

BIRTH CONTROL REVIEW

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Within a Generation

*An Editorial by Karl deSchweinitz
Director, Pennsylvania School of Social Work*

BIRTH control offers one of the most interesting and dramatic illustrations of the capacity of people to adjust their thinking and way of life to new ideas, where those ideas have fundamental value. It is only twenty five years since the words "birth control" were first used. Those were the days when one did not recognize in public the fact of reproduction and when sex was shamefacedly ignored as having any part in the lives of proper people. Obviously, one did not mention birth control. The pioneers in the giving of instruction about contraception were arrested and sent to jail.

Today the spacing of children is discussed everywhere as a part of the campaign for infant and maternal health. The practical way in which, through birth control, the transmission and spread of mental and physical disease can be prevented is

generally recognized. It is a subject that can now be talked about in mixed company and is discussed in the newspapers. Sex itself is accepted as an essential part of a happy life between husband and wife. All this change in public attitude has happened in less than a generation—change in an area where change would have been believed to be least possible.

Partly, we owe this to such courageous thinkers and leaders as Havelock Ellis, Dr. Freud and Mrs. Sanger, and partly we owe it to the irresistible impetus of the facts. The right of children to be well born, the prevention of venereal disease, healthy motherhood, the value of sex in marriage—these have won their way by their own obvious and essential importance.

Those engaged in promoting social programs can take heart in the remarkable

gains which the movement for birth control has made. A human need, facts, and a sound and militant leadership have been decisive. When we who are in the field of social work get discouraged about the slowness of our progress, let us remember that twenty-five years ago there was not a single clinic in the United States where scientific and individualized information about birth control could be secured, whereas now there are 478 medically directed centers of contraceptive advice, while North Carolina as a part of governmental activity offers mothers the help they seek in order to have children by design and not by accident.

In particular, those who believe in civil liberty should take courage at these devel-

opments, for the establishment of birth control is one more step toward human freedom. The right to knowledge is one of the most basic of all rights. It is a corollary of freedom of the press. When to the physician is given authority to tell his patient the facts about birth control, humanity has reached another stage in its struggle for liberation. That we can look for continued advances in this struggle, the magnitude of the changes in public attitude toward sex and reproduction is abundant guarantee.

Let social workers find in these achievements renewed confidence in the power of fact, idea and courage to bring about a better social order.

Exhibit Cancellation Stirs Wide Protest

Hundreds of letters and wires have been pouring into the offices of the Board of Managers of the Golden Gate International Exposition at San Francisco, vigorously protesting their action in cancelling the exhibit of the Birth Control Federation of America. Friends of the birth control movement throughout the country, including many physicians, are demanding an explanation and reinstatement of the exhibit.

The Federation's contract with the Exposition for exhibit space, accepted on February 18th, was suddenly rescinded in a letter of April 5th signed by Leland W. Cutler, president of the Exposition, and the \$840 rental accepted from the Federation for space was returned. Though no explanation for this action was given in answer to the Federation's repeated inquiries, Fair officials, in an Associated Press dispatch of May 11th, admitted cancelling the exhibit "because religious and women's groups, whom they declined to identify, had objected."

The Federation had already spent \$1,022 on the educational exhibit, which had been approved by the Exposition's own Advisory Committee on Medical Displays and listed in the official guide book of the Fair. The display would have consisted of a series of charts depicting the history of birth control, the educational program for the future, and the location of clinics.

In cancelling this dignified portrayal of a movement which protects public health, officials of the Exposition are acting in a manner contrary to their professed purpose of presenting the advances of science and medicine. Further, they permit an exhibit sponsoring the medically questionable "rhythm" method of birth control to continue on the Gay Way of the Fair.

Readers of the *Review* are urged to protest this undemocratic action and to help speed a possible reinstatement of the exhibit by writing to Mr. Atholl McBean, Chairman of the Board, Golden Gate International Exposition, Treasure Island, San Francisco.

The Positive Side of Birth Control

By Sidonie Matsner Gruenberg

Director, Child Study Association of America

IN DECADES to come, the story of woman's emancipation will probably be told not in terms of winning the vote, but in those of the acceptance of birth control. This is the true emancipating factor, since it enables woman to plan her life in phases, with full recognition of the importance and demands of motherhood.

