

# BIRTH CONTROL REVIEW

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**Poverty and Birth Control** ~ *F. H. Hankins*

**Is Birth Control Moral?** ~ *Edward L. Israel*

**Will Monogamy Die Out?** ~ ~ *Robert Briffault*

**Small Town Stuff** ~ ~ ~ *William Hazlett Upson*

**A Thousand Marriages** ~ *Ira S. Wile, M. D.*

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**The Connecticut State Medical Society Report** ