

# Birth Control Review

OCTOBER, 1938

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## America's Human Resources

— A Review of the Report on Population Problems by the National Resources Committee

## Birth Control and Mental Hygiene

— Esther Bogen Tietz, M D , Ph D

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# BIRTH CONTROL REVIEW

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THOUGH WAR CLOUDS OVER EUROPE are temporarily dispelled, proponents of planned parenthood in this country are considering what effect war fears and war psychology might have upon the development of the American birth control movement. Certainly the situation in Europe and Asia offers a disturbing object lesson—that overpopulation, if not an actual cause of war, serves as a pretext for aggression. Nevertheless from some quarters, we are sure to hear that a large and increasing population is essential to national vigor and to military defense.

In this connection, the report on population problems of the National Resources Committee, which is reviewed in this Issue, offers sane and timely comment. It states, "Wealth, technical skill, organization and morale are probably more important in all military affairs than mere numerical strength today. It may be true to such an extent that a population policy aimed purely at increasing the general level of well being would be most advantageous

from the standpoint of increasing potential military resources."

This is one of several recent surveys which reveal that the situation seriously affecting our national vigor is not one of numbers, but of well being. Within our own boundaries, we face a struggle against the poverty, insecurity and ill health that beset a large proportion of our population.

The National Health Conference, which met in July, pointed out that one third of our population is receiving inadequate or no medical service. The report on the condition of the South, released in August by the National Emergency Council, exposes a shocking waste of both natural and human resources. Another report of the National Resources Committee, "Consumer Incomes in the United States," shows that one third of our population in 1935-36 had an annual income of less than \$780 per consumer unit, that is, per family or individual living alone.

Birth control is an indispensable weapon in the fight to attain a larger measure of

health and security for American families. Long available to the well to do, reliable contraceptive information has been denied to those who could not afford medical care. In a democracy we must assure every family equality of opportunity to plan for and space the births of their children.

FACING THIS NATIONAL RESPONSIBILITY, birth control groups are finding it timely now to review their progress in perspective and to prepare themselves for the coming years. We must expect to still encounter bigotry and opposition. Such situations as that in Massachusetts, though serious, should prove constructive in the long run. On the whole, the past three years have brought enormous gains in public and medical acceptance, in legal clarification and in recognition of birth control as a public health service.

Successive stages of pioneering and of trial and error have largely passed. The trend of the movement today is toward careful, long range planning, with clearer thinking about basic objectives and the development of practical methods for their achievement.

The Executive Committee of the American Birth Control League has recommended for its program during the coming year that emphasis shall first be placed upon perfecting procedures and strengthening local committees and clinics. In addition, the organization of new units must go forward, especially in those areas where little or no maternal health services are available to those who most need them.

To establish planned parenthood in its proper place among those social forces upon which human betterment depends is a task demanding not only courage and enthusiasm, but training, wisdom and statesmanship. The movement is too far reaching to make the necessary progress through na-

tional leadership alone. The creation and support of state and regional organizations, backed by outstanding lay and medical leadership, are essential.

TWO RESOLUTE AND CLEAR-SIGHTED editorials on birth control have just been published by the Woman's Home Companion. Long advocates of prenatal and postnatal care through their Better Babies department, the magazine's editors feel that it is a natural step to the related field of maternal and infant health through child spacing.

"Ask Your Physician," the editorial in the September number, emphasized the need for extension of birth control service "in every hospital, clinic, dispensary, every public health agency, but always under actual medical direction."

The Companion's follow up editorial in its October number was "The World Needs Birth Control," which stressed the relation of overpopulation to war and economic insecurity.

This outspoken advocacy of birth control by a woman's magazine of large national circulation marks another milestone in the advance of public information on the question. Last February the Ladies' Home Journal made the voice of America's women heard through its poll revealing that 79 per cent of them favor birth control. Fortune's expose in its February issue of dangerous and unreliable contraceptives made magazine history and history, also, for the progress of scientific birth control. "Mr Pro and Mr Con" of the Readers' Digest chose birth control as the subject for their debate in the July number—and Mr Pro had the last word.

Increasing attention given by the daily press as well as by magazines is an index of how closely the birth control question is linked with popular thought.