To those of us who work with parents, it is apparent that women have been getting more and more away from the idea that the bearing and rearing of children is a mere incident in life. They are getting away also from the idea that birth control means prevention, something purely negative. For women generally, and men, too, in large numbers, have a strong desire to be parents, even when the odds are all against this. We know that children need parents, but we also know that adults need children, need to be parents, and normally want to be.

Birth control thus comes to have positive significance for responsible men and women who want children, who are concerned about spacing children in the interests of their best care and education, and in the interests of the health and growth of the parents. It is those responsible persons, then, who will increasingly need help and counsel calculated to improve the family and the life of the family.

We all assume that the family is essential for the well-being of society, that the home builds the foundations for decent relationships with others, directs individuals into wholesome patterns of living and into responsibility. But the pattern of home living suitable for modern conditions needs

more than ever to be questioned and planned. To this end, women and men need new kinds of services designed to favor family life—in education, in health, in recreation, in housing.

The great problems today are for the most part with the men and women who do care, those who wonder whether they should marry, whether they should have children, or have more children. Help is needed not for those who seek to avoid parenthood at all costs, but for those who want children and care about children, yet fear to have them because of economic insecurity or the uncertain state of the world.

It is not enough to tell such a woman that her grandmother went forward unafraid, with prospects no more certain. Probably her grandmother was just as fearful, but left everything to fate simply because she had no choice. The anxiety of responsible adults today is in part due to their better knowledge of conditions, but in part it is due to the fact of having choices. Being able to make decisions carries with it new responsibilities.

Such parents need a variety of help in clarifying their problems so that decisions are reached with some confidence and with open eyes. For example, people have to learn that once you begin to plan, there is never a "convenient" time for having children, that there are always certain risks and certain chances.

After the first child, a common problem is that of spacing. Parents want counsel for deciding what would be the best interval in

their case, for there is no best time always and everywhere. The health of the mother is, of course, a basic consideration. Then there are the amounts of care and time each child needs, and the training and talents of the mother viewed as potential assets for later development. In some situations, three or even four or more years would be the most favorable intervals, in other cases, two or three years. For professional women it may sometimes be desirable to reduce the interval in order to concentrate the period during which the mother devotes herself to the children, sometimes longer intervals permit the mother to return intermittently to her work and so keep in touch with developments.

Men and women need to be reminded that decisions made at one time, when certain considerations are prominent, will yield results at a later period, when all the conditions have changed. Having children, for example, is deferred, or getting married is deferred, for reasons that seem good at the time, but the years make us other men and women. Or a decision is made to have no children at all but the young couple must be helped to foresee what the decision implies for their later years—all the regrets may come too late.

Economic factors are of course basic among the men and women who should most be encouraged to become parents, and often overshadow everything else. The needs are not met by a cash subsidy or free hospitalization to encourage childbearing. People want more services for mothers and children than the individual family can ordinarily afford. They want information on how to use modern ideas for maintaining the physical health and the all-around development of their children. They want advice on using existing institutions and facilities that will relieve them of a multitude of routines and physical hardships, leaving them more time and energy for the cultivation of personal, family, civic and cultural interests. They want help in making themselves better parents through becoming better persons.

It is reasonable to expect that efforts to extend birth control information will be more and more coordinated with other efforts to improve the quality of our life. Birth control counsel will lead to a demand for counsel on marriage, on the care and training of children, and in general on the management of problems and relationships that new conditions bring to that old institution—the family.



Planned parenthood means progress in the program for prevention of blindness, for anything that insures healthy children will bring about better eyesight. More and more, we are coming to realize the close relationship between planned parenthood, the efforts to conserve vision, and other interlocking fields.

Much has been done to reduce the amount of blindness caused by disease and accidents, but not enough attention has been given as yet to the problem of hereditary blindness. All too often the significance of hereditary blindness is overlooked—despite the fact that it multiplies itself many times through successive generations while blindness from disease or accident ends with the life of the individual.

