

# BIRTH CONTROL REVIEW

Published by The Birth Control Federation of America

The New Birth Control  
Federation of America



Doors to A New World

Margaret Sanger

Charting the Course Ahead

Richard N Pierson, M D

State League Progress

FEBRUARY—  
MARCH  
1939



VOL XXIII  
NOS 5-6

# BIRTH CONTROL REVIEW

Published monthly from October through June by the

## BIRTH CONTROL FEDERATION OF AMERICA, INC

Formerly American Birth Control League Inc and Birth Control Clinical Research Bureau

501 Madison Avenue, New York, N Y

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VOL XXIII

FEBRUARY-MARCH, 1939

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### Forward Under One Banner

THE birth control movement in the United States now marches forward with complete unity, its leadership and resources fused in one new national organization. The Birth Control Federation of America was formed on January 18th through a merger of the Birth Control Clinical Research Bureau with the American Birth Control League and its state member leagues throughout the country. The New York City Committee of Mothers' Health Centers has also merged its activities with those of the Federation.

Expansion and intensification of the movement will follow this joining of forces. The two national organizations had always had common objectives. However, due to the widening acceptance of birth control, their activities had begun to overlap. Last summer a study was made of the activities carried on by both organizations. On the basis of facts it revealed, a Joint Committee on Coordination, representing the League and the Bureau, recommended con-

solidation in the interest of greater efficiency, the elimination of duplication, and to carry out a unified program. This recommendation was ratified by the directors of both groups and by the state league representatives present at the League's annual meeting.

The Federation is fortunate in having the leadership of Margaret Sanger as honorary chairman and an active member of the board of directors, and of Dr. Richard N. Pierson as chairman of the board and president pro tem. The National Medical Council on Birth Control will serve in an advisory capacity for the Federation. Now in process of formation is an Advisory Council of non-medical authorities in various fields, whose guidance should also prove most valuable.

The aims and program of the Federation are outlined in this issue on page 164 and in the address of Dr. Pierson on page 169. The development made possible by combined resources will be accompanied by the placing of the movement on as sound a professional basis as possible.

The Revzew, which has chronicled the progress and needs of the movement since 1917, now begins publication under the auspices of the Federation. The Journal of Contraception, for physicians and scientists, will be published by the Federation under the auspices of its Medical Committee, while the Revzew's articles and news reports will continue to serve all community groups.

Though its crusading days are not yet over, birth control need no longer plead its cause with the over emphasis which was necessary to bring about recognition in the pioneering period. Today the movement has

reached maturity. It is prepared to join with recognized forces in allied fields of maternal and infant health, population, eugenics and education, for the upbuilding of family life. With the values of planned parenthood winning wide acceptance, the time is ripe for the inclusion of birth control in public and private health services. The Federation opportunely launches a vigorous national effort toward this goal. To accomplish its objectives it needs the wholehearted support of all those concerned with improving the quality of the American people.

## Eighteenth Annual Meeting

THE eighteenth annual meeting of the American Birth Control League, held at the Biltmore Hotel, New York City, January 18th, 19th and 20th, brought together delegates from 25 states, England, Sweden and Australia. The meeting was marked by the most significant step of the movement in many years—the organization of the Birth Control Federation of America.

More than 500 men and women attended the annual luncheon on January 19th. The addresses of the principal speakers, Margaret Sanger and Dr. Richard N. Pierson, are published in this issue. Prof. Robert E. Chaddock of Columbia University summarized the symposium on population trends, of which he had acted as moderator.

"The quality of man, rather than political regimes or the number of battleships, will make or mar civilization," declared Dr. Clarence Cook Little, who presided.

The first day's sessions, conducted by the New York State Birth Control Federation, included round tables on administration problems and a session on "New Projects for Volunteer Training," at which Miss Evelyn Davis was the speaker. The volunteer is public opinion, Miss Davis pointed

out, and can be an asset in interpreting the agency's program to the community.

Six outstanding authorities participated in the symposium on population trends held on the morning of January 19th. That the spread of birth control knowledge is essential to a democratic population policy for the United States was the general conclusion they reached.

"The voluntary control of parenthood could only be eliminated from American life today by effecting a return to primitive economy and mass illiteracy," said Dr. Frank Lorimer, Professor of Population Studies at American University. "By and large, high standards in general education and the voluntary control of reproduction advance simultaneously, or are simultaneously thwarted."

Trends in the quality of the American population was the topic of Frederick Osborn, Research Associate in Anthropology, American Museum of Natural History. Other participants were Dr. Alfred J. Lotka, president of the Population Association of America, Dr. Clyde V. Kiser of the Division of Population, Milbank Memorial Fund, E. Johnson Coil, executive secretary

of the **National Economic and Social Planning Association**, and Mrs Alva Myrdal, **president** of the **Swedish Federation of Business and Professional Women**

"In Sweden, only children wanted by their parents are wanted by the nation," said Mrs Myrdal, **describing** her country's **democratic population policy, which combines legislation for family security with the dissemination of birth control information to all social groups**

Mrs Myrdal's paper and others presented at this valuable **symposium** will be published in the **April Revzew**

The last day's **sessions** were devoted to the **reading** of state league annual reports and to a **lively "quiz session"** on the new **Manual of Standard Practzce**

### **Departmental Functions of The Federation**

As the **Revzew** goes to press, steps are being **initiated** to develop a sound **organization** to serve the country at large, as well as the state leagues, local **committees**, and the voluntary and **public health services**

The Federation **will maintain** two offices—one **situated** at 501 **Madison Avenue**, New York (the League's former headquarters) and the other at 17 West 16th Street, New York (the former headquarters of the **Birth Control Clinical Research Bureau**)

There must be a necessary **period** of development to perfect the most **effective working organization**, and it is hoped that everyone concerned **will be patient until** procedures have been worked out

During this **interim period** preliminary plans call for the **establishment** of **operating committees**, comprising **qualified members** of the Board and others, to direct the **technical staffs responsible** for the conduct of the new Federation's major departments

Mr D Kenneth Rose **will serve as Acting Managing Director** of the Federation, in

charge of general **administration**, until a **full time president** has been **retained**

The departments **which will** be situated at 501 **Madison Avenue include**

**Regional Organization Department**—in charge of all field work and **services** to state leagues and local **committees**

Mrs Henry J Mall, **Chairman**  
Mrs **Marguerite Benson, Director**  
Mrs Mary Compton, **Assistant to Director**