## America's Human Resources

**T**HE people of the United States—their growth, their distribution, their characteristics, their opportunities—are the subject of a recent Government publication that sheds authoritative light on what we are and what we may become. More than a timely statistical survey, the report on population\* of the National Resources Committee is a document of the utmost sociological importance.

A special subcommittee on population problems, set up for this purpose by the Science Committee of the National Resources Committee, prepared the report after months of intensive study and research. It was transmitted to the President last May 14th and the facts were released to the newspapers on July 6th. The foreword commends the report "to the consideration of the American people in shaping broad national policies regarding our population problems."

The report sees no reason for an alarmist attitude concerning a decline in the birth rate. Even if minimum assumptions as to future trends should hold true, the population of the United States in 1980 would be equal to that of today, it is emphasized.

"The transition from an increasing to a stationary or decreasing population may on the whole be beneficial to the life of a Nation," the Introductory Statement of the Committee points out. "It insures the continuance of a favorable ratio of population to natural resources in the United States."

This statement further explains, "The gradual slowing down of population growth is due to social changes taking place throughout the entire civilized world. The

trend toward cessation of natural increase and toward an increase in the proportion of older people will not necessarily lead to unhappy results, though these changes raise problems that need careful consideration. There is no reason for the hasty adoption of any measure designed to stimulate population growth in this country."

The differential birth rate, however, is presented as a matter for vital concern. Again and again, throughout the report, evidence is cited that the poorer rural areas, with low incomes and low levels of living, and consequently with the least ability to carry the burden of a large child population, are producing far more than their share of future generations †.

"It is hardly necessary to argue the fact that poverty means handicapped child development. Present differential birth rates subject a disproportionately large number of children in each succeeding generation to the blighting effects of poverty," the Committee states.

Though the report advocates ameliorative social action and provisions for extensive public education to offset this situation, it comments, "No civilization can be stable or progressive over a long period unless it is able to establish a positive relation between reproduction and health, culture and social ideals."

Nowhere does the report mention birth control as such. Yet it is overflowing with facts and statistics that offer irrefutable evidence of the need to make contraceptive information available in all areas of the country and all economic levels of the population. Anyone who carefully analyzes the report does not need to have the problem presented in so many words.

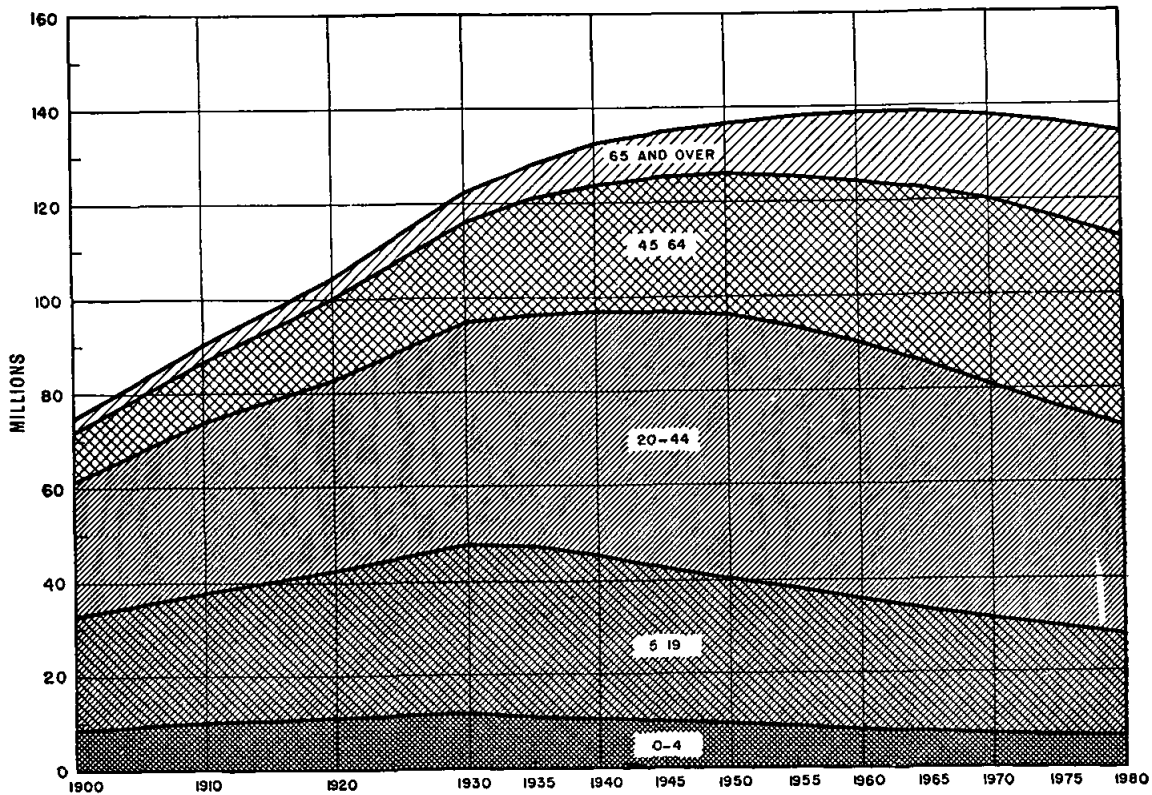
Nevertheless, it is regrettable that there