J WARREN BELL, M D
Medical Director
National Society for the Prevention of Blindness

Social Agencies and Birth Control

By Elinor R Hixenbaugh

Supervisor of Case Work, Ohio Department of Public Welfare

SOCIAL work has been called "the art of helping people out of trouble" To the social worker may come, as clients, the man whose uncertain wages are not enough to provide his family with the necessary food, shelter and clothing, the woman whose lack of training cannot make a man's steady but small wages stretch over the multitudinous needs of their large family, the father whose tubercular condition makes him unable to support his family, the bed ragged mother whose physical condition requires a long rest cure while her little ones are cared for, the mother who is troubled by the temper tantrums of her three year old since the new baby came, the wife who wants to leave her husband because she is afraid they will have another baby when they have already had to go on relief during the winters between his short work season

All these struggling, discouraged families are helped by the social worker to make the best possible adjustment to the pressures of our society Of these specified family problems, many need the immediate resource of the birth control clinic, and social workers are increasingly realizing this resource, just as they realize such other resources as public relief, public medical clinics, visiting housekeepers, and child guidance clinics The birth control clinic is an additional health resource which should be one of the recognized and regularly used tools of social work

Birth control should be an integral part of the program of every social agency dealing with the welfare of the family It is important not only to the mother's health,

and the effect this has upon the happiness and efficiency of family life, but has significance also in the subtle realm of family relationships The atmosphere of a home depends upon the attitudes of the father and mother toward each other, and the foundation of a normal family life is a wholesome and happy sex relationship, free from the fear of an unwanted pregnancy The realization of these needs should be a part of each social worker's preparation for her work This should not be emphasized as a separate part of the case work program, but should be completely integrated in the study and treatment of family relationships

On the other hand, cooperation of social agencies is vital to the birth control clinics The indigent families whom such clinics are attempting to help are already the clients of the relief or other welfare agencies The surest way of securing a constant stream of needy patients is to gain the interest and cooperation of the health and welfare agencies in referring their client families to the clinic as an additional health resource

How can this necessarily close cooperation, so valuable to all concerned, be secured? First, through the recognition by birth control centers that social work has as clear a code of ethics as has any other professional group By following the ethics of the medical profession, birth control is receiving ever widening recognition as a health measure and a medical procedure In the same way, to gain wide acceptance of the movement as a treatment of a social problem, it is essential that birth control agencies work within the ethics of social



from the film 'Why Let Them Die?'

An interview at the Birth Control Clinical Service Bureau, New York City. More and more professionally trained workers—both nurses and social workers—are being employed by birth control centers throughout the country to supplement their medical staffs.

work. To be accepted on a co-operative basis, they must always accept and practice such ethical procedures as the following:

1. The confidences of the clients must be protected. Their names, histories and records are divulged only to workers within this code of ethics. Privacy is essential during interviews.

2. The well-being of the client is of primary importance, although the worker's responsibilities to the agency and to the community are recognized.

3. The client receives the respect due any human being. She is helped to make her own decisions and achieve her own possibilities, not coerced to do what the worker may think she ought to do.

4. The client is accepted by the worker, not with a sentimental or emotional interest, but on the basis of the worker's study and understanding of the causes of human behavior, and receives treatment of her problem on this basis.

Standards of procedure and of personnel in social agencies are based upon these

ethics. Again, by adopting comparable standards, birth control agencies will assure free cooperation and mutual respect. Since birth control is primarily a health measure, standards, of course, must also be on a level with good medical procedures in the locality.

An intelligent understanding of the psychiatric aspects of their work is invaluable to workers in birth control agencies because birth control is so closely tied up with marital relationships and the deep emotions and tensions of sexual life. For instance, the real reason for a so-called "failure" may not be the apparent carelessness of the patient in using the birth control prescription, but an inability on her part to accept the idea, and a sense of guilt when she uses it. Social case workers in the field of the family study the psychiatric aspects of problem behavior. Realization of these by birth control agencies provides a ground for common understanding and mutual effort, which enriches both their own work and that of the cooperating social agencies.

Birth Control Sessions

National Conference of Social Work

Buffalo, New York — June 18-24



HELEN M. HARRIS



ROY NORTON, M. D.

