

BIRTH CONTROL REVIEW

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THIS issue of the REVIEW brings its readers news of the Fourteenth Annual Meeting of the League, held in Chicago on January 16th and 17th, a brief account of the New York luncheon and plans for the New Year. The annual meeting, the first ever held away from New York, may well be a mile-stone in the progress of the movement. Members and officers of the Illinois Birth Control League and seven other state leagues, officers, directors and three staff members of the National League met with press and public in a two day conference as practically useful as it was inspiring.

In place of a formal Annual Report the League presents this issue of the REVIEW, feeling that the excerpts from speeches, the summaries of reports and round tables will give a clear picture of our work, will show some of the problems which confront us and the work which must be done in 1935.

To carry on this work the League needs \$49,865. Elsewhere in this issue will be found a statement of expenditures for 1934. This year, if we are to meet the demands made for our services, we must increase our field work and medical work, and widen our general educational work by issuing more literature, bettering the information service and developing both local and national publicity.

A drive for funds is now under way, with volunteers working from a street floor shop at 701 Fifth Avenue, (55th Street) New York City. This shop, which has been donated, will serve as headquarters and as an educational centre, conveniently located, where anyone may get information about clinics, doctors, books, the movement in general. Pamphlets and books, REVIEWS, charts and striking posters designed by Marguerite Schwarzman of Teachers College, are on display. All are welcome and group meetings and speakers are scheduled for several days each week. Visit the shop, it will be open every day from ten to six for the entire month of February. Help the League, money is needed and volunteers in order that we may reach as wide a public as possible.

Resolution

unanimously adopted at the Fourteenth Annual Meeting of the American Birth Control League

WHEREAS the cost of public relief in the U S is now over 125 million dollars a month, and

WHEREAS, scientific research has shown that families on relief have about 50% more children than similar families not on relief, and

WHEREAS these children add to the burdens both of their already over-burdened parents, and of the taxpayers

THEREFORE, be it resolved that the American Birth Control League unite with the American Eugenics Society in formulating and securing the adoption of the most effective plans for providing that as a matter of routine, all families on relief shall be informed where they may best obtain medical advice in a strictly legal fashion as to the limitation of families by methods in accordance with their religious convictions

MRS FRANCES N BANGS, *president of the American Birth Control League and Mrs Benjamin Carpenter, president of the Illinois League welcomed the assembled delegates Mrs Bangs, who presided at the opening meeting said*

In 1933 a quarter of a million babies were born to poor mothers living on relief, and figures for 1934 indicate that the number will be even greater. With this situation, our work takes on a new aspect and our greatest aim for 1935 is to make scientific birth control advice available to these mothers. This can only be possible if every state league does its share.

The material presented at this and subsequent meetings was so full and varied that a complete chronological account cannot be attempted. The medical, educational, field and administrative work of the National League was described and state league reports were given. The resolution quoted above was adopted.

It was also adopted by the larger group which attended the luncheon meeting on the second day. PROFESSOR PAUL DOUGLAS, University of Chicago, presided and introduced MRS F ROBERTSON JONES. She said in part

A survey of birth control during the depression shows a paradoxical state of affairs. The means of

family limitation have apparently been within easy reach of everyone, and yet hundreds of thousands of women have given birth to unwanted babies, and hundreds of thousands more have been able to avoid that tragedy only by resorting to abortion

This statement is no exaggeration. The country has been flooded with contraceptive materials. Over three hundred firms are engaged in their manufacture. The president of one of these firms testified in court that its output ran to over twenty million a year. They are sold in every town and village—in drug stores, by peddlars, by slot machines, by mail. Anyone can buy them anywhere. And according to the advertisements, they are infallible. Then, besides these commercial contraceptives, there is a free for all method, directions for which Roman Catholic leaders have broadcast during 1934, in an inexpensive form, so that (as they explain) “it might be accessible to all people to whom the regulation of births is a problem”

With the Roman Catholic Church and the manufacturers of contraceptive supplies both so industriously disseminating knowledge of birth control methods and materials, the tragedy of the unwanted child should surely be a thing of the past, one would think, every woman should be able to avoid undrested pregnancy.

