

BIRTH CONTROL REVIEW

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VOL XXIII

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NO 7

Practical Eugenics

ONE of Europe's enlightened democracies is making birth control knowledge generally available as an essential part of her population policy. Sweden has as her objective securing quality in future generations. Though her population faces a decline, quantity is considered secondary.

Germany and Italy seek to raise their birth rates through bonuses to parents for each newborn child. Sweden wisely offers not cash to parents, but services for children, which will improve family health and minimize the economic penalties attached to having children.

"There is a vast difference between being bribed into increasing population and fitting the community environment for children that parents want. The one is the totalitarian, the other the democratic way of meeting an important issue," the *New York Times* commented editorially on the paper which Mrs Alva Myrdal of Sweden read at the meeting of the Birth Control Federation of America on January 19th

In this number we present the major part of Mrs Myrdal's significant paper.

Opponents of birth control frequently point out that its advocates might better direct their efforts toward the abolition of poverty, so that parents would not have to limit their families. To such critics the Swedish program offers an object lesson. In no country is more attention being given to low rent housing, maternal care and other social legislation making it possible for families to have children. Yet Sweden considers that birth control must be linked with economic reforms, since, as Mrs Myrdal points out, "Only children welcome to their parents are wanted by the nation. Birth control must be spread effectively to all groups of society, in order that only desired children are born, but at the same time social conditions must be so rearranged that more children can be welcomed."

Sweden's population has already ceased to grow, while that of the United States will continue to increase, reaching its peak probably about 1960. Far from blaming

birth control for a declining birth rate, Sweden provides contraception as part of its public health and maternal welfare program. This procedure in practical eugenics our own country must consider in the development of a sound population policy, if human quality, as well as true democracy, are to be maintained.

Toward a Firm Foundation

ON April 10th the Citizens Committee for Planned Parenthood will open a campaign on behalf of the Birth Control Federation of America. The theme of the dinner that evening will be "Creating the World of Tomorrow."

While this will be essentially a fund raising campaign, the Committee feels, as a result of last year's effort, that the Federation can expect to accomplish an outstanding achievement in public education, as well.

The financial goal of the Federation and the birth control organizations participating in the campaign approximates \$310,000. This is the minimum required to finance the program which is being initiated—a program of far greater magnitude than has been possible hitherto, and one which seeks, through practical measures, to reach the hundreds of thousands of families who, up to now, have had no medical birth control advice. The ultimate objective is to make contraception an integral part of public and voluntary health programs reaching particularly those groups who cannot pay for medical care.

Another by product of this year's campaign, which the Committee hopes to establish, is the value of a coordinated and cooperative effort among an increasing number of the birth control organizations needing financial assistance. At present, funds given to birth control represent a very small part of the huge amount annually expended for welfare, relief and the many other forms

of charity in America today. Last year the American Birth Control League proved that public understanding of the importance of birth control could be greatly increased. Gifts to the League were, therefore, proportionately larger.

To the degree that all of those who believe in birth control present its case to the public as one of outstanding importance, will be measured not only financial support given, but public acceptance of the movement itself.

Progress in the South

ENCOURAGING news comes from the South, as we go to press. Another state has taken first steps in the direction of bringing birth control service to its people through public health channels, following the lead of North Carolina.

In Tennessee, a state Birth Control Federation has just been organized to extend the number of local committees and clinics.

The Conference of Southern Mountain Workers, meeting in Knoxville, Tennessee, passed a resolution on March 9th requesting the commissioners of health and welfare of the states of "this mountain region" to cooperate in arranging for clinics or centers where birth control instruction will be available to underprivileged mothers in each county, and included in the health and welfare programs for the states.

"The poverty, the high birth rate and high rate of infant mortality make the birth control problem especially acute in this highland region," the resolution stated.

Approximately 200 delegates attended from Tennessee, Kentucky, North Carolina and neighboring states.

Through the efforts of her citizens, both physicians and laymen, in advancing the birth control movement, the South is on her way toward the improvement of maternal and infant health and the solution of her population problems.