ALL SESSIONS WILL BE HELD IN THE ERLANGER THEATRE

Monday, June 19—4 00-5 30

A POPULATION POLICY

Karl deSchweinitz Director Pennsylvania School of Social Work presiding

Prof P K Whelpton Scripps Foundation for Population Research speaker

Wednesday, June 21—3 30-5 00

THE BIRTH CONTROL CLINIC AS A COMMUNITY RESOURCE

Mrs C Luther Fry Vice president New York State Birth Control Federation presiding

THE SETTLEMENT BIRTH CONTROL CENTER

Helen M Harris Director National Youth Administration for New York City

THE PUBLIC HEALTH DEPARTMENT CLINIC

Woodbridge E Morris MD General Director Birth Control Federation of America

THE EXTRA MURAL CENTER

Mrs Ruth H Backus Executive Secretary Maternal Consultation Center Rochester New York

CASE WORK PROCEDURE

Mrs C Ely Rogers Field Representative New York State Birth Control Federation

Friday, June 23—2 00-3 30

BIRTH CONTROL AS A PUBLIC HEALTH MEASURE

Woodbridge E Morris MD General Director Birth Control Federation of America presiding

PUBLIC HEALTH SERVICE A CONTRIBUTION TO HUMAN BIOLOGY

Haven Emerson MD Professor of Public Health Practice College of Physicians and Surgeons Columbia University New York City Member of the Board of Health New York City

A STATE EXPERIMENT IN PUBLIC HEALTH BIRTH CONTROL

Roy Norton MD Assistant Director Division of Preventive Medicine North Carolina State Board of Health

Delegates to the Conference are cordially invited to attend these sessions which will be sponsored jointly by the Birth Control Federation of America and the New York State Birth Control Federation. A new exhibit will be shown at the Federation's booth number 35 where consultants will be glad to answer questions. The Family Relations Institute Buffalo's birth control center will be open for inspection. The talking slide film "Why Let Them Die?" will be shown frequently at the center.

The Psychiatrist Looks at Birth Control

By Karl Menninger, M D

AS ONE walks along the streets of the city and sees the myriads of people hurrying on their individual errands or waiting idly and often hopelessly, wishing that they had errands, one cannot help but reflect upon the age old observation that none of us asked to be brought into this world. And if one is at all reflective one wonders who, if not the individual himself, wanted this person or that one to come into the world.

Was it society? Does society really need these many increments? Was it the government? Does the government want more soldiers or more consumers or more tax payers even at the expense of individual suffering and frustration and despair? Was it nature, just the blind forces of instinct, the unregulated response to the breeding season, the incidental consequences of legalized contiguity of a hapless male and female?

Or was it the parents? Is this one or that one a child of parents who planned for him and hoped for him and waited for him and greeted him with joy and welcome? Or did his parents perhaps produce him only by accident, resent his inception and dread his arrival, and consciously or unconsciously hate his existence because it burdened them and threatened them and took food out of the mouths of themselves and their other children?

The reader knows the answer to these questions. We all possess that fortunate human capacity for putting the best face on an unhappy matter, and the sweet innocence of the baby precludes the acknowledged expression of this resentment that all

too many parents feel about all too frequently unwanted children. But in suppressing or repressing this resentment they do not fool the child, however well they may fool themselves and others. The child knows he is not wanted, and the joy and promise of his life are blasted from the very start by that realization, dim and un verbalized though it may be.

To the psychiatrist, who looks at human beings as case histories each of whose birth occurred under certain circumstances, whose childhood was lived under certain conditions, whose emotions developed in the focus of certain attitudes of those about him, it is inconceivable that the program of mental hygiene should not include an intelligent determination of the best possible circumstances under which these early events should occur. It is inconceivable that parents, male and female adults, living and working and sleeping together, should be under the constant economic threat of the accidental creation of a child for whom they are economically, psychologically or physically unprepared. To take no steps toward removing this totally unnecessary but very real source of anxiety in a world full of so many inescapable anxieties and sorrows would seem to be a piece of stupidity and cruelty for which it is almost impossible to imagine any justification.