Dr Clarence J Gamble, **Regional Director for the South**

**Public Information Department**—in charge of **Birth Control Revzew**, all general **publicity, exhibits**, speakers' bureau, general **literature, meetings** and **conventions**

Mrs Margaret Sanger, **Chairman**  
Mrs Mary Woodard **Reinhardt, Executive Vice Chairman**

Mrs Cecil A **Damon, Acting Director**

The **Medical Department** will be situated at 17 West 16th Street The **chairman** and **technical directors** are as follows

**Medical Department**—in charge of **medical research, teaching, national clinic service** and **publications**

Dr Richard N **Pierson, Chairman**  
Dr Eric M **Matsner, Acting Medical Director**

**National Clinic Service**—in charge of **medical, administrative** and **statistical services to clinics**

Mrs George C **Barclay, Chairman**  
Mrs **Elmira Conrad, Director**

**Medical Teaching Department**—Dr **Frederick C Holden, Chairman**

**Medical Publication Department**—Dr **Abraham Stone, Chairman and Editor**

It is hoped that those **desiring** assistance from the Federation **will address their communications** to either the **chairman or director** of the departments **given** above and to the **particular** office where the department **will operate**

# Doors to a New World

By Margaret Sanger

Honorary *Chairman*  
Birth Control *Federation of America*

Address at the Annual Luncheon, *Biltmore* Hotel, New York, *January 19th*, 1939

IT IS needless for me to attempt to express the happiness I feel today. Words are not sufficient to express how much I rejoice that at last **this miracle** has happened which has brought the **activities** of both national groups **into** one national **federation**. Many of us have tried time and time again to do **this**, but we were not successful and each failure seemed only to strengthen our opinion that **it could** never be done. It took the **high faith** of Mrs. **Suarez**, the keen **enthusiasm** of Mrs. **Potter**, the **experience** and **guidance** of both Dr. **Dickinson** and Dr. **Wile**, and last but not least, the fairness, the justness and the **impartial** attitude of our chairman, Dr. **Pierson**, to bring **this about**. These are the **qualities** of the **spirit** which guided us into the harmony of today.

I wish also to thank all members of the **Joint Committee** as well as those **associated with** both groups who made many **concessions to their loyalties**. For **it** was the loyalties that kept us apart. Now let us transfer these **splendid qualities**, these **loyalties**, from persons to **principles** and together, today, let us lay the cornerstone of the soundest, finest, most constructive **organization** on this **continent**. As I look around this crowded room I see many faces of friends, old and new. Some of you, perhaps **only** a few who are here, came into the movement **in** those early **pioneering** days of **1925**, almost **25** years ago. But as the **idea** of **birth control** has grown and expanded, you have seen others come to take their stand **beside** us and it **is** thanks to the **vision**, **devotion** and fearless **activity**

of both groups that the idea has grown and taken root until the principles of **birth control** have become accepted almost **universally**.

The great task now before us **is** to put those principles into practice. While the separation of the two **national** groups has caused some **confusion in the public mind**, the work of each has succeeded **in** stimulating and challenging the other to do its best. I have never looked upon the separation as **anything** but a healthy **stimulus**, like the **splitting** of a live cell which goes through **a** process of **evolution**. The parent cell splits and each part does **its** special **function** and eventually in the end all parts come together **in** a stronger form than ever.

The American Birth Control League has done a splendid **piece** of work **in** organizing state groups, **in establishing clinics**, and **in** interesting the doctors.

The National Committee on Federal Legislation for Birth Control **did** a concentrated piece of work of mass **education** through clubs, churches, conventions and conferences and secured the endorsement of nearly **1,000** important **organizations** whose total membership represented close to **20,000,000** citizens. Through the **legislative bills introduced**, national **attention** was focused on the **principle** that the **giving** of **contraceptive information** should be in the hands of the **medical profession**, and, secondly, that the **physician** should be free to **advise** a patient **in his public** as well as **private practice**.

The **Birth Control Clinical Research Bureau** during the years has **carried on** far

reaching and significant work. It has not only provided clinic service for nearly 70,000 women, but has pioneered as a research, demonstration, and teaching center.

While each organization tried to outdo the other in results, fortunately we were at one on principles and medical policies, and that is why we can now unite our forces, save our energies, and pool our labors, in interests and finances. Such a unified effort has now become a necessity to further our cause.

In looking over the history of the English movement, which began in 1879 and from which the present birth control movement stems, it is interesting to find approximately the same social and economic problems existing at that time as we are facing today. I ran across an editorial criticizing the relief work of 1846. It pointed out that in November of that year, 115,000 heads of families were on relief work and that from November to March—within four months—that army increased to 750,000 and it was estimated that, as these represented heads of large families, the number of persons who were being supported was between 4,000,000 and 5,000,000 people “living on the tax paying people, money got for idling away their time at work that is not necessary to be done at all.”

It all has a familiar sound to us in 1938 and 1939. The records revealed that finally the cost became so heavy that the project collapsed. England sent her surplus unemployed population to Australia, New Zealand and Canada, thereby increasing her colonial population, while Ireland increased ours. The rationalists of Europe and the “birth controllers”, like voices in the wilderness, shouted that immigration was only a temporary way out, that the workers would only impede their cause in other countries, unless they kept their birth rate down to their earning power, and that they were not solving the problems

of poverty or misery, but pushing their problems over to the next generation to solve. John Stuart Mill was quoted as saying “It is questionable if mechanical inventions have done more than to enable a greater population to live the same life of drudgery.”

Then in 1881 the Marxian philosophy began to cross swords with the Malthusian and called upon the workers to swell their ranks. Discussion issued forth in papers and magazines as to whether a large population constituted the wealth of a nation. It was pointed out that if that were so, India and China should be ruling the world and islands like Puerto Rico should be among the happiest, most powerful and prosperous nations in the world. This was the situation in 1881.

Today we see Germany, Italy and Japan clutching at the throats of democracies and demanding more land, more colonies for the expansion of territory and markets with which to feed their surplus populations. How any of us who desire peace in the world and the advancement of civilization can clamor for a larger population is beyond me, as we survey the European scene.

The peace of Europe is not going to be permanently established by handing over a bit of territory or colonies to any nation with a high birth rate. This simply postpones the crisis. With some nations spawning to the utmost, the cry of “land and colonies” is not a permanent answer.