But nothing could be further from the truth. As every relief worker knows to his despair, unwanted children have been arriving thick and fast in the homes of the unemployed. The census of the Federal Emergency Relief Administration reports that over a quarter of a million babies were born into families on relief in one year. Other investigators tell the same tragic story of unwanted children adding to the burden of already overburdened parents.

Even more tragic than the high birth rate among the poor has been the prevalence of abortion. Notwithstanding the apparent availability of birth control information, vast numbers of poor mothers are unable to avoid pregnancy. Many of them in desperation have recourse to criminal and dangerous operations to terminate it. The most conservative estimate is one abortion to every four births. One medical authority estimates that in 1933 the number of abortion in this country reached the staggering figure of four millions.

What accounts for this extraordinary inconsistency—birth control information and birth control materials everywhere available, but hundreds of thousands of poor women unable to avoid dreaded disastrous pregnancy? The birth control information and the birth control materials that are generally available are unreliable—those that are reliable are not generally available to the women who need them most, the very poor

The method that is reliable and practicable for women of the underprivileged class cannot be bought at the drug store, or learned from printed directions. It must be adapted to the individual by a physician and its use must be carefully taught her. But unfortunately instruction in this method is even now available to only a minority of the women of the destitute classes. In 18 states there is as yet no birth control clinical service whatever, in the other states the service is totally inadequate. In most hospitals and dispensaries where the city poor get their medical advice, no contraceptive information is given, the rank and file of doctors whom the country poor depend upon have no knowledge of scientific birth control. The social agency which refers its “clients” to the available clinics is the exception.

The unreliable drug store birth control and the impracticable “rhythm” birth control the poor can get in plenty, dependable, scientific, medically guided birth control is out of their reach. So the families on relief are growing larger year by year, their misery is increasing and relief charges are climbing into the billions. This is the deplorable situation we face.

How much longer will the American people let this state of affairs go on? They could easily put an end to it, if they would. The mother of every family on relief wants reliable birth control advice—let us see that she gets it.

This is entirely practicable. All that is needed is that there shall be more doctors who can teach the best method of birth control, more clinics in which they may teach it to the poor, and more social workers who will tell the poor of this help that is available for them.

The public is waking up to the cruelty and wastefulness of keeping reliable birth control information from those who need it most. Now is the time to put an end to a policy that is a disgrace to our civilization. Now is the time for birth control leagues, national and state, to join forces to see that every woman on relief can get dependable birth control advice.

REV CURTIS W REESE, *Dean of the Abraham Lincoln Centre, spoke on the Church and Birth Control*

Whatever else religion may teach today, it teaches that human progress is dependent on human initiative and human direction. Religion today regards man as able rationally and scientifically to control himself, his world, the world of energy, and the world of values for the satisfaction of human desires, and in proper proportions it glorifies these desires. The new understanding of religion bids man to make himself and his world what he will, to reorganize his impulses and his ideology and his social institutions in the light of his ever in

creasing achievements, to control his social customs

In accordance with this trend, the attitude of the church toward the whole problem of sex is changing. Religion is becoming actively interested in the erotic life where for ages the grossest ignorance and credulity, superstition and tyranny have held sway. In the place now occupied by such ignorance and credulity, such superstition and tyranny, the Church today will help you install knowledge and enlightened virtue.

Too often in the past sex life has been thought of as largely an evil to be tolerated for the purpose of propagation. But as the church came to terms with science in other fields, it slowly capitulated in the field of sex. Here the church is no longer willing for nature to be uncontrolled by intelligence and scientific techniques. In recent years the following church organizations have gone on record in support of birth control:

Committee on Marriage and the Home of the Federal Council of the Churches of Christ in America
Lambeth Conference of Bishops of the Church of England

General Council of Congregational and Christian Churches

Universalist General Convention

The American Unitarian Association

Central Conference of American Rabbis

New York East Conference and other regional sections of the Methodist Episcopal Church

Special Committee of the Women's Problems Group of the Philadelphia Yearly Meeting of Friends

The 1934 Convention of the Y W C A

The Rhythm theory now making such rapid headway among Catholics, while not a satisfactory method of birth control, is nevertheless a distinct move in the direction of a modern attitude on the matter, for if sex life is ethical apart from propagation, then insistence on natural as distinguished from other scientific methods is an untenable position and will undoubtedly be abandoned in favor of techniques that offer greater safety than can the "safe period."