Sweden's Population Policy

By Alva Myrdal

IN THE turmoil of contemporary fascist and communist population experiments, Sweden during the 1930's has set herself the task of trying to formulate a democratic population policy. When a democracy faces a catastrophic decline in her population in the future, neither force nor ignorance can be relied upon as remedial means, and thus a democratic variant to the totalitarian population ideologies had to be found.

The ever present concern about the quality of the population became united with a spontaneous flare up of interest in the quantitative destiny of the people. The birth rate of Sweden has lately been keeping her among the nations standing lowest on comparative lists of vital statistics. As early as 1925 the nation's net reproductivity had passed below that necessary to maintain a static equilibrium. According to the latest official calculation, it was 706 in 1933 and 703 in 1934—in both cases designating

a loss of about a quarter of the population in a generation.

After stock had been taken of demographic changes and their causes and also of social conditions, a population program was formulated, with concrete plans drafted in 17 reports by the Population Commission and some ten reports by other related Royal Commissions. The first proposed reforms were enacted in 1935, most of the new legal provisions went into effect January 1, 1938, and some are still only plans, though thoroughly prepared and officially recommended. The basic principles of this population policy may be summarized in three statements, all of which are apparent paradoxes.

1. Voluntary parenthood *and* a positive population policy shall be brought together. The neo Malthusians focused their interest on the former, while population conservatives have centered around the latter. There is, however, no reason for such a choice. Voluntary parenthood should be assured, so that the size of individual families may be regulated according to their best interest, but community means should be mobilized so as not to force that regulation to extremes. Only children welcome.



A leading part in formulating Sweden's population policy has been taken by Alva Myrdal and her husband, K. Gunnar Myrdal, professor of political economy at Stockholm University. Their joint book published in 1934 started discussion on population questions along new lines. Mrs. Myrdal has served on sub-committees of the the Swedish Population Commission and on other Royal Commissions. She is vice-president of the International Federation of Business and Professional Women and President of the Swedish Federation. In Sweden, she directs a training college for teachers in nursery schools.

to their parents are wanted by the nation Birth control must be spread effectively to all groups of society, in order that only desired children are born, but at the same time social conditions must be so rearranged that more children can be welcomed

2 Both quantitative and qualitative aspects are considered The quantitative goal has been fixed at retaining, if possible, a constant population, increasing population numbers being considered neither feasible nor desirable This quota should not, however, be filled by children undesired by their parents, quantity should not be secured by sacrificing quality Thus Sweden cannot resort to paying premiums to parents per newborn child, however effective such measures may be from the purely quantitative interest All measures should be shaped so as to insure both the best improvement in health and environmental conditions for the children themselves and a reduction of the economic motive for extreme family regulation It follows that practical aid, instead of being paid in cash to parents, should be paid in services to children, offering rational cooperative consumption, tax paid for children of all social groups

3 The means for a democratic population policy must include both educational influences and social reforms Sheer moralization and exhortations of duty to the nation are considered futile Psychological attitudes may, however, be changed by education to greater understanding of family values and greater capacity for living in family relations On the other hand, economic reforms are necessary by which a larger share of the national resources are allotted to children

Without education, no family reforms can be voted by a people among whom childless individuals and "child poor" families already form the overwhelming

majority Without social reforms no sermons on the value of larger families can be given to the broad masses of the people When the "normal" size of the family in the majority of non sterile marriages has to be fixed at four children in order to keep population constant in the long run, it becomes apparent that nine tenths of the population cannot rear these children according to approved standards of health and culture without considerable community support

When the program was first envisaged, it was taken as a practical principle that the main social groups be considered of equal hereditary value Individual differences as to hereditary capacities were not found to assemble in such a regular way that special "isolates", economic or social groups within the people, could be characterized by higher or lower averages Only a small bottom layer of society could rightly be regarded as biologically inferior, but that group should not be classified within any of the large socioeconomic groups This may seem a bold assumption, but in a racially homogeneous people with a very mobile social structure, it seems to be valid As a starting point for practical purposes it is far less dangerous than the opposite view which would call for encouragement of differential birthrates This is decidedly not done in Sweden on biological grounds And also the present necessity for differential birthrates on economic grounds is being diminished by means of various reforms