The discovery of America was the solution of the surplus population of Europe for some time. Now we shall have to see the discovery of another continent or the miracle of a new one rising out of the ocean to absorb the surplus population of Europe, unless the statesmen of the world will face population problems squarely and reckon with the facts. But there is no use in asking one nation to slow down its birth



*Courtesy New York Herald Tribune*

*Officers of the new Birth Control Federation of America greet state league presidents, after an impressive ceremony marking the unification of the two national organizations Left to right— Dr Richard N Pierson, Chairman of the Board and President Pro Tern, Margaret Sanger, Honorary Charman, Dr Clarence Cook Little Vice-President and Charman, Advisory Council*

rate or its armaments while other nations speed up their own. There must be an adjusted distribution of the birth rate of each country to its resources. This, of course, will be a touchy subject for some nations to grapple with, but a selective birth rate similar to our selective immigration quota will soon be in order nationally and internationally. Here is an exciting and controversial subject for the scientific mind to solve. "Who shall inherit the earth?"

The birth control movement in this country, during the past 25 years, was largely given over to efforts to demolish ghosts and fears—fears of the law, of nature, of immorality, and dozens of other fears with which you are all familiar. All of these fears of yesterday have been largely dispelled through education. But on the horizon of today loom the fears of tomorrow and we will soon meet the argument of the need

for a larger population, for a higher birth rate, and fears of a declining or stationary population.

It has been recently estimated that in 1980 there may be ten million fewer people in this country. The picture is presented that there will be a nation of old men and women over 65 years of age, using spectacles, ear trumpets, crutches, and wheel chairs and these old people will dominate our health resorts and increase the call upon the services not of obstetricians but of neurologists.

To some this may seem a sad prediction, but I agree with Havelock Ellis, who says that perhaps a million more old people may make for more peaceful and happy conditions. That it is the countries dominated by the racketeering young, with their black jacks, their machine guns, their military drills, uniforms and the adventurous

and **exciting activities** of arrogant youth, that have made for chaos in the world

At a recent conference on **public welfare**, an outstanding professor of **economics** stated that 10 per cent of our population **will continue to remain on relief** at a cost of \$2,500,000,000 a year and that **it will be a long time** before **this number will level itself out**. Must we **wait** until 1980 as the time when **with fewer people there will be a smaller army of unemployed?**

We hear a great deal about **preserving** our **institutions** of democracy and the **traditions** of **liberty**, free speech, free press and all of these ideals for future generations. Rather should we be concerned as to the **quality of life** that we are passing on today. What type of people are we **breeding** to form future **generations?** These **institutions and traditions will take care of themselves** if the people of future generations **will have the intelligence to use and appreciate them**. We have got to revalue our own human values. We have got to change the **inference** that the **quality of our population depends upon the birth rate of college graduates**. To me **this is tinsel thinking**. There are just as sound **qualities** to be found in the Arizona cowboys, in the **artists**, the **mechanics**, and **artists—the qualities of initiative and capacity** for clear thinking as a result of sound minds and sound **bodies—which must form the corner stone of any enduring civilization**.

To **attain the objectives of this new Federation** will demand concentrated effort on a **national scale**. We must take **birth control up and down to every level of society**. We must make **it possible** for every mother to use **this knowledge to avoid** unwanted and unwarranted **pregnancies** and to help parents plan for **really wanted children**. That will open the doors of a new world for us all.

**Birth control** can be used as a means to raise the level of the **intelligence** of our

population, to lower infant and maternal **mortality**. It can be used to **improve our general health and well-being** and **it can curb the pressure of population which explodes into war**. We have a powerful instrument for good in our hands, and now that we have a unified, strengthened organization in the **Birth Control Federation of America**, let us see that **this Instrument for good is used intelligently and creatively** for the best interests of all the people of **this land**.

### **Favorable Decision in Puerto Rico**

Another Important legal victory for birth control was the **decision** handed down in Puerto Rico by Federal Judge Robert A. Cooper on January 20th. Judge Cooper acquitted the **six directors of the Puerto Rican Maternal and Child Health Association**, who had been **indicted for disseminating contraceptive information**. The way is now clear for the operation of **birth control clinics** by the Insular Health Department under the act passed by the **Insular Legislature in 1937**.

The **indictments** were made under the federal statute enacted in 1873, which **prohibits the sale or gift of contraceptives in territories**. Judge Cooper held that **this statute applied to Puerto Rico** and that any one **prescribing or furnishing contraceptives merely to prevent birth would be acting illegally**. However, he stated that "**contraceptive articles may have a lawful use and the statutes prohibiting them must be read as prohibiting them only when they have an unlawful use**".

**United States District Attorney A. Cecil Snyder said** that he knew of no way of **appealing from the verdict of acquittal**. He stated his intention of **communicating the decision immediately** to the office of the Attorney General at **Washington, which had ordered the proceedings in the Puerto Rican trial as a test case**.



## Charting the Course Ahead

By **Richard N Pierson, M D**

*Chairman of the Board, President Pro Tem  
Birth Control Federation of America*

*Digest of an Address at the Annual Luncheon, Baltimore Hotel, January 19th, 1939*

**A**s we plan our program for the immediate future, we face an abundance of opportunities. The widening acceptance of birth control has brought us to the threshold of a new era. Our task has been not merely to lay out a fruitful program, but to determine it on the basis of relative values and to choose the most important things which we have the staff and funds to accomplish. We have had to guard against undertaking at once all the things we would like to do.

Recent fact finding studies have placed us in a position to plan wisely. Our Committee on Objectives digested a vast amount of material and recommended to the Joint Committee on Coordination a program of objectives. The program will be modified by the new Board of the merged organizations, in the light of developments. But we have a clear cut and definite course on which to start.

We are ready to apply to our expanded program new resources of leadership and enthusiasm, and a determination to make birth control part of the American way of life. Facing the future with a united front and a unified program, we aim to put new vision, power and drive into the movement. The merger will promote better understanding of the movement, eliminate confusion in the public mind, prevent duplication of effort and achieve a greater efficiency in administration and service, as well as economy in expenditures.

Birth control is not a negative, but a positive movement. Our basic aim is to make universally available the best scien-

tific knowledge of contraception under medical direction, and thereby to improve the health of mothers and children, and to reduce the infant and maternal death rate. Our program will emphasize the constructive implications of birth control for personal and family health and for the welfare of the family and the community.