The major cultural, ethical, and religious significance of birth control is that it puts the realm of sex on the side of intelligence, control and human satisfactions. The basic importance of birth control is not primarily in its emphasis on the small family system—important as this is—but in its principle of intelligent control of life processes.

Important steps of a more practical nature must still be taken, and in these the church can render valuable assistance. Among these steps are the following:

1 Every section of municipal, state and national law that prohibits the dissemination of birth control infor-

mation and that prohibits the sale of contraceptive devices should be repealed, and in new laws, birth control information and devices should be subject only to such control as is exercised for example by the pure food laws in their field.

2 Health and Social Service departments of the city, the state and the nation should be specifically charged with the duty of disseminating full and authoritative information on the subject of optional parenthood, and also of maintaining inexpensive clinics easy of access.

3 Scientific research should be continued until the present unsatisfactory and clumsy methods of birth control are supplanted by sure, easy and satisfactory means, and also until the day when it is possible for all, as it is now possible for some, to achieve a desired birth painlessly and gloriously instead of as at present in agony and sorrow.

4 And perhaps most important of all, the mind of the public must be so educated that sex and all that pertains thereto can be thought and spoken of with the frankness that now prevails in the fields of dietetics and esthetics, or of ethics and religion.

PROFESSOR HENRY PRATT FAIRCHILD, *president of the Population Association of America, discussed Birth Control in the New Day*

Population control is a fundamental law of life. It is exercised by nature all along the line, from the lowest species to the highest. Nature controls population through the death rate, and among the sub-human species, maintains a stationary population by making the death rate equal the birth rate. Man cannot escape control, but may substitute birth control for death control. We can substitute the human way for the natural way. We can control our numbers by foresight, knowledge, and the findings of science, instead of by deaths, particularly a great number of infant deaths.

Thus far the birth control movement has concerned itself chiefly with limiting the size of the family. There are two types of drawbacks to unduly large families. The first is the personal or family objection, based upon the difficulty of maintaining a high standard of living and providing for the welfare of all the members if the family is too large. The second is the social danger of an undue increase of the population at large, with its accompanying menace of famine, disease, war, and a low standard of living.

The birth control movement, which is designed to place the size of the family under the direction of reason and intelligence, meets both these objections. Within the last few decades this movement has spread so rapidly that the danger of overgrown populations in western

societies is rapidly diminishing if it has not already disappeared. The need for the intelligent regulation of the size of the individual family persists, and will doubtless be permanent. In this field, therefore, birth control will be a continuing requirement. But we must go further.

The movement must be prepared to meet the future. We must teach people how to *have* as well as how *not to have* children. We must stimulate births among the more socially desirable. With the approaching era of stationary or even declining population, it becomes doubly important that every possible assistance should be given to families of good stock, who want more children than they seem able to have. It is earnestly to be hoped that in the immediate future the birth control movement will turn its attention to this requirement, and that the clinics will be equipped to give at least the preliminary advice and assistance to families that are seeking to escape sterility or achieve higher fertility.

We must have birth control upward as well as downward. Society in the near future, if it becomes necessary, will devise new sanctions and attitudes to provide a stimulus to the birth rate among families that should be larger. The birth control movement must take the lead in this constructive work.

State by state the accounts of clinics founded, groups organized and plans for 1935, make inspiring reading.

Arkansas The Little Rock Clinic, organized in 1931 to serve indigent women, took care of 277 cases during the past year. The present incomes of the families range from nothing to \$31.00 per month and the majority report incomes below \$5.00 per week. Fifty-three per cent of the families are on relief rolls. Of the remainder, the majority of the wage earners are only working part time. The clinic is staffed entirely by volunteers.

Connecticut A central office has been established in Hartford with a full time secretary. Counties and towns are being organized for birth control service and in support of the legislative campaign now being conducted to change the restrictive Connecticut law. This law states that "Every person who shall use any drug, medicinal article or instrument for the purpose of preventing conception shall be fined not less than fifty dollars or imprisoned not less than sixty days nor more than one year, or be both fined and imprisoned." The proposed amendment would add the following: "Provided that this section shall not apply to any married person using such drug, medicinal article or instrument under the direction or advice of a physician licensed to practice in Connecticut."