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\**The Problems of a Changing Population*, obtainable from the Superintendent of Documents, Washington, D. C., price 75 cents, 306 pages.

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†See statistics on back cover of this issue.



Courtesy National Resources Committee

*Distribution of the population of the United States by age groups. Statistics from 1900 to 1935 are actual. Those from 1935 to 1980 estimate the lowest level the population could reach, and are based on a hypothesis of low fertility, medium mortality and no immigration. Other hypotheses illustrated in the report place the 1980 population higher. By even this low estimate, both the total population and the number of people in the productive ages--20 to 65--would be greater in 1980 than in 1935.*

was cut from the published report a purely factual discussion of the Influence of contraception on varying birth rates in different sections of the population, which had been included in the chapter, "Social Conditions Affecting Birth Rates," contributed by Dr Clyde V Kiser, an authority in this field. The cutting was done without the knowledge either of Dr Kiser or of the Technical Director of the study, according to a statement which appeared in the July issue of the *Population Index*, organ of the Population Association of America. The *New Republic* commented on the matter in an editorial, "Censoring a Scientist," which appeared in its August 17th issue.

As it stands, Dr Kiser's chapter gives very significant material on the differences

in fertility among persons of various occupations and incomes. He points to evidence that children who make high scores in intelligence tests come, on the average, from smaller families than do children with low ratings.

Another chapter of particular interest to birth control organizations is "Physical Characteristics and Biological Inheritance," discussing the relative importance of heredity and environment in human development.

America's needlessly high toll of maternal deaths receives attention in the chapter "Health and Physical Development," which states, "There is a possibility of great improvement in maternal health through diagnosis and treatment of complicating

conditions and the avoidance of pregnancy in cases where health hazards are likely to develop"

A stimulating section on "The Family," included in the chapter "Cultural Diversity in American Life," emphasizes the need for establishing economic and cultural conditions that "will more effectively reinforce the spontaneous interest of human beings in reproduction and parenthood" It is predicted as "by no means unlikely" that the United States will see a trend toward family security and toward moderately large families among the more cultured and intelligent elements of the population

### Training Course Held

The first Institute for the training of professional workers in birth control took place on September 13th, 14th and 15th at the headquarters of the American Birth Control League Staff members of the New York State, Pennsylvania and Rhode Island organizations attended, as well as the field and office staffs of the League Though only state leagues near New York could be included, those who attended felt that this successful training course will set a pattern for a later Institute on a larger scale

The keynote of the Institute—cooperation toward the maintenance of high professional standards—was sounded by Marguerite Benson, executive director of the League, who presided Birth control, though young in comparison with other social welfare movements, has now reached the stage of analysis and self discipline, she said This is indicative of the maturing process and calls for more emphasis upon standards as well as upon the quality of lay and professional leadership

Discussion was based upon the reading of the first draft of the *Manual of Standard Practice*, prepared by the League as a hand book for officers and staff members in birth

control leagues and centers The practicality of the manual in its final form was enhanced by the valuable suggestions and additions made during this pooling of experience

Discussion leaders included Dr William Doppler of the National Tuberculosis Association, whose topic was "Public Acceptance," Mr William J McWilliams on "The Legality of Birth Control" and Mr D Kenneth Rose on finance problems Mr Guy Irving Burch, director of the Population Reference Bureau, marshalled a telling array of arguments with which to meet the criticism of those who are alarmed about a possible population decline The discussion on relations with the medical profession was led by Dr Eric M Matsner, medical director, and that on publicity by Mabel Travis Wood, publications director, of the League