The scope for negative eugenics thus becomes narrow Sterilization is utilized with a residuum of all social classes whose perpetuation is considered least desirable A law was enacted in 1934 enforcing sterilization of persons suffering from illness of a grave hereditary character and themselves incapable of consent So far, these cases have not outnumbered 250 annually

and have consisted mainly of mental defects. A supplementary law has been proposed by the Population Commission to cover voluntary sterilization of individuals capable of consent. The indications here are slightly different, being more lenient. Sterilization is considered to be indicated when the defect of which there is risk of perpetuation by heredity is a grave one (mental or bodily illness, deformity, psychopathy or genuine epilepsy). Carriers who do not show the trait may be sterilized under this law, but not under the previous one. A further indication is if the person would be incapable of caring for or rearing children.

Next to be considered is a border line group, probably the most difficult to handle in any eugenic program. The hereditary capacities of this group are doubtful and thus do not indicate sterilization, but its social capacities are unfavorable to child rearing. It is officially planned, but not yet put into effect, to influence this group to severe family limitation through direct propaganda and instruction in contraceptive methods.

These two exceptional groups constitute only a small part of the population and only among them is the use of differential eugenic methods contemplated. For the rest of the people a "natural harmony" will have to work itself out, both birth control knowledge and family reforms being accessible in the same degree to all social groups.

Birth control information is being disseminated to the people in many ways. Sound family attitudes and parental answers to sexual curiosity in early childhood is first encouraged. Sex education is made part of school instruction at practically all levels, and in early adolescence includes a knowledge of the values of birth control, though not of birth control methods. Through later schools and chiefly

through adult education, which is widespread in Sweden, a knowledge of rational contraceptive techniques will be given. For adults, individual consultation is to be made accessible everywhere. Interestingly enough, only in large cities will this be instituted in the form of birth control clinics, in all other places the activity is to be carried on through the network of mother and baby centers, health officers, district nurses and district midwives. This plan is only beginning to be put into effect.

All the positive reforms aim at improving health, education and environmental conditions in general. Together they form a new system of prophylactic social policy, safeguarding the quality of the population in advance and not merely palliating its ills. Such a policy is considered an investment in the personal capital of the country, equally as profitable or more so than investment in factories and machines and other property which "rust can corrupt and moth consume."

The health of the mother is safeguarded through spacing of children and avoiding extremely large families. Prenatal care for every mother is guaranteed through a network of mother and baby clinics, available free to all social classes, as a result of a parliamentary act of 1937. At the same time a reform was carried through making all delivery care free of cost, provided it is given by district midwives in the patient's own home or in a general ward of a hospital or maternity home, many more of which are being erected. In the institutions and also in the waiting homes a maximum daily fee of one *krona* (25 cents) is charged for food. A state maternity bonus of 75 *kronor*, which is intended to cover extra costs at the time of childbirth (layette, etc.), is available to all mothers under a certain income limit, high enough to enable about 90 per cent of all mothers to

take advantage of the bonus For pregnant women in distress an innovation of the same year, 1937, allows a subsidy or loan from state funds of 300 *kronor*, intended to cover living expenses during the three to four most critical months