Any analysis of the objections to it brings one back to the assumption that the physical expression of love without simultaneous acceptance of the wish for procreation is an offense against some moral order, for which punishment is implicit. Such a vi

cious philosophy effects the frustration of love and encourages the expression of aggressiveness in a world already too full of it. It is entirely consistent with their expressed ideals and their desire for more cannon fodder that Hitler and Mussolini should find hypocritically pious rationalizations with which to denounce the intelligent regulation of reproduction.

It is not in the interest of democracy or peace or of better world economics that I endorse those brave and intelligent people who have promoted this educational movement. It is from the bias of my professional interest in the cause of better mental hygiene, which is just another way of saying the greater diffusion of peaceful happiness and normal living.

Adventures in Pioneering

By Miriam Krieg

General Secretary, Family Welfare Association of Nassau County, New York

OUR SMALL private family welfare agency were pioneers in a semi rural county where social service was unknown. Beside the constant, up hill struggle of educating a community to the necessity of this service, we helped in the gradual development of practically every phase of public health work, as the need arose. During the twenty-five years of our existence, the county has changed from a semi rural to a suburban community, with a tremendous increase in population and poverty.

In the early years of its work, our Advisory Case Committee saw the need for contraceptive advice, especially in families where either parent was physically handicapped. Our workers took such clients to New York City, to the only clinic then giving such information.

In 1933, when the depression was in full swing and unemployment at its highest peak, a group of interested women started a birth control clinic in our county. From the beginning, it has been a success. Various organizations became interested and

workers brought their patients. The establishment of this local clinic was the inspiration for renewed effort on the part of our agency. The Committee felt that the time had now come when contraceptive advice should be made available to all mothers desiring it. Our workers were requested to mention the clinic whenever this seemed advisable. At first, we were very cautious in our approach.

The response was interesting. Many mothers had been waiting and hoping for this information and went to the clinic as soon as possible. Others had never heard of birth control and were hesitant and fearful. What did it mean—an operation or an abortion? Was it harmful to the health, or did it prevent one from having more children? Our workers carefully answered all such questions. Sometimes the idea was too new and several visits had to be made before the women would decide to go to the clinic.

Now, after several years' experience, the Mothers' Health Center is meeting a tre

mendous need When we were called to the C home, the family lived in a tiny, over crowded shack with no improvements There were six children, the eldest seven years, all undernourished Mrs C, a little, frail woman, was recovering from pneumonia and expected another baby any day The house was filthy Mr C was unemployed and utterly discouraged We arranged hospital care for Mrs C and engaged a housekeeper to care for the children and clean up the home After Mrs C regained her strength, she attended the clinic and the condition of the home has completely changed for the better

We have heard ghastly stories of self induced abortions, and have seen some serious after-effects Now, our mothers tell us what a great relief it is to be free from the mental strain of unwanted pregnancies at times when they are physically unable and cannot afford to have more children

When Mrs R, age 23, the mother of five children, was referred to us, life for her was at low ebb Her husband and the two oldest children had whooping cough, two younger children suffered with rickets and the baby had started life with malnutrition The home was almost destitute of furnishings With Mr R's meagre wage, they could not make ends meet After Mrs R went to the clinic and regained her health, the family morale took an upward trend Home conditions are greatly improved Though the family are still struggling on, they are now independent of relief They are very appreciative of what has been done for them

In discussing the approach to the foreign born woman who does not speak or understand English very well, we developed an idea—that we ask a woman in the neighborhood, who has found the birth control clinic of value, to act as interpreter

Mrs M, a middle aged, Italian mother, was asked to accompany our worker to the

home of a new client to explain the clinic's service She willingly did so and proved an eloquent exponent of birth control Our worker marvelled at her grasp of the whole subject—what birth control means to a woman whose health is poor and whose family too large

The client was completely won over to the idea Shortly after, she came to the clinic, with her husband's consent

Upon parting from our worker, the interpreter said, "I cannot give you five dollars for the clinic, but I can do you a favor" She promised to act as interpreter for women of her own nationality at any time—the contribution of a grateful heart

A few days ago we brought three weary, discouraged mothers, living in an isolated community, to the clinic The trip there was combined with a little social visit On the way home, one mother said, "Now we can go back with a smile and the whole family will benefit from it"