An extended program of national field work by the League will follow the Institute The League has been fortunate in adding to its field staff this summer two organizers with outstanding experience in social work Mrs Martha S Mumford was formerly field representative of the U S Department of Labor in the Florida province Prior to that, she was an assistant county director of the Emergency Relief Bureau, a supervisor for the Department of Public Welfare in Detroit, and did Americanization work in Puerto Rico

Mrs Elinor R Hixenbaugh, for the past three years executive secretary of the Ohio Welfare Conference, has resigned from this post to join the League staff Her long experience in child welfare and family welfare work includes service as a consultant in the Domestic Relations Court of Dayton Ohio She is a member of the program committee of the National Conference of Social Work and a member of the executive committee of the Ohio Council of the American Association of Social Workers

# Birth Control and Mental Hygiene

By Esther Bogen Tietz, M D , Ph D

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**T**HE role of birth control in mental hygiene may be evaluated from many viewpoints. Practically all peoples limit the production of children in some way. Some may do so because they wish to prevent the transmission of seriously tainted heredity, some because they have been subject to a nervous breakdown, following a previous child bearing, some because of a desire to space children, and some because serious health or economic reasons make it necessary.

The method of limiting the production of children may be by means of infanticide, by continence, by the induction of abortion, by deviation from the normal sex technique, or by the use of a contraceptive. Love making and sex relations have in our civilization an important function aside from acting as a means of reproduction. All of us who are interested in seeing men and women happy, living their lives fully, and able to make the most social use of their endowments, know the great part a happy marital life plays in attaining that goal. But continence destroys the recognized basis of marriage. Infanticide is intolerable to civilized man, and no one can deny the destructive effect of abortion, particularly on the body and mind of the woman undergoing it or even contemplating it.

In marriage abortions form an ugly wound, destroying respect and love. The constant and sole use of deviated sex technique has deleterious effects upon the personality.

If a knowledge of birth control were able only to make unnecessary these destructive

mechanisms, it would well deserve the title of a mental hygiene measure. Its value, however, is far beyond this.

The sexual reflexes which form the mechanism of marital relations are unable to operate in the presence of fear, anxiety or pain. Fearful of the result of their behavior, loving each other and yet knowing that they must not have a child, even the most passionately devoted couple are baffled and frustrated in their attempts to express that love. The result is that love, which should be the greatest cohesive force in marriage, becomes its destroyer. How many broken homes and divorces have you and I seen which are based on sexual difficulties? Not all are contraceptive problems. Most, however, start out that way. Who could deny the enormous part played in the lives of men and women by any means of safeguarding their happiness in marriage, the integrity of the home?

But the mental hygiene value of birth control goes far beyond the man and woman concerned. What of the child growing up in their home? We know how fixed emotional patterns are developed in the child in his early years. From whom does he get these patterns? Where does his attitude toward love, toward other men and women and toward marriage come from? The happily married father and mother are the best possible background for the well adjusted child. He is not torn between unsatisfied, frustrated parents, he is not hampered in emotional growth by the demands of a love hungry mother, he is not cowed by aggress

sive domination of a father who needs to assert himself, to overcome his growing fear and shame of inadequacy. He develops with his parents, secure in their love for him, secure especially in their love for each other. This is not the only, but the greatest mental hygiene contribution of birth control to the child's life. True, birth control enables him to get a good start, the loving care of his mother so necessary in the first year of life, to receive the great gift of a normal breast feeding period and to be a part of the plan for a new baby which is to come later as the father and mother

look forward with joy to an expansion of their family circle.

In our efforts to help the individual, we must not overlook the social value of birth control as a mental hygiene measure. Protected against tainted stock, fortified with healthy and happy mothers and babies, composed of well adjusted, emotionally matured citizens—who may say what the society of the future will be? Certainly we would have less sorrow—certainly less disease and mental illness—certainly less divorce—and hopefully, may I say, we shall have less war.