The Greenwich Maternal Health Center provides clinical service just over the line in Portchester, N. Y.

Delaware Two advisory groups are being developed: an Advisory Board made up of prominent Wilmington physicians, and a Council of representatives from various welfare organizations. The organizations include Delaware Commission for the Feeble Minded, Delaware Commission for the Blind, Delaware State Hospital, Anti Tuberculosis Society, Visiting Nurse Association, State Board of Health. The report concludes: "We have decided this year to put all our efforts into publicity, as our Clinic is not running at capacity and we feel we could bring help to many more women if they knew of our work. We are getting editorials in both the Wilmington papers this week, and several articles this month and next. We are hoping for great things from these."

Illinois The total number of patients advised in the League clinics is 22,015. During 1934, 2,206 patients were cared for. Of these 643 were unable to pay, and 270 were paid for by the United Charities and the Jewish Social Service Bureau.

Indiana The Maternal Health Clinic in Indianapolis, opened in December, 1933, maintains service for indigent women with two or more living children. Patients are sent by social agencies, ministers and physicians and one of the large industrial plants. Four large cities in the state are making plans for similar clinics. The next project of the League will be expansion of the work through connections with industrial plants. The governing board of twenty-three includes six physicians, a minister, a rabbi, a lawyer, a professor and a member of the state legislature.

Iowa The initial objective of the Des Moines group, the opening of a clinic, has been accomplished. The clinic is financed through membership dues, and special contributions from friends and from the National committee on Maternal Health. A membership campaign to broaden the work is planned for spring.

Kentucky The clinic in Louisville reports 99 per cent success with its patients. About half are able to pay a small fee, and half are accepted free because they are on relief. The services of an executive secretary are sadly needed for extension work through the state, but at present funds do not permit this.

Maine The clinic in Portland opened in February, 1933, and has had, to date, 185 patients. Five of the older doctors form an executive committee and five of the younger ones give their services at the clinic. The fee is flexible and at the discretion of the nurse, \$3 be-

ing the maximum Three additional clinics have been opened in the northern part of the state by Doris C Davidson, R N

Massachusetts The League has been circulating a Parents Petition asking the Massachusetts Medical Society to appoint a committee "to make an impartial study and report on the more widely known methods of birth control including that set forth in the 'Rhythm' " It was also been enlarging its medical facilities and, in addition to running the Mothers' Health Office in Boston, it has secured the cooperation of fourteen physicians in other parts of the state The Massachusetts Federation of Women's Clubs has included birth control on its study list

Michigan Michigan has thirteen clinics and eleven city committees The Michigan Federation of Women's Clubs endorsed the study of birth control and the League held a session on birth control at the State Conference of Social Work There is increasing interest from F E R A workers and the State Department of Health Sixty physicians serve as clinicians or care for patients in their private offices, and 496 other physicians support the work

Minnesota A report on the Minneapolis clinic and organizations in St Paul, Rochester, and Duluth was followed by a statement of extension plans for the coming year "I Extension of our Medical Advisory Board and the securing of physicians qualified to teach the technique in as many counties in the state as possible

"II Extension of our program to every community in the state which has a population of 10,000—and here may I say that I believe extension can be best accomplished by a combination of professional and lay activity We get much further with the first, but we must have the latter to help create public opinion and lend public backing, without which the professional group cannot proceed successfully

"III Extension in the field of public education, including the continued approach to city groups, and also the attempt to reach as many state groups as will permit the topic of birth control to be included in their program

"IV Extension in the domain of public relief, trying to have birth control in theory and in practice approved by those administering public relief funds

"V Directing, under the guidance of the National League, the extension work in the neighboring states which have not yet organized leagues

"VI Planning a fall conference which in its scope and its attendance may present a stimulating picture of the need and possibilities of birth control in some of its

many phases to a representative group of citizens from Minnesota and neighboring states "

Missouri Three regular clinics and a night clinic are functioning in St Louis, and a clinic has just opened in Kansas City "We are assured," the report concludes, "that there is in St Louis an enlightened public opinion, alert to the necessity for the future use of such clinics in furthering the happiness, present and future of those who need them and in recognizing them as a line of defense, a bulwark against the ever increasing load of publicly supported dependents "