In the full time presidency, we plan to bring outstanding qualities of leadership and administrative ability to the new organization. The new Board contains persons of experience and influence, including both those long connected with the movement and others more recently interested.

An Advisory Council of authorities in allied fields of social endeavor has been inaugurated to help us keep a true perspective on our objectives and methods, for we must never forget that we do not present birth control as a panacea, but as a basic approach to be coordinated with others attacking the problem of creating a better society.

The activities of the new organization will be grouped into five main departments—national clinic service, field organization work, education and publicity, service "demonstration clinic" and medical research, teaching and publication. The Federation will aim to assure through qualified centers, whether existing or new, under public or private auspices, adequate clinic service, especially for the indigent. Our ultimate goal is to secure the inclusion of contraceptive service in the programs of public and voluntary health and welfare agencies throughout the country.

State organizations will be helped and encouraged in their clinic work by an adequate national field staff. The efficiency of the clinic and other field work will be greatly increased by dividing the country into several regions and establishing regional organizations, with a field worker assigned to each. A national field director will cooperate with regional, state and local groups.

The nearly 500 centers already established with the aid of both organizations have paved the way. Though they have served as demonstration centers, they have, of course, been inadequate to the demand. In the future, clinics under private auspices must be supplemented by the resources of public agencies. They will continue to pioneer in standards and techniques, but they now become part of the larger picture in a national program to make contraceptive counsel and service available to all mothers. One or two states, notably North Carolina, have already given a practical demonstration of how such service can be provided through public health channels.

General education and publicity have as their aims the creation of an informed and favorable public opinion. We seek public understanding which will favor the adequate inclusion of birth control service in health programs, in hospitals, clinics and health centers. We need also to make clear the relationships of birth control to the broader fields of health, education, infant and maternal welfare, eugenics and population problems.

Increasing public demand must be met by a competent and improving medical service. It is our intention to carry on our work in accord with the principles and standards of the medical profession, and to determine our medical policies with competent medical counsel. The need now is to increase facilities for teaching contraceptive techniques in medical schools, so

that there may be an adequate number of physicians in private practice and in institutions to meet the growing demand for contraceptive service. Already our publications are being used in more than fifty Grade A medical schools. This is a field in which, through our own National Medical Council, we can aid with carefully considered steps.

The ultimate objective of our program of medical research will be to develop and test cheaper methods of birth control that are safe and effective and can be made more widely available, especially to families of limited financial resources. We will participate in and promote laboratory and clinical tests on existing products and techniques.

The movement is fortunate to have available the resources of the demonstration center which has functioned successfully at 17 West 16th Street, New York City. We shall make maximum use of this center in its research, teaching and educational aspects and through it promote the establishment of similar demonstration units at strategic locations throughout the country.

Cleanly, our expanded program will require much more substantial financial, as well as moral, support than heretofore. We are facing that question with a definite plan to increase such support, both nationally and locally.

We shall continue to face opposition to our work. But we count upon a wider knowledge and deeper understanding of what this program really involves, not only to resolve difficulties and opposition eventually, but to win steadily increasing moral and financial support. It is highly important to recognize that our program contemplates making contraceptive services available to all who wish them. Our plan is not and never will be to force them upon anyone. Birth control is permissive, not mandatory. It is only for those who seek it.

# The Economic Significance of Population Trends – III

By Guy Irving Burch

**F**OR more than a hundred years the birth rate of the United States has been decreasing, but during this time the nation has had the fastest increase in population recorded in history. Since 1800 the population has increased from 5,000,000 to more than 130,000,000. Even if immigration were disregarded, the United States would have had an unprecedented growth in population.

From this it may be seen that to confuse the birth rate with actual population growth is a serious error. To add to the confusion in the public mind concerning the economic significance of population trends, the birth rate has been "refined" or "adjusted for age" into what is called the "fertility" rate. The birth rate is the number of children born for every thousand inhabitants. For example, if the birth rate is 17, it means that 17 children are born annually for every thousand people in the country. But the "fertility" rate is the number of children born annually to women in the childbearing age.

Due to the high birth rate of the past and to the immigration of young women, this country has an "abnormally" large proportion of women in the childbearing age. Thus we are told by some statisticians that our birth rate is higher than would be the case with a "normal" age distribution of women. Technically and statistically speaking this is true, but practically speaking it is not true. The birth rate in a country where the population is large does not depend upon fluctuations in the proportion of women in the childbearing age, but rather upon economic and social condi-

tions. For example, in 1850 about 39 per cent of our males and females were between the ages of 20 and 50 years, as compared with 45 per cent now, yet the birth rate then was twice as high as it is today. The reason for this is that in 1850 economic and social conditions were conducive to a higher birth rate.

## Arguments to be Met

This may sound like an academic question but it is an important point to bear in mind, if we would understand the economic significance of population trends. For example, we are told by some statisticians that our actual birth rate is deceptive and that our "true" birth rate or fertility rate is much lower than we suspect and our "true" death rate is much higher than we suspect. In fact, we are told that our "true" rate of natural increase has been in the red since 1933. That is to say, our "true" death rate is higher than our "true" birth rate. But if we examine the latest census report we shall find that last year the population of the United States did actually have nearly a million more births (915,857) than deaths. "Technically" speaking our population may not be "truly" increasing, but economically speaking we have to find clothing, housing, and food, for 915,857 more people than the year before, which is quite an economic problem when more than 21,000,000 people or about one sixth of our population are on relief.

If our "true" birth rate equalled our "true" death rate and this trend continued, we should have to find clothing, housing, and food for 50,000,000 additional people.

before the end of the 20th century. Even if our "true" birth rate or "fertility" rate should decrease one sixth during the next forty years we should have to find employment or relief for an additional 20,000,000 people by 1980. And to aggravate this economic, social, and political problem, we find that families on relief and on the borderline of relief are having the highest birth rate.

It is estimated that of more than 2,000,000 births, approximately 840,000, more than one third, occur annually in families which are on relief or which have a total income (including home produce) of less than \$750<sup>1</sup>.

This trend in the birth rate is of the utmost economic significance not only to families on relief or the borderline of relief, but also to the taxpayers and to American business. Relief now costs the American people nearly \$9,000,000 a day, and its cost is likely to increase considerably if this trend in the birth rate continues.