*(An address by Dr Tietz at the Regional Conference on Birth Control, Louisville, Kentucky)*

## Growing Support by Social Workers

MEETING in Seattle, Washington, the National Conference of Social Work this year reflected the alertness and vigor of the Northwest. "Something of this native spirit of surprise and adventure, this eager stab at life, got into the sessions," writes Paul Kellogg, editor of *The Survey*, who was elected president of the Conference for 1939. The need for a bold defense of democracy in international affairs, national affairs and in the field of social work itself was the underlying theme of much of the Conference.

The American Birth Control League, as an Associate Group of the Conference, had an opportunity to make valuable new contacts with social workers who are eager to advance the birth control movement in Western states. The 484 social workers and agency executives who registered at the League's booth represented 150 towns and cities in 37 states. They included 38 state and county welfare officials, 12 relief administrators, 42 representatives of child welfare and family welfare agencies, six probation officers of juvenile courts, five

executives of Community Chests, eight hospital executives and 21 nurses. The proportion of the total registration of the Conference who registered with the League was larger than in previous years.

The interest shown and questions asked revealed a marked advance in education on birth control among social workers. Many told of the satisfaction with which they refer relief or family welfare cases to contraceptive centers. Many asked for specialized information about the movement, thus denoting their familiarity with trends.

Three meetings were held by the League. "Public Health and Birth Control" was the topic of the first on Monday, June 27. Dr Eric M. Matsner, medical director of the League, presided.

Dr Goodrich C. Schauffler of Portland, Oregon, executive editor of the *Western Journal of Surgery, Obstetrics and Gynecology*, gave a scholarly and provocative address on "Medical and Philosophical Aspects of Birth Control." He advocated that



the financing of birth control clinics should become more and more a tax supported function

"The role of the physician in the active administration of contraception must remain important," Dr. Schauffler stated "Examination and the proper advice to the individual and careful follow up must certainly remain his prerogative. As far as the groundwork goes, however, the absolutely essential education programs, the financing of clinics, the case work and follow up programs must devolve almost entirely upon non medical organizations of trained workers and should, ideally, become more and more tax supported functions. Physicians will always prefer to remain upon the side of clinical administration and research."

"Social work agencies have a strategic place in administering a well controlled program of child spacing," he emphasized, urging upon his audience "painstaking study, meticulous personal conscience and the broadest humanitarianism in carrying out this solemn responsibility."

Surveying the problems of population and the differential birth rate, Dr. Schauffler said, "It is heartening in the presence of so many obscure issues to note that the American Birth Control League is directing the entire weight of its educational and clinical program toward the solution of the problem among individuals who are unable at the present time to assume their own obligations in relation to childbearing. The League is, beyond this, assuming its ultimate obligation as implied by the word control, and is initiating policies toward the encouragement of fertility. A program which meets the involved issues in as honest and straightforward a manner as this can call forth nothing but praise, even from the more conservative and critical agencies."

Dr. Schauffler stated that it was his impression in reviewing literature on contra-

ception that "since about 1930, writing and speaking in this connection has more and more purged itself of overstatement and emotionalism."

A similar thought was expressed by Dr. Nadina R. Kavlnoky, supervisor of Mothers' Clinics in Los Angeles County, California, who also spoke at this session. "The soap box age of the birth control movement is long past," said Dr. Kavlnoky. "In fifteen years the subject has grown from an abstract controversial issue to an accepted medical procedure. We who are in this work must approach the problem with realism, sincerity and an intelligent understanding of all community problems. A scientific educational program in the community will do much to dispel the emotional fears, prejudices and general misunderstanding on this subject."

Dr. Kavlnoky emphasized the need for research in evolving simpler, cheaper methods of contraception that would be applicable for groups or communities in which the standard clinical procedure is not feasible. Such methods are particularly needed, she said, for migratory workers, of whom California alone has 150,000. "I realize that birth control will not solve all the medical, social and economic problems presented by this group, but it would prevent those yearly pregnancies which result in the death of babies and the aging and exhaustion of mothers," she pointed out.