New Jersey Nine thousand patients have been cared for at the Maternal Health Center in Newark, since it opened in May, 1929 Four other centers are functioning in Plainfield, Morristown, Trenton and Englewood The state is now organized on the county plan, "whereby each county is set up as an independent unit, having full representation on the State Board Each county raises its own funds in the manner deemed most suitable by its officers In counties where there are local clinics, ten per cent of all funds collected will go to support the state work Where there are no local clinics within the county boundaries, it is expected that the greater per cent of funds collected will go to the state league for state work "

New York The following ten counties are already organized Albany, Dutchess, Kings, Monroe, Nassau and Suffolk in a joint committee, New York and Bronx in a joint committee, Onondaga, and Queens Erie and Westchester will complete their organization shortly The League has 87 cooperating physicians throughout the state to whom it refers women who cannot be cared for at clinics Extension of county organizations and enlistment of more physicians are the major items in the program for 1935

Pennsylvania The League's twenty clinics have cared for 4,000 new patients in 1934 One thousand questionnaires were sent out to doctors all over the State, and from the 200 replies a doctors' file of very useful proportions was built up "We have very consistently run our clinics with the help of volunteers," the report reads "One of the Philadelphia clinics, in a Y W C A, is entirely so staffed, with the exception of the physician, and as they average six to seven new patients a session, five volunteers are kept busy Incidentally, the net cost per new patient at this clinic is twelve and one-half cents Our experience shows us that we cannot say enough about the value of volunteer service in the clinics "

The League is contacting labor unions in an effort to have birth control presented to the Board of the Penn-

sylvania Federation of Labor The support of the State Federation of Pennsylvania Women has been secured "Our emphasis upon the Importance of stimulating and provoking literature" the report concludes "remains unchanged We continue to mail to a carefully compiled list of 8,000 (contributors to the Welfare Campaign, members of the boards of all charities, etc) facts and figures on taxes, private charities, abortion, etc "

Rhode Island All five counties of the state are organized and committees carry on clinical and educational work Motor corps bring patients to the clinic in Providence A second clinic is about to open in Newport Under the direction of an executive secretary employed for four months, twenty five meetings were held and 700 people were contacted A thousand letters were sent to ministers, doctors and clubs

South Dakota The League's first clinic was opened in Sioux Falls, on January 9th Plans call for an extension of the work throughout the state by organizing auxiliary groups in such cities and centers where the population and needs justify the establishment of clinics

DR RACHELLE S YARROS, DR ERIC M MATSNER, and DR M O BOUSFIELD addressed the Wednesday evening meeting at the Colored Y M C A DR CARL G ROBERTS presided

Field work has been carried on in the South by RUTH TOPPING for the past seven months She has interviewed doctors, nurses, health officers, clergymen and social workers has held meetings and arranged for clinical service in twelve towns DORIS C DAVIDSON, whose work in establishing three clinics in Maine was described in the REVIEW, is now in Virginia working with local groups to establish clinics RUTH HULTON, executive secretary of the Minnesota League and field secretary for the National League, gave the following provocative report

The first discovery surprising to the new field worker was that one does not need to sell the idea or prove the importance of birth control anywhere Unless inhibited by religious prejudice, intelligent thinking people already know the arguments, are convinced of their importance, and are willing to help The difficulty as in any other type of organization work is to find leadership

There are of course, chiefly three groups in each community that must cooperate in any sound plan to secure contraceptive advice for the women who need it, but cannot pay for it These are the medical profession, the welfare agencies, and the public spirited citizens of

the community In this last group, clergymen form a valuable element for our purposes, since they increasingly realize the importance of contraceptive knowledge in the marital adjustment problems among their parishioners

Frequently the welfare group composed of social workers and public health nurses form a good first approach They perhaps best know the need, they are the ones who know and will refer the patients and they also know the socially minded people in the community, both medical and lay Finally, they are almost always actively interested Incidentally, it is encouraging to find widespread interest among public relief agents both on a local and state wide basis