Large groups of our population, which are the least equipped financially, are having such big families that in one generation their descendants will be twice as numerous as those of other large groups. If this trend continues for three generations (about one long lifetime) the descendants of these poor families will be sixteen times as numerous as the descendants of other large groups who are best equipped financially. As long as this great difference in size of families continues, it will be practically impossible to have a more adequate distribution of wealth in this country.

Just how far this differential birth rate among economic groups affects the biological quality of our citizens it is impossible to say. If we may measure quality by edu-

cation, cultural achievement, occupational status, or intelligence tests, there is evidence that the biological quality of the American people is decreasing. But none of these criteria can be said to be exact measurements. Whatever we may guess about the trend in the biological quality of our people, there is definite and measurable evidence that the groups least equipped financially and educationally are having the largest families, and this may have a grave effect upon our social, economic, and political institutions in the near future.

### Effect on Living Standards

As regards both the quality and the quantity of the population it is difficult to overestimate the value of a democratic knowledge of birth control. Two results that can be expected from this knowledge are (1) smaller families among the lower income groups and a higher standard of living for them, and (2) lower taxes for business and the middle and higher income groups, which will enable them to have larger families at their accustomed standard of living.

There is no evidence that a democratic knowledge of birth control will decrease the total population if the country has a healthful and prosperous standard of living for all its inhabitants. On the other hand, there is good reason to believe that a democratic knowledge of birth control, by helping to replace more wasteful, expensive, barbarous, and disorganizing means of population control (such as needless infant and maternal mortality, abortion, war, and a low marriage rate) and by making possible a more adequate distribution of wealth and children, will result in a healthful and prosperous standard of living, and the largest population compatible with such a standard of living.

<sup>1</sup> "Proceedings of Conference on Better Care for Mothers and Babies," Government Printing Office, Washington, D. C. Children's Bureau Publication No. 246, 1939, p. 127.

# State League Progress in 1938

Steady advances toward the **inclusion** of **birth control** in **public health** and **welfare services** were made by state member leagues last year. **Placing their work** on a more professional **basis** through the employment of **trained social workers** and **field workers** was one means for the **attainment** of **this objective**. **Significant** of the progress in **medical cooperation** was the **organization** of strong and **representative** medical boards, the increase in the number of referral **physicians**, and the fact that five leagues had **exhibits** at meetings of **their state medical societies**. Of the 28 state member leagues, 22 **submitted** reports for the annual **meeting**. Space permits only a **digest** of the most **outstanding accomplishments** to be presented here. **It is** an **inspiring** year's record.

## ARKANSAS EUGENICS ASSOCIATION

An **outstanding achievement** of the year was the program on contraception presented by the **Association** at the annual **meeting** of the Arkansas State **Medical Society** in Texarkana. Dr. **Frederick Taussig** of **St Louis** was the speaker, and he also addressed the annual **meeting** of the **Association** in Little Rock that **night**.

The **senior** class of the University of Arkansas School of **Medicine** heard an address by the chairman of the **Association's** **medical advisory board**. **Films** and an **exhibit** of **contraceptives** were shown at **this meeting**, which marked a step toward **securing** the **teaching** of **contraceptive techniques** in the school.

Conway, Faulkner County, has just begun service. **Public health officers** in two counties have **established service**. Practically all of the city's **social work agencies** refer patients to the **Little Rock clinic**. **Signs** announcing the **clinic's service** have been placed in **relief agencies**. A **splendid relationship** is maintained with the **State Conference of Social Work**, of which the **Association** is a member. The **chairman** of the **Association** has served on important **committees** of the Conference and two programs on **birth control** have been presented during its **sessions**.

**Clinic sessions** for Negroes, formerly

held in the downtown center, **will** be transferred to the **Urban League headquarters**.

## CONNECTICUT BIRTH CONTROL LEAGUE

**Clinics** were **established** last year in Bridgeport and Waterbury, **bringing** the total in the state to **nine clinics** and one **clinic service**. The Waterbury **clinic** is the first in the state **directly** connected with a **hospital**. All **clinics** in the state have at least two **professional workers**—the **clinician** and the **nurse**.

**County committees** aid the state league **financially**. Each county chairman is a member of the state board. The state **organization**, in turn, serves as a **clearing house** for **information** and **education** and seeks to **establish** new **clinics**. A list of **qualified physicians** in **isolated communities** is kept.

A state **medical advisory board** is in process of **organization**. In November the Connecticut **Medical Association** invited the New Haven **clinic** to **participate** in their annual **clinical congress**. Tremendous **interest** was shown by the doctors in the **films** and **exhibits** on **contraception**.

All the **clinics** do as much **marriage counseling** as they can in regular **clinic sessions**. Greenwich has a separate **Marriage Counsel Bureau** with a **trained psychiatrist** and a **part time medical social worker**.

### BIRTH CONTROL LEAGUE OF DELAWARE

Stabilization and better organization have been the watchwords of the League during 1938. Early in the year a trained social worker was engaged to make a survey of all clinic patients, past and present. The result was so gratifying that it was decided to employ her regularly to do follow up work, and to be at the clinic for part time work in order that she might become better acquainted with patients.

Outstanding social agencies of Wilmington have cooperated by each appointing a representative from its board to a new advisory board for the League. Larger quarters have been found for the Wilmington clinic and the number of patients has increased.

A clinic has been held in Dover once a month. Nearly all the patients are from rural areas and unable to return for a check up, so a social worker has been employed for part time to make follow up visits. In many of the homes great destitution was found and the social worker was able to get help for these families from the Red Cross.

### MOTHERS' HEALTH ASSOCIATION OF THE DISTRICT OF COLUMBIA

To meet the clinic's obligations, a drive was conducted last February with good results, and this fall a second drive, for \$5,000, was initiated. In the fall, Mrs. Sanger addressed a group invited by the Association, as well as an open meeting at the YWCA which was so well attended that more than a hundred had to be turned away.

A group of volunteer members meet at monthly luncheons at the clinic, when reports and discussion follow, with never a dull moment. The board meets monthly

preceding this luncheon, and its decisions and plans are presented at that time. In this way the members are kept in touch with what is going on and are able to proceed intelligently when called upon.

Social and welfare workers are eager to know more of the work. There has been a demand for speakers by settlement and church groups. The doctor has addressed meetings held in the clinic for visiting nurses, social workers and physicians.