A round table on organization and administration of clinical services, held on Tuesday, June 28th, was attended by interested lay persons as well as by social workers, ministers and volunteers of service clubs. Marguerite Benson, executive director of the American Birth Control League, presented a summary of the aims and purposes of the League and outlined in detail the procedure of clinical organization. The meeting was then opened to questions. Discussion was lively and in

icated keen interest in the practical problems of establishing a center

The third meeting on June 30th had as its theme "Birth Control and Eugenics" Dr Eric M Matsner, the first speaker, stated, "The very real threat in our population trend in the United States is not the reduction of the birth rate but the warning revealed by studies of the differential birth rate. The greatest proportion of the children in this country are being born in the areas most backward culturally and economically. To make scientific knowledge of birth control available to married couples in all economic levels and in rural as well as urban sections is essential to a more even distribution of the birth rate"

The birth control movement also faces a challenge in encouraging larger families among those who can and should have them, Dr Matsner said. A beginning has been made in a number of contraceptive centers through encouragement of patients to have "planned babies," through medical service directed toward overcoming sterility and through marriage counseling.

"The Family of Tomorrow" was the topic of Dr Lena Kenn, staff member of the Department of Gynecology and Obstetrics, University of Oregon Medical School. A maternal health clinic, she stated, should be "a tool in the armamentarium of every social worker." She made a plea for education for marriage in all classes of society, as an ideal toward which social workers must strive and one that will "tend to reestablish confidence in the family state"

"Premarital education with its opportunities for planned parenthood will go a long way in encouraging the younger generation to participate in family life," Dr Kenn declared. "Such training is now available only to a small privileged group in this country"

## • WORLD NEWS •

EMINENT doctors crowded into Old Bailey courtroom, London, on July 19th and applauded a jury's verdict acquitting Dr Aleck W Bourne of criminal charges because he had performed an abortion upon a fourteen year old girl, a victim of assault. Dr Bourne performed the operation in a hospital and invited prosecution as a means of clarifying the British law on abortion.

Though the law specifies that abortion is illegal except when performed "in good faith for the purpose only of preserving the life of the mother," the decision in Dr Bourne's case interpreted the law to permit abortion for the prevention of serious injury, mental or physical, to the mother's health.

An important unification of birth control work was accomplished by the amalgamation of the Birth Control International Information Centre with the National Birth Control Association of Great Britain. Both organizations now have their headquarters at 69, Eccleston Square, London SW 1. The amalgamation brings the international work into direct contact with the research work done by the Birth Control Investigation Committee, which is incorporated with the National Association.

In Sweden the provisions for legal abortion have been extended considerably. A revised law passed by both Chambers of Parliament on May 19th permits the termination of a pregnancy for "humanitarian" reasons, as in cases of violation and when the expectant mother is under 15 years of age, for "eugenic reasons," as when the father or mother may be expected to transmit to the child lunacy, imbecility or a serious physiological disease, and for "mixed medical social reasons," as in the case of worn out mothers.

## Among the Member Leagues

### Connecticut

A course in contraceptive techniques was given at the Connecticut Clinical Congress, which is the annual fall meeting of the Connecticut State Medical Society and took place in New Haven on September 20th through 22nd. An exhibit of books and posters on contraception was also shown at the Congress. Dr. Margaret Tyler of the New Haven Maternal Health Conference was in charge of arrangements.

### Indiana

For the first time, the Indiana Maternal Health League has secured a place on the program of the State Conference of Social Work, to meet in November.

An account of the League's work by its medical director, Dr. A. S. Johnson, was published in the June issue of the *Journal of the Indiana State Medical Association*. He reported that, in addition to four clinical centers, the League has a list of more than forty physicians throughout the state to whom patients may be referred. A total of 1,547 patients have been advised in the Indianapolis center, and the average number of living children per patient is 3.9.

### Massachusetts

An appeal to the Supreme Court of the United States was filed in August by the four workers in the Mothers' Health Office of Salem, whose conviction under the state birth control law was upheld by the Massachusetts Supreme Court last May. The appeal expressed the belief that the 59-year-old state law "was not intended to apply to prescriptions by duly qualified physicians, when necessary for the preservation of life or health."

It also read in part, "Merely because the

Legislature may undoubtedly regulate the distribution of contraceptives with a view to preventing their illegitimate use, it does not follow that it may impose a sweeping prohibition."

### Michigan

Organizing the Upper Peninsula of the state is the next objective of the Maternal Health League of Michigan. With its mines closed or closing, and its shipping drastically curtailed, this district is in a desperate economic condition. Mrs. Charles W. Gore, executive secretary of the League, found during a visit there in May. She represented the League at the Upper Peninsula Conference of Social Work, then made a tour of eight of the principal towns and cities, where she found interest and splendid cooperation on the part of physicians, social workers and lay groups in establishing birth control service.