The question of birth control is now introduced during our first interview with the family The approach to the subject is made at a convenient point and as a matter of course We have successfully integrated contraception with our other health advice and regular case work in family rehabilitation

It is a long educational process Follow up work must be done consistently But when an agency does not become discouraged and remains persistent, results will naturally follow

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A new directory of birth control clinics and clinical services in the United States, its territories and Canada is available to physicians, nurses and social agencies Copies may be obtained at ten cents each from the National Clinic Service Department, Birth Control Federation of America, 17 West 16th Street, New York City

News from the States

California

The thirtieth state member league of the Birth Control Federation of America was launched on May 17th with the formation of the California Birth Control Federation at a section meeting of the California Conference of Social Work. The Federation was organized by representatives of 24 birth control centers throughout the state. Plans were made for a state-wide maternal health program.

Dr Harold G Trimble of Oakland was elected president. The state will be divided into two regions, with vice presidents having responsibility for each. Mrs William Sargent of Oakland will serve as vice president of the Northern region and Mrs Harry L Dunn of Pasadena as vice-president of the Southern region. Mrs E C Lipman of Oakland was elected secretary, and Mrs Elizabeth Brown of Pasadena, treasurer.

Present as honored guest at the organization meeting was Margaret Sanger, honorary chairman of the Birth Control Federation of America. Mrs Sanger also spoke before 1,000 enthusiastic listeners in an official session of the California Conference of Social Work, on the morning of May 17th. She told her audience, "We can never solve the great social problems unless birth control goes hand in hand with relief work."

The democratization of birth control can best be done through city, state and national public health services. North Carolina has led the way."

That afternoon, the new organization sponsored a symposium on birth control from the medical, legal and sociological standpoints, held at the Women's City Club Theatre. Dr Trimble presided and Mrs Sanger summarized the meeting and led the discussion. The meeting was followed by a tea in honor of Mrs Sanger.

Iowa

For the second time, the Iowa Maternal Health League participated in the annual conference of the Iowa Association for Social Welfare, held May 18-20 in Burlington. At the League's dinner meeting, open to conference delegates, Prof James W Layman, director of Mental Health Service, Des Moines, spoke on the psychological injuries suffered by children in unplanned families of the lower income group.

Represented at the annual meeting of the League, held in Sioux City on May 10th, were six local groups—those of Cedar Falls, Cedar Rapids, Des Moines, Grinnell, Sioux City and the newly organized Clay County Council for Planned Parenthood, with headquarters at Spencer.

Mrs W W Bond of Des Moines, executive vice president, acted as chairman at the morning board meeting. The luncheon speaker was Prof Mendal Millar of the department of economics, Morningside College, whose topic was "The Social Implications of Population."

A trip through the Sioux City clinic, located in the YWCA, followed. It was reported that the Cedar Rapids League now has its headquarters in the courthouse.

Indiana

On May 2, the Fort Wayne Maternal Health League brought Dr Norman E Himes, Professor of Sociology at Colgate University, as guest speaker for its second annual open meeting, a luncheon at the Chamber of Commerce Building. Two hundred members, social workers and interested friends attended. The League's new president, Mrs F B Shoaff, Jr, acted as chairman, and Arthur F Hall, president of the Lincoln Life Company, introduced the

speaker Dr Himes' subject "Social Service and Birth Control" emphasized throughout the responsibility and opportunity of the social worker in promoting the family planning program, as a direct aid to her agency as well as her client. After the lecture a group of fifty remained to "ask and answer."

The growth in membership and organization of the Fort Wayne League in only one year has been a real achievement. At its center 150 patients were advised during the first year, more than half of them referred by social agencies and physicians.

Dr Himes was also the speaker at the South Bend Maternal Health League's annual membership luncheon. His subject was "Eugenics and Democracy." Mrs. Carl F. Prell, president, presided and arranged a broadcast for Dr. Himes over the local radio station.

In this community where opinion is dominated by a Catholic university, the League deserves particular credit for their brave struggle against odds. The center has had one clinic session per week, with a total over five years of 600 patients, more than half of whom have been referred by former patients.