Medical cooperation is of first importance since contraception is essentially a medical matter One often finds however, that though nearly all competent obstetricians and gynecologists are giving contraceptive advice to their own patients, they may hesitate to openly sponsor a plan for a clinic or an organization The essential conservatism of the medical profession is, of course, proverbial and a trait of considerable merit in those dealing with matters of life and death This conservatism, however, often slows up the organization of a birth control branch or clinic, as it is unwise to start work without the right clinician and adequate medical backing Frequently it is only necessary to prove that public opinion in the community is back of the movement in order to secure medical cooperation

It is not difficult in any community to find interested citizens who will contribute and become members of a sponsoring committee or league, but to find some one with time, courage and qualities of leadership to act as chairman is usually the chief obstacle one encounters Having found this chairman, even a temporary one, the job of the field worker is largely accomplished, because no piece of work in any community can be soundly done except by the people living there

Until the birth control movement is so well accepted that public clinics give contraceptive advice just as they give any other advice concerning maternal health, a voluntary group of citizens must furnish the financial and moral backing, in other words the motor power for birth control in each community It is a very great help to the field worker in a new territory if small groups can meet together for discussion At first groups of from 5 to 20 people are much better than larger ones, since free discussion is easier to secure in this way One hour or two at such a meeting will accomplish as much as whole days of seeking individual interviews, though these are necessary also

So far the procedure as outlined is probably similar to that of any other field worker in this particular type of activity. The chief difference in our plan of work is that paradoxically enough we do our best field work at home. The territory for which we are responsible is small enough so there are always interested people in Minneapolis who know key people in the territory to be entered. A letter from a Board Member to an influential friend in another community does more to help find a chairman than anything the field worker can do. An introduction to a doctor by a doctor from one's own medical advisory group wins a courteous reception even from an overworked, overtired practitioner.

A session on Birth Control in Rural Communities, under the chairmanship of MRS LOUIS DE B MOORE, took up many problems of clinic procedure, and extension. Among the topics discussed were

Follow-up work, social worker versus nurse for clinic executive, physician versus nurse for check up examination, fees, use of volunteers, how long must a patient attend the clinic before being classed a successful case, should safe period instruction be given at clinics on request, why is America behind England in birth control work, how can the community best be told about the existence of a clinic, is the propaganda phase of the movement over?

A tour of Chicago clinics was among the most interesting of the activities. Starting at the Illinois Leagues office and clinic at 203 North Wabash Street a bus-load of 35 delegates visited the Lincoln Centre, Chicago's oldest clinic and the clinic at famous Hull House.

Of far reaching significance was the special Physicians Conference which closed the meeting on Thursday evening. Eminent members of the profession participated, both as speakers and audience, and clear recognition was given of the place of birth control in medical practice. Excerpts from some of the addresses will appear in the March REVIEW.

NEW YORK MEETING

January activities closed with a luncheon in New York on January 24. DR IRA S WILE presided, and LOUIS K ANSPACHER spoke on Women Down the Ages.

PROFESSOR JAMES H S BOSSARD, speaking on Birth Control and the Depression listed the main arguments for birth control as he sees them.

Our relief expenditures have increased in geometric ratio each year since 1929. In 1930 they were twice as

large as in 1929, in 1934 they doubled the 1933 figure. Relief has become a dominant part of public finance. The resources of private philanthropy have been exhausted and the Federal government is evading the inevitable issue by juggling figures or by going into the red. The relief problem has come to the point where we must cease to be governed by beliefs and emotions and must face the situation in an intelligent, and scientific way.

Studies made in different parts of the country indicate that among families which have been on relief for more than a year, the birth rate is about 60 per cent higher than among families of equal social status not on relief. Yet our leaders are, apparently, unwilling to meet this question, or to permit these families legally to consider it.

Social workers all emphasize the breakdown of morale among people on relief. Consider the situation of seven million children under the age of sixteen, and a quarter of a million of babies in families on relief. The issue should be put up to the people, just as prohibition was. People have the right to decide for themselves whether and when they want to have children.

I deplore the impression given by many opponents of birth control that those in favor of it are necessarily irreligious. Religion is a matter of values, and surely human life is too fine, too sacred a thing ever to be brought into the world except as the voluntary act of wholly responsible people. This is the spiritual foundation of birth control.