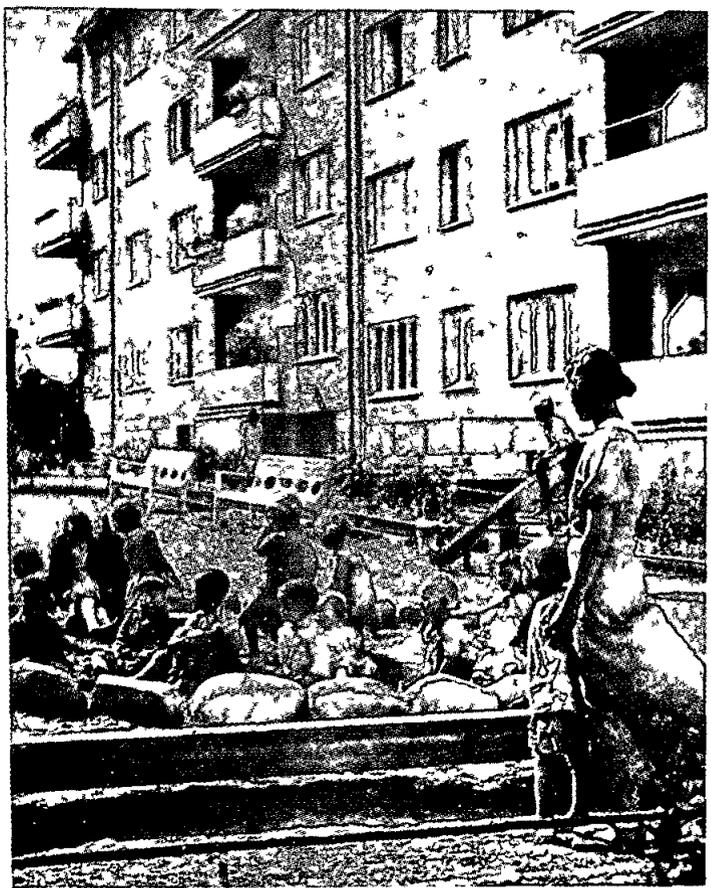
This reform is specifically directed to ward reducing illegal abortion The new abortion law does not allow abortion on economic grounds, but states that instead the economic motives should be eliminated

In another way this scheme of maternity security is interwoven with other motives The intention is to reduce infant mortality for the whole country to the same level that is now typical of the upper income classes in Stockholm—that is, from 4.72 per cent to slightly over one per cent That would mean a gain of about 3,000 children annually, again a harmony of quantitative and qualitative interests

The health supervision of children does not, however, end with their infancy Plans not yet put completely into effect provide for baby clinics rendering service for the whole pre school period, for medical supervision in schools and for dental care organized by the community with fees for children diminishing in proportion to the size of the family Again, costs are relieved and quality secured

The quality of the people, however, is not only dependent upon control of bodily health, but is fundamentally related to general living conditions, housing and nutrition being most important Far reaching reforms are already enacted for housing, but so far are only governmentally planned for nutrition

That paradox of an industrialized economy—the widening gap between income and size of family—is perhaps nowhere more dramatically illustrated than in regard to housing, where the larger families must live in the smaller apartments With the very low standard of housing space



Swedish Travel Information Bureau

Children's playgrounds, playrooms and nursery schools are provided in modern Swedish housing projects

in Sweden, actual overcrowding threatens most of the families as a consequence of their childbearing Nearly a third of all minor children live where there are more than two grown ups or four children per room This menace to both physical and mental health has, since 1933, been met by wide state subsidies of low rent housing The most direct attack, however, is part of the family reform program, dating from 1935 Building of apartment houses, one family houses and rural homes for families with more than three children is specially subsidized and planned with regard to playgrounds and other conveniences for children The state pays an annual discount on the standard rent according to size of family, starting with 30 per cent rebate for families with three children About a fifth of the urban population with low incomes and large families has been

rehoused, and the remainder of the building program will be timed so to act as a reservoir of productive work for the next period of unemployment

Getting a larger home when new children arrive, at approximately the same rent as the old smaller one, is not a personal gain to the parents but a reduction of extra costs. Thus, this program for rehousing the children is typical of Swedish population measures. The same basic idea has shaped a nutritional policy, which proposes that certain surplus agricultural commodities be bought for the children. Through a free school meal for every child, it is planned to guarantee a minimum health diet. Not yet worked out in detail is a supplementary proposal to create a two price system for agricultural products—not one price for poor people and another for well to do, but one price for the childless and rebates for those with children.

The future population may thus be raised in quality as far as economic means may suffice, class differences not barring the children from equal chances to develop their hereditary qualities. Still more may be achieved through an education that utilizes to a greater degree the mental and personal capacities of each child. These reforms could be coordinated with endowing the next generation with greater appreciation of family values and greater ability to handle family relationships, thus again working for a positive influence in getting the right number of children in the right families.

