advised 227 patients referred by doctors, clergymen, social workers and district nurses. Patients are referred to psychiatrists for consultation on marital adjustment.

Social agencies have been cooperative. At the State Conference of Social Work in Durham, the League had an exhibit and distributed literature.

The League is hoping to establish at least

three new clinics this year, one of them in Manchester, where unemployment centers

Organized in June, 1936 the League now has 107 members, fifteen cooperating physicians and an honorary advisory board headed by President Ernest M. Hopkins of Dartmouth College.

NEW JERSEY BIRTH CONTROL LEAGUE

*Read by Mrs. Caleb S. Green,
acting president*

Of New Jersey's 21 counties nine have birth control committees and eight are supporting the nine clinics of the state. One new clinic was opened in Paterson last April by an active group of women and has had rapidly mounting attendance.

Not only is the League a member of the New Jersey Conference of Social Work but a member of our executive committee was elected a director of the Conference.

There has been a marked increase in cooperation from City Health Boards and from physicians. A huge medical meeting held in Newark last January was attended by 350 physicians. We are beginning to get results from a letter sent to all hospitals in the state inviting their medical staffs and internes to observe the methods used in our clinics. A letter sent from our Medical Advisory Board to every member of the state medical society asking if he wished literature on contraception and would be willing to have patients referred to him has brought a high percentage of replies.

NEW YORK STATE BIRTH CONTROL FEDERATION

*Read by Mrs. George C. Barclay,
president*

The Federation consists of 21 member groups which represent 19 counties. There are now 10 affiliated centers of which five are referral services. Six new centers and four referral services were established in 1937. Thirty-two per cent of the centers em

plov social workers, 42 per cent nurses

On the Federation's referral list are 231 doctors in 61 of the state's 62 counties. Eighty one doctors were added to the list in 1937.

For three months of the year the Federation employed a field worker to set up local organizations. Eventually we hope to have a full time field worker.

Publicity is used increasingly as a means of attracting attention to the service. During the year 28 public meetings were held.

Increasing office routine and correspondence made it necessary for the Western Region of the Federation to open an office in Rochester and to employ a secretary.

The New York City Committee of Mothers' Health Centers now maintains twelve centers and during 1937 cooperated with three contraceptive clinics in hospitals.

NORTH DAKOTA MATERNAL HEALTH LEAGUE

*Submitted by Mrs Charles J Vogel,
president*

Organized for just one year, the League functions in two channels. First, it supports the Cass County Maternal Health Clinic in Fargo, which has had 144 patients. The work of this clinic was approved by the County Medical Association before it began to function. A clinic was opened in Jamestown in July.

Second, the League promotes throughout the state education on the question of birth control. The educational program emphasizes that birth control means family planning and child spacing, rather than family limitation.

Twenty seven physicians outside of Fargo are on the League's referral list.

Though the League is not a member of the State Conference of Social Work, we were represented at its annual meeting in 1937. The president of the League has been

asked to become a member of the Council of Social Agencies.

The League plans to assist local groups to organize committees for the purpose of making medical birth control advice available to indigent mothers in their communities. There is great need for this work, especially in the western part of the state where a large percentage of the population is on relief.

OKLAHOMA MATERNAL HEALTH LEAGUE

*Submitted by Mrs Virgil Browne,
president*

The League was established in November, 1937, and its organization is only partly completed. At present eleven centers are functioning in ten of the state's 77 counties. Plans are under way for a Negro center in Oklahoma City and a center at Lawton.

County health officers and social agencies cooperate. The clinics have as yet no paid social workers. Sorority members act as volunteer social workers in the Oklahoma City center.

Of 273 patients advised in the Oklahoma City center, 168 were receiving either entire or partial support from relief funds. The youngest mother to visit the clinic was fifteen years old, she came with her own mother, aged 37.

At the end of its first year, the League hopes to be able to report that at least 50 counties and 75 centers have been organized.

PENNSYLVANIA BIRTH CONTROL FEDERATION

*Read by Mrs Louis N Robinson,
member executive board*

During 1937 the Federation placed its emphasis on medical field work in isolated districts. A field physician with many years of experience in public health work visited 40 different communities, where the scattered population is comprised mostly of

families who are on relief or bordering on relief. She gave contraceptive advice to 238 women in their homes. Her interest and cooperation has had a stimulating influence on local committees. Attendance at established clinics has been greatly increased. We feel this is one of the most interesting and worthwhile experiments ever attempted in the birth control field.

During the eight depression years a total of 23,287 women have been helped at the Federation's clinics. In 1937 clinic attendance increased thirteen per cent, 3,964 new patients being advised in the 33 centers. A significant development has been the trend toward professional social work administration. Six clinics now have trained social workers.

The Federation has continued to participate in conferences such as the Council of Parental Education and the Pennsylvania Conference on Social Work.

RHODE ISLAND BIRTH CONTROL LEAGUE

*Read by Mrs Thomas K Chaffee,
president*

Every county in the state is organized, but a thorough educational program with a paid director is necessary if constructive work is to be accomplished. In 1938 the League plans to have such a director and to form an active state medical advisory committee who will study plans for medical expansion.