### ILLINOIS BIRTH CONTROL LEAGUE

As a result of a state wide expansion program undertaken in 1936, there are now seven centers in Chicago and six centers or services outside Chicago. One Chicago center and three downstate were opened in 1938. In addition, new and vigorous committees in three more cities plan to inaugurate clinic service within a few weeks.

The League has met with an enthusiastic reception of its plans from social and health agencies in every community visited. Very often the staffs of these organizations prefer to cooperate on an informal basis rather than to encourage the League to seek formal endorsement from their boards. The 1938 annual meeting was planned especially to acquaint the boards of social agencies with the current status of the League's work and its program for wider service. There proved to be great need for re-educating the staffs and boards of agencies, long friendly, but not very actively cooperating.

A new executive secretary, who will begin work with the League on February first, is a graduate of the University of Chicago School of Social Service Administration and has had five years of social work experience in the Chicago area. She will draw up a comprehensive plan for establishing

the League in its fundamental relation to both private and public welfare work. Of especial assistance will be committees from the board—one assigned to each clinic to study its needs and promote its usefulness.

### **MATERNAL HEALTH LEAGUE OF INDIANA**

The League now sponsors the work of four centers, and a fifth will begin to function in Terre Haute within a few weeks. During the year an effort was made to enlist the cooperating services of physicians in as many and as widely scattered counties and cities as possible. As a result, the League's referral list grew in 1938 from 34 doctors in 13 counties and 13 cities to 75 doctors in 39 counties and 45 cities.

Relations with state welfare agencies have been increasingly friendly. The League became a member of the State Conference of Social Work in 1938 and held as part of the Conference a well attended luncheon meeting with some of the state's most distinguished leaders in social work at the speakers' table.

Attendance at the Indianapolis clinic showed a great increase, the number of new patients in 1938 being 404, as against 217 in 1937. An evening clinic session has been added.

### **IOWA MATERNAL HEALTH LEAGUE**

Six local leagues are functioning. Those in Des Moines, Sioux City and Cedar Rapids conduct clinics, those in Cedar Falls, Grinnell and Spencer, referral services. Scattered over the state are also eight referral physicians.

About twenty per cent of the patients have been referred by health and relief workers. The leagues are members of the State Conference of Social Workers and for

the last four years have held sectional meetings, which have been attended by most of the Conference delegates.

The League plans to expand its educational activities, increase the number of referral doctors, and organize local committees so that clinics will be located within a short ride of any town in Iowa.

### **KENTUCKY BIRTH CONTROL LEAGUE**

For the first time this year the League opened offices and engaged an executive secretary, who is employed on part time for state work and part time for the Louisville clinics. Through her services, it is planned to advance a state wide program to bring aid to mothers in rural and mountain districts and to secure additional data on the acceptability and reliability of the simpler contraceptive techniques.

A new experimental service has been requested by about twenty five towns. All the doctors in a given community are interested in assisting the League by giving advice to their patients and to those referred to them by social workers, the League providing materials when dependency indicates the need for free service. It is expected that from this plan sponsoring groups, evolving into affiliated branches, will arise in some towns.

Three publicity projects were effected during the year. The first was active participation in a Regional Conference of the American Birth Control League held in Louisville in April, which attracted many out state delegates and gave fine impetus to the Kentucky group. Next a series of three "question and answer" dialogues were arranged over a local radio station. Finally, in October, a Round Table on "Planned Parenthood" and an exhibit were held as part of the program of the State Conference of Social Work.

### BIRTH CONTROL LEAGUE OF MASSACHUSETTS

The League's hopes for resuming its clinical service are based upon securing a court decision, which will clarify the state law. Test cases of a more concrete nature than those forced upon the League in 1937 will be brought, with a committee of prominent physicians sponsoring the defense.

A state wide educational program directed toward creating an informed public opinion is under way. Replies to a recent questionnaire show that there is keen interest in the case and a desire to go forward with the birth control movement in Massachusetts.

In spite of the League's difficulties, the number of meetings and conferences held during the year have been more numerous than ever before. One of the most satisfactory accomplishments was a series of Community Leaders' Conferences on Birth Control, which brought representatives from case working and health agencies together with ministers and doctors, to hear a speaker and to engage in a round table discussion on community responsibilities. Members of the board and of the medical and lay staffs and a group of other speakers addressed 75 meetings.

### MATERNAL HEALTH LEAGUE OF MICHIGAN

Three new centers were added in 1933, bringing the total to 23 organized clinics or services in the state. An increase of 70 per cent in new patients during the year is shown, even though full records for some centers have not yet been assembled. Seven of the clinics have the services of professional social workers. The League hopes to increase this number.

The League is a participating group in both the Michigan Conference of Social

Work and the Michigan Public Health Conference. Personal and official relationships with these groups have become pleasant and satisfactory. Local relief and welfare administrations, in almost all instances, are interested and cooperative, as far as they can go.

The State Medical Advisory Board really functions, due largely to the invaluable leadership of its chairman. They have never failed to provide speakers for medical meetings, and they supervise and consult with local clinic medical boards, on request. The referral list of physicians throughout the state, built up with their aid, totals 226. A plan to establish a new course on marriage at the University of Michigan was the result of a symposium on marriage counseling arranged at the University last fall by a member of the League's Medical Advisory Board.

Plans for 1939 are directed toward the building up of a unified, uniform, integrated program for the entire state.

### MINNESOTA BIRTH CONTROL LEAGUE

The League has not attempted, during the last year, to promote more voluntarily supported clinics, but has placed its emphasis on securing the cooperation of public agencies to the end that they will adopt contraception as a legitimate public health and welfare service.

Two of the state's seven clinics are housed in city health departments. The League has steadily increased its list of qualified physicians willing to prescribe for indigent mothers, so that it now numbers more than 200. The balance of its extension efforts have been exerted toward gaining the interest and cooperation of public agencies. Though results along this line have not been spectacular, they have been sound and encouraging. The League is convinced that, if it can continue to present



its educational program as has been done in the last two years, contraception will be adopted by these agencies who now find the League's services so useful

At the State Conference of Social Work last May, two of the main sessions devoted to county welfare questions included talks on the problem of uncontrolled additions to dependent families. Other evidences of the acceptance by welfare workers of the necessity of birth control are the repeated requests from professional workers throughout the state for the names of the League's cooperating physicians, and the increase to seven in the number of counties which are now referring families for contraceptive service and paying for such service from relief funds. This year, for the first time, the League's board of directors includes persons identified with those agencies in the state responsible for the shaping of welfare policies.