I should be very sorry, indeed, if this talk were taken as just another attempt to advertise an idealized Sweden. My picture should be interpreted not as telling of beautiful perfection, but as an honest statement of our deficiencies and of concerted striving to make things better. If democracies are to be allowed a future of their own, this is how we have planned it.

National Birth Rate Rising

An upturn in the birth rate of the United States is reported by the Metropolitan Life Insurance Company in its Statistical Bulletin for February. After at least two decades of rapidly declining birth rates, the statistics for 1937 and 1938 "encourage the hope that the downward course has at last been halted," states the bulletin.

The last two years have been marked by continuous increase in the birth rate, something that has not happened in this country since the post war rise from 1919 to 1921. Reliable provisional data relating to the general population point to a birth rate of 17.8 per 1,000 for 1938, which shows an increase of 7.9 per cent over that for 1933, when the nation's birth rate reached its lowest point. Reproductivity in the United States for every year since 1933, with the possible exception of 1938, has been indicative of an eventual decrease in population, according to the bulletin.

In the Magazines

SURVEY MIDMONTHLY, March *Birth Control and Social Work*, by Norman E. Himes, Ph.D.

A summary of recent progress in the birth control movement and of its importance to family case work, children's aid, settlement work, rural and psychiatric social work.

AMERICAN JOURNAL OF PUBLIC HEALTH, March *A Health Department Birth Control Program*, by Roy Norton, M.D., M.P.H., F.A.P.H.A.

Describes the success of the pioneer state birth control program sponsored by the North Carolina Board of Health. Reprints available from the Birth Control Federation of America, price 75 cents per 100.

Group Differences in Fertility

Dr Clyde V Kiser of the Division of Population, Milbank Memorial Fund, has prepared the following abstract of his paper "Characteristics and Existing Variations in Birth Rates," read at the Annual Meeting of the Birth Control Federation of America

WITH increasing spread of deliberate family limitation among groups formerly characterized by high birth rates we may expect to find reduction in the disparities between birth rates of different groups of our population. An outstanding example of this trend has been the rapid decline in birth rates of our foreign born inhabitants in recent years. The best available figures indicate that in 1920 birth rates among foreign white women in this country were roughly 40 to 50 per cent higher than among native women of similar ages. In 1930 the excess fertility of the foreign women over that of native whites of similar ages was not above 15 per cent. Since immigration restrictions, there has been a progressive movement of foreign wives into the later ages of the childbearing period and out of it.

The migration of Negroes from the rural south to urban centers of the north has been accompanied by marked reductions in Negro fertility. Within the rural populations the fertility of Negroes exceeds that of white. In northern cities, however, Negro marriages are frequently less fertile than white marriages. Studies have indicated that the proportion of childless families among Negro marriages in northern urban communities may in some cases be as much as twice as high as that among whites in the same area. We have yet to learn the reason for this disparity in extent of childlessness.

It also appears that the picture of social class differences in fertility is undergoing a change. Among native white families in cities, highest fertility rates are still found

among families at the bottom rung of the ladder. On the other hand, lowest birth rates appear no longer to be a characteristic of married women ranking highest with respect to socio-economic status. Birth rates among wives of business men are now often lower than among wives of professional men, lower among wives in urban families earning \$2000—\$3000 than in families earning more than \$3000, lower in homes valued at \$5000—\$10,000 than in homes rated at \$10,000 or over. These new deviations from the earlier picture of consistently inverse association of fertility and social status suggest that social class variations in fertility are in the process of becoming less important in general.

Without much doubt, the contrasting levels of fertility most deserving of concern today are those existing between the city and the country. This seems true because the situation embraces the two-fold problem of highest birth rates in the poorest rural areas and the dependence of the cities upon the countryside for their population renewals. Our nation's new citizens, our future migrants to cities, are being disproportionately recruited from those families and communities least able to provide adequate diet, medical care, and schooling for their children.

Some reduction in the rural urban disparities in birth rates is now taking place, due to the more rapid decline of rural fertility in recent years. With broadening viewpoints in rural health work, the opportunity to limit the number of pregnancies will perhaps be increasingly extended to families in the poorest rural areas.