MARGUERITE BENSON, executive director of the League, gave a review of the highlights of the past year and a brief summary of the Chicago meeting. Telling of the League's needs and urging support of the drive for funds she concluded:

So we stand, with a record of accomplishment on what is financially a shoestring. We are on the threshold of tomorrow. The vision of that tomorrow is provocative and inspiring. What must we do?

We must treble the field work, double the medical education, meet the demand for literature, and last but not least, answer the pathetic pleas for assistance which now come, not only from harassed and despondent parents, but from private and government relief agencies.

We are more or less imbued with the idea that social service has gone beyond the stage of emotionalism. We are supposed to be quite dispassionate. The evolution of the movement for birth control has brought us to the point where we are perhaps a little too academic, too technical. But I find it difficult to be dispassionate.

while reading the daily mail Here is a letter from a farmer's wife in Idaho She writes in pencil on a greyish ruled tablet such as children use in grade school In a simple straightforward manner she tells her story—six children in nine years—incidentally two little graves Quite rightly she feels that her duty is done, her strength has been sapped Can we help her? Then, and bear in mind that this is only one of hundreds of such cases, we look up our list of doctors and we write her that the nearest physician to whom we can refer her is 160 miles away Can one be calm and cool in the face of hundreds of cases like this?

An earnest, clear-thinking pastor in a small town in upper Wisconsin has canvassed the six local physicians to find out if he may refer private patients to them He receives either a refusal or complete indifference He writes to us asking for help We send him our literature, show our interest, and moral support, and tell him that finances prevent our doing any more though we should like to

Now the up shot of all this is the old story, we need money We are asking \$16,000 more for our annual budget than we asked last year To that end we begin our annual appeal next week for \$49,000 This I assure you is the minimum on which we can accomplish work that simply must be done May I remind you that a \$2 00 membership will take care of two clinic patients—that means that two care worn mothers will be taught to space their children for the health and well being of the entire family It may mean the prevention of a disrupted family, it may mean that three happy youngsters shall not be deprived of their mother's care That seems a great deal for \$2 00 to accomplish If you can multiply that \$2 00 membership it takes little imagination to estimate the multiplication of benefits to be derived

At a special meeting of the Board of Directors, held on January 17th, the following officers were elected for 1935, Mrs F Robertson Jones, honorary president, Mrs Francis N Bangs, president, Mrs Louis de B Moore, Chairman of the Executive Committee, Mrs Lewis L Delafield, first vice president, Mrs Frederick G Atkinson, Mrs Richard Billings, Mrs Dexter Blagden, Mrs Benjamin Carpenter and Clarence J Gamble, M D , vice presidents, Mrs Frederic Cromwell, treasurer, and Mrs John de Witt Peltz, secretary

SUMMARY OF FINANCIAL REPORT

	1934	1933	1932
I N C O M E			
State League Contributions	\$ 1,032 01	\$ 1 130 17	\$ 1 070 09
Other Contributions	27 820 89	15,149 60	22 242 55
Memberships	3 594 55	4,658 35	5,587 55
Spring Festival		429 30	
Miscellaneous		122 22	
	\$32 447 45	\$21 489 64	\$28 900 19
E X P E N S E S			
Salaries	\$ 6,812 70	\$ 7,376 00	\$ 9 669 66
Office Expenses	5 927 08	3,846 15	4 541 50
Field Work	7 942 31	3 709 28	7 201 09
Educational Work	9 722 58	5 984 57	6,886 98
Miscellaneous	478 88	1,205 43	1,423 46
	\$30 883 55	\$22 121 43	\$29 722 69

Margaret Sanger reports for the National Committee on Federal Legislation for Birth Control that the Federal Birth Control Bill has been re introduced in both the Senate and the House by Senator Hastings and Congressman Pierce The Bill numbers are S 600 and H R 2000

Petitions addressed to President Roosevelt, urging the passage of the bills, are being circulated and 1,000,000 signatures are sought Petitions may be obtained from Mrs Sanger at 1343 H Street, N W , Washington, D C , or from the office of the REVIEW

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Sent to all members of the American Birth Control League and affiliated State Leagues

Is there a birth control clinic in your community? If not let us help you secure public interest and medical support Literature and advice are available Write to us Start a clinic this year

Sec 562, PL & R
 U S POSTAGE
PAID
 New York, N Y
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