The League was given space at the State Fair, where an exhibit was shown and 11,000 pieces of literature distributed.

### MATERNAL HEALTH ASSOCIATION OF MISSOURI

Clinics in Hannibal and St. Joseph were established during 1938, bringing the total in the state to four affiliated clinics, three cooperating clinics and one cooperating service. In Hannibal and Columbia the clinics initiated by local committees are part of the local public health service.

The three St. Louis clinics employ four clinicians, four nurses, two social workers, an office secretary and an executive secretary who is also a medical social worker. Field work has been done by the social workers. Four of the other clinics employ nurses, and one employs a social worker. Premarital counseling is arranged by appointment at one of the St. Louis clinics.

The Association is a member of the Mis-

souri Association for Social Welfare and held a luncheon and exhibit at the annual conference in 1938. An announcement of the state birth control program was made at the Child Conservation Conference held in November and composed of 250 Parent Teacher and Mothers' Clubs. This was followed by letters announcing talks sponsored by the Association which are available to the clubs.

Plans for 1939 include one to two months' state organization work.

### NEBRASKA MATERNAL HEALTH LEAGUE

During its first three years, the League laid the groundwork in rural communities for the more extensive work accomplished during its fourth year. It counts as a great step forward the fact that 1938 was the first year in which the interest of state and county officials was secured. The League has been asked to hold early in 1939 a meeting to interpret its work to the county supervisors of the Children's State Assistance Bureau.

A clinic opened in North Platte in November has the cooperation of county medical workers. In Auburn, where patients have been advised in a doctor's private office, committees have been formed and plans are under way for the opening of a clinic. A night clinic and an extension service for Negroes were inaugurated last year at the Omaha clinic. A state referral chairman appointed last spring has enlisted the services of 38 well qualified doctors and refers to them the many women who write the League for help.

An exhibit at the State Fair was arranged by the Lincoln and Omaha groups. Hundreds of pieces of literature were distributed. The League has been invited to have the same kind of exhibit at the next State Social Work Conference.

## NEW HAMPSHIRE

## BIRTH CONTROL LEAGUE

Funds sufficient for the first year's salary of a field worker have been raised. Her first activities will be in Manchester and two other towns where the groundwork for clinics has been laid.

The League has 21 actively cooperating physicians and a clinic in Concord, which is a charter member of the Concord Council of Social Agencies. Patients are referred to the clinic by the State Board of Welfare, county and city relief organizations, the Red Cross and Family Welfare Association. Several new chairmen were appointed

last year. A program chairman laid out suggestions for basic information, finance, organization and education, an educational chairman sent 400 letters offering speakers to leaders of churches and state organizations, a publications chairman kept the League in touch with articles appearing in national magazines, and a population chairman supplied information and arguments with which to meet the expected criticism after the publication of the next census.

The State Medical Society donated a booth for an exhibit by the League at its last meeting held in Manchester in May.



*Courtesy Look Magazine*  
 "We're planning to have another baby," a patient tells the nurse at one of the centers conducted by the New York City Committee of Mothers' Health Centers. Last year 98 planned and wanted babies were born to patients of the Committee's birth control centers.

## NEW JERSEY BIRTH CONTROL LEAGUE

Ten maternal health centers throughout the state are **affiliated** with the League. Four other **clinics** located in hospitals are part of the regular **hospital routine** work. Most of the **clinics employ** either a **social worker** or a **nurse**, in some cases both, who do follow up work and make new contacts. In some of the counties, local **public health** and **relief agencies** cooperate by referring patients to the **clinics** or by **having** some of their board members serve on the local maternal health board.

The League's **standing** in the state has been advanced considerably through the **invitation** extended to it last year to **participate** in the State Medical Society Conference. An **exhibit** was shown, and more space has been promised the League at this year's Conference. In **addition** to a state Medical Advisory Board, there are medical advisory boards in all of the organized counties except one.

The League feels strongly that the most **constructive thing** it can do this year is to employ a field secretary, who **will** follow the well laid plans of the field worker of the American Birth Control League who was **assigned** to New Jersey for the last three months of the year.

For four years the League has participated as a member group in the State Conference of Social Work.

## NEW YORK STATE BIRTH CONTROL FEDERATION

Thirty seven **affiliated** centers and five referral services, sponsored by **active committees**, are **functioning** in the state. Of these, two centers and one referral service were **established** in 1938. **Professional workers**, either nurses or social workers

are employed by **78** per cent of the centers **affiliated** with the Federation.

The **division** of the state into Eastern and Western **regions**, with a **chairman** in charge of each, has **stimulated organization** work and made it **possible** for more county committees to attend **meetings** and exchange **ideas**. The regional meetings are held in different **cities**, with local groups acting as hostesses.

Though the **Federation** has not yet been able to secure a place on the program of the State Social Work Conference, it **will** present its work to the majority of New York State social workers at the National Conference of Social Work, to be held in Buffalo this June.

A catalogue of clinic forms, prepared by the **Federation** in 1938, is the first of its kind, and has been a great help to new centers in choosing the forms they **wish** to use.

Plans for **expansion** in 1939 include the employment of a field worker for **eight** months instead of **six**, to **consolidate** and strengthen the **existing** centers and to **establish** new ones. Centers will be encouraged to extend their work so that they will really be **servicing** their entire counties.

## NORTH DAKOTA MATERNAL HEALTH LEAGUE

The League was organized **just two** years ago. It sponsors two **clinics**, in Fargo and Jamestown. County welfare workers refer patients to the **Fargo clinic**, fees being paid by the welfare agency. The League has the **recognition** of the Cass County Medical Society. Its State Medical Advisory Board is **building** up a list of referral **physicians**. A social worker is employed for part time by the Cass County League, which sponsors the **Fargo clinic**. She does follow up work through **visits** to the homes of both old and new patients.

## PENNSYLVANIA BIRTH CONTROL FEDERATION

In the twelfth year of its service, the Federation has 20 county committees and 25 clinics. Two clinics were opened in 1938, one in Moosic, under the Scranton Committee, held in the American Legion Hall, the other in Quakertown, under the Quakertown Women's Club. Clinic attendance throughout the state increased 25 per cent during the year.