Economic Aspects of the Population Outlook

By E Johnston Coil

Director, National Economic and Social Planning Association

DANIEL BOONE went into Kentucky and found canebrakes and forests. For generations afterwards, Fourth of July orators proudly referred to the manifest destiny of the United States because they knew that the canebrakes, under the plow, had turned to bluegrass—bluegrass which invited and hastened the western migration and settlement of the country. The orators had the glorious advantage of hindsight. They had seen population and material prosperity grow together.

Today America is confronted with the prospects of a stationary and eventually declining population. For this situation we have no advantages of hindsight. After several centuries of population growth, industrialization and rising levels of living, it is only natural for us to consider population increase as a fundamental cause of economic expansion. Faced now with a different situation, we inquire as to what will be the effects of these population changes on the standard of living of the American people. Are we, and our children, to be richer or poorer individuals?

There are some who seem to think that the consequence of fewer people will be fewer customers, hence less goods produced. There are others who believe that the slowing down of population growth will mean more natural resources per capita, and the possibility of greater economic returns.

The economic consequences of population change, however, cannot be examined simply in terms of the ratio of resources to people. Between resources on the one hand, and population on the other, is our

particular system of social institutions and economic patterns which motivate and guide our activities. Idle resources and idle people today testify that needs do not necessarily imply production, and desire is not the equivalent of purchase. It is our methods of employment, wages, finance, distribution, taxation which determine to what extent we utilize our resources. Population, therefore, is not to be confused with social structure.

To be sure, there are interrelationships between social organization and population, not only do the numbers of people have an influence on demand, but also the capacity to produce is affected by the quality and numbers of the people. Population change, although it is a fundamental force affecting the whole structure of society, is not a part of our prevailing social organization. The effects of population change on ourselves and our children will depend on how the social structure responds to the impact of population change.

Because there are so many dynamic forces at work besides the relatively slow force of population, it is hazardous to attempt to visualize the society of tomorrow. Although there is a wealth of conjecture as to possible repercussions, we recognize that we know extremely little. We have no experience with the economic consequences of population stability or decline because that experience lies yet in the future, and when it does occur, the consequences will be drastically modified by the social arrangements and aspirations of the people then living. Recognizing these limitations, all one can attempt to do is to make some

reasoned guesses concerning the economic consequences which may follow the impending population changes

There are types of goods for which demand is relatively fixed by the limited capacity of the individual to consume them. The number of families influence the demand for housing, and the number of mouths, the demand for food. Even the most enthusiastic automobile salesman can not envisage more than one car for every adult member of the family.

If markets are relatively limited for many such goods, does it mean that domestic activity and the production and consumption of these goods will stabilize as population stabilizes, and decline as population declines? Not necessarily at all. There are too many unfilled human wants for these goods. The levels of living in the United States are exceedingly uneven. In the depressed areas of the country, such as the Southern Appalachian coal plateaus, the old cotton belt, the cut over region of the Great Lakes states, and the Great Plains, as well as in our urban slums, are perhaps forty million people living at, and below, a subsistence level, and taking a very meager part in the economic life of the country. They are virtually outside our economic system—but not our population future—neither producing nor consuming in the sense of any broad exchange of goods. If these people could be brought into effective production and consumption, total economic activity of the nation would be vastly expanded without any actual increase in numbers of people. Instead of an expanding market based on increasing numbers of people, tomorrow's economy must be geared to an intensive cultivation of a limited number of consumers.

Shifts in age composition accompanying a stabilizing population will change human needs. As the proportion of adults and old people increases, and as the pro-

portion of infants and children decline, demand for goods particularly satisfying to adults will increase. More economic attention will probably be given to human needs as we become more conscious of the relationship between individual welfare and community prosperity. There will be intensified demands for group and public assistance to the aged, the ill, and the young.

These changes and shifts in the composition of demand will, of course, influence production. Capital will have to be shifted as between different forms of enterprises, and some industries will operate for a replacement rather than an expanding market. The rate of building for the future may not be so rapid as in the past, not primarily because of the population outlook, but because we will be more industrially mature, and will have accumulated a vast stock of capital. Recent studies indicate that once a large volume of capital has been accumulated, a nation can have a diminishing rate of capital formation and a rising real income. Thus, it may be said that a vast complex of influences, of which population is only one, is operating to curtail speculative investment and to increase planned investment.