No new clinics were opened in 1937—in fact, one was closed because of misunderstanding resulting from lack of educational work. However, the Providence and Newport clinics rendered genuine service and maintained the highest medical and social standards. Careful attention is given to follow up work. At the Providence clinic 240 new patients were advised. The typical clinic family has five members, living on an income of \$16.50 per week. Twenty three per cent of the patients are on direct relief.

Exhibits held in vacant stores again proved to be our best means of direct publicity. Hundreds of pieces of literature were given away to passersby, mostly people in the lower income brackets, who might otherwise never have heard about birth control.

BIRTH CONTROL LEAGUE OF TEXAS

*Read by Mrs Haywood Nelms,
president*

Texas cities having birth control centers are Houston, Dallas, El Paso, Austin and Waco. The Houston clinic has cared for 1,400 women in the past two years. Its work has been endorsed by the State Federation of Women's Clubs, which has a membership of 45,000. Internes from the medical school in Galveston are coming to the Houston clinic for training in the technique of contraception, which is not taught in their school.

The League has 131 physicians on its referral list.

A clinic is soon to open in Fort Worth under splendid auspices. The Maternal Health Center of Austin was opened during the summer of 1937.

VERMONT MATERNAL HEALTH LEAGUE

Read by Mrs John H McDill, president

The chief merit of this report is its brevity and hopefulness, as the League is only two months old. It is formed of member groups composed in some cases of a town or group of towns, in others of counties.

One clinic was in process of formation at the close of the year in Bennington. Another is hoped for in Rutland. Most of the work is on a referral basis, the League now having about 40 referral physicians in 25 towns. Plans for the near future consist of enlarging this list to adequately cover the state, and of engaging a field secretary.

The president of the State Medical Society and other leading physicians have consented to serve on our medical board.

• BOOKS •

EMOTIONAL ADJUSTMENT IN MARRIAGE

by LEMON CLARK, M D C V Mosby
Co, St Louis 261 pages, price \$3 00

Here is a guide to sexual adjustment that the physician not only may recommend to those about to marry, but may profitably study himself for a better understanding of his patients' problems. Indeed, the chapter on premarital consultation appears to have been written for the physician rather than the patient. The author states, "The crying need is for the general practitioner to be equipped to deal with problems in this field" and pleads for adequate instruction along this line in medical schools, so that the giving of premarital advice will not be left to "pseudo scientific groups."

The author's experience in marriage counseling and his background in both sociology and medicine have produced an admirably balanced book. Dr. Clark left a sociology professorship to take up the study of medicine, and is now assistant in obstetrics and gynecology at the University of Illinois College of Medicine.

At least half the book has been devoted to a discussion of sex in its relation to the individual, the family and society—and wisely so. For, as the author points out,

the most important task of the marriage counselor is to break down wrong attitudes acquired through faulty early training. A discussion of the moral aspects of sex and a chapter, "What is Normal?" are introduced to rationalize the problem for the patient, and help to eliminate false and harmful pre conceptions.

A chapter "Birth Control in Principle" marshals clearly and effectively the arguments for family planning. This is followed by "Birth Control in Practice" which evaluates the advantages and disadvantages of methods available. There seems, however, little use to have gone into so much detail on unreliable methods, except as such explanations may serve as a warning.

Birth control and marriage counseling centers will find the book a valuable addition to their shelves.

FREDERICK C HOLDEN, M D

BOARD MEMBERS' MANUAL Prepared by the National Organization for Public Health Nursing Macmillan Company, 173 pages, price \$1 50

This manual is planned as a guide for those boards that administer services, manage finances, determine policies and decide programs in health agencies such as nursing associations, Red Cross chapters and tuberculosis associations. Members of birth control boards will find a helpful discussion of many problems of public relations and internal procedures.

Most useful to voluntary groups is the discussion on personnel matters. Questions of choosing and training staff members, their remuneration and vacation periods are competently handled.

The book is also intended as a handbook of reference for the increasing number of committees who act only in an interpretive or advisory capacity to health agencies.

M B

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Spring Convention

AMERICAN BIRTH CONTROL LEAGUE

LOUISVILLE, KENTUCKY

APRIL 25th and 26th

Historic Louisville, Kentucky, has been chosen for the Spring Convention of the American Birth Control League. Its central location makes it easily accessible from Southern, Middle Western and Eastern states. The Kentucky Birth Control League will be your host and sends you a warm welcome. Its three Louisville clinics will be open to guests. The Brown Hotel, convention headquarters, offers every facility for a successful conference.

The program will include a panel discussion on "The Goal of Birth Control," a round table on clinic problems, a luncheon with distinguished speakers and a meeting for physicians. Speakers and topics will be announced in the April "Review."

How birth control leagues may enlist wider cooperation from public health and social welfare agencies is a topic that will be paramount in all the discussions. The problem of reaching mothers in isolated regions is one that will concern all the delegates, and particularly those from Southern states.

Come and meet your co-workers from other states. In a setting of Kentucky hospitality, exchange ideas and find renewed inspiration for the work ahead.

Plan Now to Attend!