Massachusetts

The new state-wide education and organization program of the Massachusetts Mothers' Health Council was launched auspiciously at a dinner "dedicated to the Massachusetts citizens of the future." The dinner, the largest in the organization's history, was attended by more than 300 guests and members. Mrs. Alva Myrdal of Sweden and Morris Ernst, New York attorney, were the principal speakers.

Canon Cornelius P. Trowbridge of the Cathedral Church of Saint Paul, Boston, presided at the dinner.

Mrs. Cornelia J. Cannon, president pro tem of the Council, concluded her words of

greeting by saying "We are inspired to learn through recent newspaper announcements that some of the leading physicians of the state have organized in defense of their medical right to hold the health and well-being of their patients as their first and major concern. Certainly, with such powerful leadership as theirs, there can be no doubt that the cause of liberty for doctors and parents alike will ultimately win."

Sweden's plans for future generations, as told by Mrs. Myrdal, were particularly interesting to the audience of prominent Massachusetts citizens because they showed that voluntary parenthood is an integral part of a program to improve future citizens and that such a program can actually be carried out.

Mr. Ernst gave his listeners encouragement when he said, "Massachusetts is suffering from a temporary lapse of the Bill of Rights, but at best, essential liberties must, in a democracy, be re-won from day to day. It is the democratic pattern never to repeal our moral laws. We either forget them or whittle them away by legal interpretations. The right to protest, the right to stand in court with new test cases, is always open to us."

Shown at the dinner for the first time was the new poster which the Council will use as their insignia in educational publicity. The picture of a radiant mother and child, being freed from a heavy chain by virile hands, shows pictorially what the Council hopes to do.

New York

An exhibit of the New York State Birth Control Federation will be on display and its literature will be available at the New York State Convention of Public Health Officers and Public Health Nurses, meeting in Saratoga Springs, June 27-29.

The number of centers in the state has expanded, with the opening recently of a

clinic in the hospital at Oneonta, and of centers in Auburn and Jamestown

Representatives of centers in the metropolitan area, exclusive of New York City, participated in a discussion of clinic personnel arranged by the Federation on May 22nd. Twenty five delegates attended, representing 15 of the 17 centers in the area

New Jersey

The eleventh annual meeting of the New Jersey Birth Control League was held on May 23rd in Elizabeth. Mrs. Thomas Hepburn of Hartford, Conn., one of the pioneers in the birth control movement, gave the principal address at the annual luncheon. Dr. Woodbridge E. Morris, general director of the Birth Control Federation of America, was introduced to the League's members and made a brief talk.

Mrs. Robert G. Ilsley of Rumson was re-elected president. Vice presidents elected were Mrs. Stuart A. Young of Newark and Mrs. William Thayer Brown of Short Hills.

During the meeting the league sent a telegram to the Golden Gate Exposition at San Francisco, protesting the cancellation of the birth control exhibit at the fair.

Pennsylvania

At the annual spring luncheon of the Social Service Committee of the Philadelphia Yearly Meeting of Friends, Helen Glenn Tyson, Ph.D., who is a member of the Social Work Advisory Council of the Pennsylvania Birth Control Federation, spoke on the problems of maternal health and family planning. She emphasized the opportunity which Friends have to democratize birth control in their communities and to create a well informed public opinion on this issue. Dr. Lovett Dewees, medical director of the Federation, spoke at the same meeting on marriage counselling.

Gertrude Minturn Pinchot

Gertrude Minturn Pinchot, one of the pioneers of the birth control movement in this country and a member of the Citizens Committee for Planned Parenthood, died at her home in California in May.

Mrs. Pinchot was one of Mrs. Sanger's early supporters. She later organized the National Committee on Maternal Health and was its treasurer for many years, feeling that the birth control movement must have more medical guidance and support. She was keenly interested in many social welfare movements, but believed that birth control is a basic necessity in any social progress. For that reason, she devoted herself to that cause for many years, and all those who knew her and worked with her will feel her loss deeply. P. H.

This Month's Cover

"On the Clinic Steps", the appealing picture on the cover, was taken by a staff photographer of the Louisville *Courier Journal* to illustrate a feature story on the work of the Kentucky Birth Control League, which was published this spring. The mother in the picture is a clinic patient living in a rural area near Louisville.