It does not follow that a stabilizing or even declining population inevitably means a lower level of living. Production, employment, wages and income depend directly on the effective working of our social organization. Simply because we had in the past an increasing production accompanied by an increasing population does not mean that a growing population was solely and immediately responsible. Greater emphasis should be given to the supply of free resources and the technological innovations which were developed and available in the 19th Century. Because economic opportunity was here in the form of resources and a social structure favorable to their exploi-

tation, people were attracted. From this point of view, it may be anticipated that a stabilizing population and a decline in speculation will encourage a more rational development and utilization of our national resources. Given adoption of proved conservation practices, the crude ratio between resources and population will remain favorable for some generations to come.

The pressures and forces arising from population change, as far as they can be foreseen, do create an impetus for social group action, for continued state participation in economic enterprise. As our industrial society becomes more mature, the community's responsibility for human welfare increases. The social consciousness which develops with industrial maturity will demand joint public and private developments for social improvement. Even today we are recognizing that there is no essential difference between an electric plant or railroad financed by government bonds, and an electric plant or railroad financed by private bonds. Both are debts, and both represent useful equipment. Such developments cannot be called arbitrary or artificial. On the contrary, they must be regarded as a practical adaptation of human methods to human needs.

The position taken here is that the future standard of living of the American people is not so much a question of sheer numbers of individuals, but of the will and capacity of the people to create a productive society. Increased productivity per worker, attained and attainable, can mean greater production and consumption for all. If each generation sought to increase its real income, to obtain a more workable and productive industrial pattern, fears of

"race suicide" and "economic doom" would diminish.

There is nothing supernatural or occult about the economic aspects of our population outlook. We, today, so completely accept science in the outer world of nature that we tend to forget that this outer world was a supernatural world to our ancestors. We are so accustomed to modern medicine that we tend to forget the generations of witch doctors who sat outside the human body and speculated as to what went on within. And even today we sometimes forget that our social environment is composed of man-made institutions. Society, instead of being a structure of impartial nature, is a human product, and organization of human affairs is not preordained, but must be consciously created. If by planning is meant the idea that man can direct rationally the improvement of his social organization, then the impending problems of population and economics are solveable.

The goal is not an optimum population, but higher levels of living and immensely improved human resources. The "one third of the nation" living today below minimum standards not only are a reproach to our present social and economic abilities, but also challenge what standards we now have because they are the population reservoir of the future. In the development of those families rests the source of national vitality. If our society can retain its vitality, the economic adjustments can and will be made. It is inconceivable that these adjustments can take place, that one can plan to bring population and economic structure into harmony, without the institution of birth control. Birth control, not as an end in itself, but as a means to improved human resources.

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Of 479 medically directed birth control centers in the United States, 174 are supported wholly or partly by public funds. Last year 221 centers instructed 47,986 new patients.

News from the States

Michigan

The Michigan Society for Mental Hygiene has invited the Maternal Health League of Michigan to cooperate in its annual Spring Conference meeting in Grand Rapids April 20-22. More than 1,000 are expected to attend the Conference, at which the League will have a literature booth and exhibit.

The League's annual meeting was held on February 20th, with the Jackson Maternal Health Committee as host. Among the 150 present at the luncheon meeting were prominent representatives of both public and private social work and health agencies. Mrs. Robert S. Breakey, who was reelected president, reported that the League has served more than 15,000 patients since its organization in 1931. Its ultimate goal is the inclusion of birth control in the state public health program, she said.

An interesting news item was the fact that in the nine days prior to the meeting, 150 mothers' letters had been received from rural areas, as the result of a notice about the League's work published in the *Michigan Farmer*.

Minnesota

May 9th has been set as the date of the annual meeting of the Minnesota Birth Control League. A series of weekly teas for clubwomen of various groups, held at the Minneapolis center, began on March 5th, when members of the Faculty Women's Club were entertained. Mrs. F. Peavey Heffler is chairman of the committee in charge of the teas.