Referrals from social agencies and hospitals are increasing steadily in various parts of the state. The clinics having the most marked cooperation with other agencies have established this relationship by employing a social worker who was already acceptable to the community. Professional nurses are employed at all but two or three of the smallest clinics. Several larger clinics have full time executive secretaries.

The Federation is a member of the State Conference of Social Work and is participating in its program held in Pittsburgh in February.

Increased cooperation with other agencies and higher medical standards in the clinics are among the Federation's objectives for 1939. It is planned to do expansion work in an area two hundred miles square, between Harrisburg and Pittsburgh, where there is now no contraceptive service, and from which an increasing number of mothers' appeals are coming.

## RHODE ISLAND BIRTH CONTROL LEAGUE

The League's accomplishments during the past year have not been of a spectacular nature, as its greatest effort has been directed toward gaining the cooperation of outstanding medical men. The result of this concentrated work was the formation of a State Medical Advisory Committee of 37

prominent physicians from every county, who represent nearly every field of practice. This Committee's plans for a referral system were well under way when the storm last fall prevented the actual inauguration of the service. However, they will meet again to formulate a simplified type of referral system.

Public welfare agencies throughout the state recognize the need for birth control service, but because of fear of adverse public opinion, have not made use of the clinics for their clients. The wall is not invincible and the League feels that a wider interpretation of its aims to the public will accomplish much. The clinic service is listed in the new catalogue of social and health agencies prepared by the Providence Council of Social Agencies. Three prominent hospitals in Providence County are now including lectures on birth control, its history and technique, in their student nurses' training courses.

A great asset to League work was the employment for the first time in 1938 of an executive secretary and field organizer. Two social workers, both well known for their previous professional work in state and city welfare agencies, are now employed by the Providence clinic, each working part time.

An interesting survey made last March of all case histories filed at the Providence clinic showed that 43 per cent of the patients had not finished grammar school, and only 11 per cent had graduated from high school. An income of \$1,200 a year or less was received by 53 per cent of the families, in all of which there were three or more children.

Plans for the coming year include educational work for greater cooperation with social welfare organizations, the establishment of a referral system, and the inauguration of marriage counseling service.

## BIRTH CONTROL LEAGUE OF TEXAS

Clinics are sponsored by the League in Austm, Fort Worth, San Angelo and Houston. The San Angelo clinic was established, and the Austin clinic completely reorganized during 1938. Paid professional workers are employed in all the centers.

Considerable interest in the League's program was aroused among doctors from all parts of the state through a meeting sponsored by the medical advisory boards of the Texas clinics and held in Galveston the night before the opening of the annual meeting of the State Medical Society. Among the physicians on the League's program was the president of the Texas Medical Association, who is a member of the medical advisory board of the Houston clinic. Many signatures were obtained from physicians who expressed their willingness to help with the League's program.

Public health and relief organizations, as such, have not cooperated officially with the League. However, clients of various agencies are being referred.

The outstanding publicity achievement of the year was a full page feature story in the *Houston Post*, fifty copies of which were sent to various towns of the state.

## VERMONT MATERNAL HEALTH LEAGUE

Two new centers were opened in 1938, bringing the total in the state to six. Three centers are directed by county associations and three by town associations, each as a society having one representative on the executive committee of the state organization. More than 50 doctors are on the League's referral list.

The past year was devoted mainly to exploring the field, to find out what is being done in the state and what remains to be done. To this end, the League engaged a

part time field secretary, who made several exploratory trips throughout the state, sounding out public opinion and finding where the greatest need lay. In several towns it was found that birth control service was being adequately handled by the local doctors and that no lay assistance was needed. Some regions, however, were not functioning so well. The next step will be to bring all local groups into the state organization.

The League is a member of the State Conference of Social Work and the cooperation of social agencies is increasing.

Plans for 1939 include organization of one county and one city association in the northern part of the state, increasing the list of referral physicians by adding more young medical men, and enlisting the cooperation of overseers of the poor.

## WEST VIRGINIA MATERNAL HEALTH FEDERATION

The Federation was founded in April, 1938, in response to state wide requests to already established clinics that further centers and information be made available to other West Virginia communities. Representatives of twelve counties serve on the board.

At present there are 16 established clinics in the state, and several auxiliary committees are functioning through larger communities. In other cities the League is awaiting the approval of local medical societies, while in some localities more lay leadership is necessary. The League is about to embark on a state wide financial campaign.

West Virginia is unique in having organized the first Negro Maternal Health Federation. This group is working in cooperation with the Charleston clinic, until it has funds to establish its own quarters.

# BIRTH CONTROL FEDERATION OF AMERICA, INC.

formerly **American Birth** Control League  
and **Birth Control Clinical** Research Bureau

501 MADISON AVENUE NEW YORK N Y

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**Regional Organization** Department  
**Public Information** Department

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**Birth** Control League of Delaware  
Mothers Health **Association**  
of the **District** of **Columbia**  
**Florida** Maternal Health Federat-on  
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**Iowa** Maternal Health League  
Maternal Health League of Kansas **City** Kansas  
Kentucky **Birth** Control League  
**Maine Birth** Control League  
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Maternal Health **Association** of **Missouri**  
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**Birth** Control League of Texas  
Vermont Maternal Health League  
**Virginia Birth** Control League  
West **Virginia** Maternal Health **Federation**  
Maternal Health League of **Milwaukee Wis**

## Rural Youth and Marriage

"It is a well-known fact that early marriages are characteristic of the lower economic groups and hence of the groups with the lowest standards of living and the most limited educational attainments. Because such large proportions of rural youth are underprivileged in these respects, a high rate of marriage naturally occurs. Yet these youth have such limited economic opportunities that they face appalling handicaps in their efforts to attain a reasonable economic base for family life."

"The factors which are associated with early marriage are also conducive to high birth rates. It is not only the lowest economic groups in general but these groups in rural areas in particular which are contributing far more than their proportionate share of births. Modern methods of birth control are as yet little known in most rural areas."

"The inevitable result of having a large proportion of rural youth married, with the attendant high birth rate, is increased population pressure on submarginal land areas and hence an increase in the number of economically marginal and submarginal families. Under conditions which might provide a satisfactory minimum standard of living for small families, the economic situation of large families becomes intolerable. Hence this is a vicious circle in which poverty begets poverty."

—from *Rural Youth: Their Situation and Prospects*  
by Bruce L. Melvin and Elna N. Smith, a research  
monograph of the Division of Social Research  
Works Progress Administration, 1938