Review Index

The index for Volumes 22 and 23 of the *Birth Control Review* will be available in printed form. Libraries receiving the magazine need not order the index, which will be sent to them without charge. Others who wish the index are advised to kindly send their orders before July 15th to the *Birth Control Review*, 501 Madison Avenue, New York City. The price is ten cents per copy. The index will increase the reference value of complete files of the *Review*.

BIRTH CONTROL FEDERATION OF AMERICA, INC.

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

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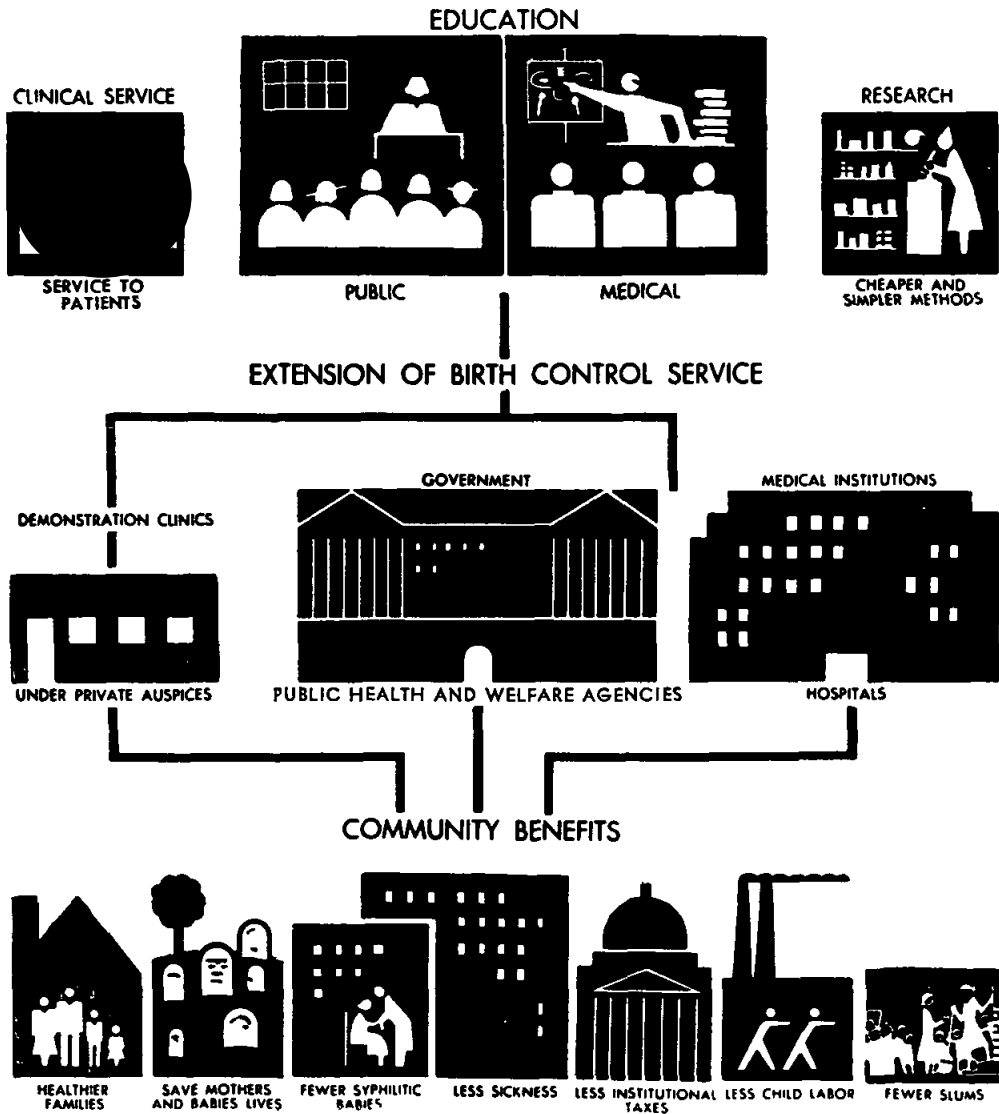
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