The League is participating in the Michigan Conference of Social Work, meeting in Lansing September 30th and October 1st, and in the Michigan Public Health Conference, to meet November 10th and 11th in Grand Rapids.

### Minnesota

Speakers from various state welfare and health agencies will describe the work of their organizations and the way in which the Minnesota Birth Control League may cooperate with them at quarterly board meetings of the League to be held this fall and winter. These will be luncheon meetings, open to all members of the League.

The Minneapolis Maternal Health Center has had the busiest summer of its history, with appointments scheduled weeks in advance. In one typical week almost 100 check

up examinations were made during the three sessions. Approximately one out of every five patients has been referred by the center for other types of medical attention, including further observation of suspected cancer.

### New Hampshire

The New Hampshire Birth Control League looks forward to an active year. Following its annual meeting held in Concord on June 28th, a number of new committees were formed to carry on plans. Mrs. E. Benjamin Armstrong was reelected president of the League. Speakers at the annual meeting were Mrs. John H. McDill, president of the Vermont Maternal Health League, and Mrs. Doris Rutledge of the Birth Control League of Massachusetts.

### New York

Creation, through education, of a wide public demand for the extension of clinical contraceptive service is one of the principal objectives of the New York State Birth Control Federation for 1938-39.

This fall the field work program will be extended, with Mrs. C. Ely Rogers, formerly social worker in the Mount Kisco and Port Chester centers, as field representative. A catalogue of clinic forms, the first of its kind, has been compiled by the Federation from material in successful use by centers of the state.

The Federation has become an Institutional Member of the National Conference of Social Work, to be held in Buffalo next June, and will have a booth and conduct sessions at the Conference.



*Babies are frequent visitors at the Maternal Health Center in Oklahoma City. Here a patient (left) leaves her baby in the care of the social worker as the care history is taken. Since it opened in June, 1937, the center has had 664 new patients, 446 of whom were mothers of families supported entirely or partly by relief funds. The average number of living children per patient was three.*

Many **observation visits** from nurses, in ternes and **physicians** are reported by the Rochester and Syracuse centers

### Texas

A most successful **meeting** for **physicians** from **all** parts of the state **was** hkd by the **Birth** Control League of Texas in the early summer, **prior** to the **meeting** of the Texas Medical Association in Galveston The League's work was **described** in an **illus**trated feature story recently **published** by the Houston Post

The **Austin** Maternal Health Clinic plans to have **additional sessions** Its **patients** number about 250, many of them on relief

### West Virginia

The first state **birth** control **organization** sponsored by Negroes, the **West Virginia** Maternal and Child Health **Council**, was **established** on **July** 25th It has the **enthusiastic** endorsement of the **faculties** and student **bodies** of two **universities** which train leaders of Negro thought—the West Virginia State College and the State Teachers' College

Prof E S **Jamison**, director of the **Department** of Health and **Physical** Education for West Virginia State College, was elected state **chairman**, and Mrs Clara B **Hamilton**, secretary Dr W M Hall, **president** of the West Virginia Negro Medical **Society**, is among the 17 members of the Council's board Other members represent **social** work, the **ministry**, **education** and nursing

The **Council** will supplement the work of the West Virginia Maternal Health **Federation** by carrying on **educational** work among Negroes, directed toward the **organization** of **birth** control centers for Negro mothers Local groups in seven towns and **cities** are **actively** cooperating

Mrs Marion Post, field **representative** of the **American** Birth Control League, **aided** the **organization** of the **Council**

## • BOOKS •

### THE TECHNIQUE OF CONTRACEPTION

by **ERIC M MATSNER**, M D Foreword by **Frederick C Holden**, M D Fourth **edition**, 50 pages **Published** for the National Medical Council on Birth Control by the *Williams* and *Wilkins* Co **Dis**tribution restricted to **physicians**

The appearance of a new **edition** of any work that has passed through three **editions** with **increasing acclaim** is a matter of great **interest** In this regard the appearance of the fourth **edition** of Dr Matsner's outline, *The Technique* of Contraception, is no exception The general form, **comprehensive**ness and **conciseness** are **similar** to **previous editions**, with considerable new **material** added and the entire **edition** revised and brought up to date