New York

A map of clinical service, a chart of clinical organization and a chart of statistics for 1938 have been issued by the New York State Birth Control Federation. The profes-

sional staff of the Federation has increased to three and larger quarters have been taken.

The Staten Island Committee for Planned Parenthood, formed recently, will open a center in St. George as soon as headquarters have been procured.

Plans for the participation of the Federation in the National Conference of Social Work to be held in Buffalo in June are being completed under the chairmanship of Mrs. George C. Barclay.

Rhode Island

A campaign to raise \$7,000 for the work of the Rhode Island Birth Control League was launched on March 2nd.

Dr. Sophia J. Kleegman of New York University College of Medicine was the principal speaker at the dinner which opened the drive. Birth control's most powerful opposition today, she said, is "misinformation and inertia on the part of the public." She termed education and a coordinated policy among social agencies in regard to contraception the greatest needs of the movement to democratize birth control.

The League's annual report, issued in connection with the campaign, quotes Dr. Edward S. Brackett, president of the Rhode Island Medical Society, as follows, "The goal of the birth control movement is the safeguarding of the health of mothers and the assuring to babies a fair start in the world."

Tennessee

The Tennessee Birth Control Federation was launched on March 18th at a dinner meeting in Nashville, sponsored by local birth control groups of Memphis, Nashville, Clarksville and Knoxville. Mrs. Albert E. Hill of Nashville was elected president.

The Knoxville Maternal Health Associa-

*For distribution to medical and allied
professions only*

**PRACTICAL
Birth Control
METHODS**

- By Norman E Himes Ph D With the medical collaboration of Abraham Stone, M D
- Introduction by Robert I Dickinson M D
- Foreword by Havelock Ellis

Though the question of birth control is of vital health concern to the majority of American married couples there is still wide spread ignorance superstition and charlatanism pervading the whole subject Here is an up-to the minute and thoroughly practical manual designed for professional use—and for professional prescription to patients to supplement the advice of the physician Thoroughly documented carefully illustrated indexed

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A book presenting the economic and sociological approach to marriage, the home and its relationships Arranged for discussions on budget, working wives, authority in the home and general problems of young married couples

THE WOMANS PRESS

600 Lexington Avenue New York N Y

tion was organized on February 22nd, with Mrs W C Ross as president and Dr E G Wood as chairman of the medical committee Dr Wood is chief of the staff of the Knoxville General Hospital where a contraceptive clinic, started eighteen months ago, has had more than 260 patients

At two successive staff meetings of the Nashville Public Health Nursing Council, the topic for discussion was birth control and its increasing importance in public health work The program was arranged by Mrs Ivah Uffelman, the director of nursing service Particular attention was given to the interviews which a public health nurse might have with mothers desiring to be referred to the physicians at a birth control clinic

Texas

The visit to El Paso of Margaret Sanger, honorary chairman of the Birth Control Federation of America, lent valuable support to the program of the El Paso Mothers' Health Center Mrs Sanger spoke on March 1st at a meeting of the Kiwanis Club in the Hotel Cortez and, at the center, to groups of patients and their husbands The husbands were particularly interested, gathering around Mrs Sanger to thank her and to ask her questions Members of the center's board of directors, of which Mrs Charles Goetting is president, honored Mrs Sanger with a tea in the home of Mrs Preston Perrenot

Renovating the new quarters of the Austin, Texas, Maternal Health Center was a truly cooperative community project Al most \$1,000 worth of improvements have been made on the building all work being given by the trades unions and all materials contributed The grounds have been landscaped by the Garden Club The center has an option to buy the building and has already raised one fifth of the cost

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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“ the prospect of numerical stability in population should not encourage hasty and ill-advised subsidy plans and other legislation designed to foster a large population growth. Progress need not be stopped when the death rate and the birth rate balance. Industrial expansion should continue, with increasing efficiency, greater productivity per worker, and larger individual incomes taking the place of numerical additions to the consuming body ”

—Bulletin of Standard Statistics, Inc , December, 1938