Dr Matsner **begins** by **outlining** in detail the organic and **functional indications** for contraceptive **advice** and then **discusses** the **medical implications** for the **spacing** of **pregnancies** He does not, however, neglect the important economic and social factors that must be taken **into consideration**

All methods of technique are **listed** and the most practical and reliable methods are **described** in detail The text is well **illus**trated

Although **this outline** is **widely** used in the **teaching** of **medical** students as well as **practicing physicians**, **certain sections** contain facts that should be known to the **general public**, especially those concerning harmful and unreliable methods of **contraception** that are **widely** but **inadvisably** used

Adequate **presentation** is made of methods **requiring** further **experimental** and developmental research The value of **this outline** is further enhanced by a well chosen and **extensive bibliography**

The foreword by Dr Frederick C Holden, president of the American Gynecological Society and chairman of the National Medical Council on Birth Control, is excellent. In an authoritative and highly convincing manner, Dr Holden shows the importance of contraception in the field of preventive medicine. The foreword contains much information concerning medical activities in regard to contraception that should be of widespread interest.

R T LAVAKE, M D

**HEREDITY AND POLITICS**, by J B S HALDANE. W W Norton and Co., New York. 202 pages, price \$2.75.

One of the greatest living biologists has stepped into the limelight of an academic audience and into the greater publicity of the printed word in order to sum up our present knowledge of human genetics and its sociological implications. Professor Haldane's book is based on his Muirhead lectures given at Birmingham University in 1937. It may be divided roughly into three sections—hereditary diseases and sterilization, differential fertility and positive eugenics, the race problem.

The theme in every section is that our knowledge is still very limited and does not justify the far-reaching measures which have been introduced or are advocated in various countries. This applies also to eugenic sterilization. Professor Haldane considers compulsory sterilization as an unnecessary curtailment of human liberty, which would reduce the frequency of defectives only with extreme slowness. An example is his estimate that the German sterilization law is not likely to reduce the number of schizophrenics in the next generation by more than three per cent. In the case of mental defect, the ratio would probably be higher—"something on the order of ten per cent." The impression gained is that the

author would advocate voluntary sterilization if it were properly safeguarded against abuse, but that he apparently prefers as alternatives birth control, the discouragement of consanguineous marriages and the segregation of the feebleminded.

In the second part of the book, Professor Haldane seeks "to make it clear that a consideration of human biology does not justify the perpetuation of class distinctions." He sums up his views on the differential birth rate in the following passage: "If the rich are infertile because they are rich, they might become less so if they were made less rich. A uniform and free school system would probably be good from a eugenic point of view, as parents would not restrict their families to give their children a good education. I am inclined to believe inheritance of wealth eugenically undesirable, because it tends to make the well-to-do limit their families."

One of the most obscure problems of human biology is the question of race crossing. We have very little definite knowledge in this field and many prejudices and superstitions. Professor Haldane sees "very little reason to encourage it as between the widely different races of mankind," at least until we know more about it. This cautious and conservative attitude does not, however, apply to the so-called "races" of Europe.

The book is written in popular style, without undue simplification, but easily understandable to the average reader. Professor Haldane exposes with sarcasm what he believes to be the inconsistencies of his fellow biologists and also their political bias, of which, he says, they profess to be unaware. He frankly admits that he, too, is biased and shows that every investigator in any field is himself a part of history and that this kind of bias, therefore, cannot be avoided.

CHRISTOPHER TIETZE, M D

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"For the **United States** as a whole, **fertility** in the poorest areas **is** 77 percent in excess of that necessary to replace permanently the population in those areas. This stands in contrast to a **deficit** of 17 percent in the areas with the highest level of living "

"Thirty-one percent of the children 5 to 17 years of age are located on farms, but only 9 percent of the national income goes to the farm population. The farm population of the southeastern States includes 13 percent of the Nation's children of school age, but it receives only 2 percent of the Nation's income "

"Present **differential** birth rates subject a disproportionately large number of children in each succeeding generation to the blighting effects of poverty. Furthermore, the larger average number of children born to poor parents places an unequal share of the economic burden of replacing the Nation's population on the very families that are least able to bear this special **responsibility** "

(from "The Problems of a Changing **Population**", report of the **National Resources Committee**)



SHALL MEDICAL BIRTH CONTROL BE MADE AVAILABLE  
TO THE FAMILIES WHO NEED IT MOST?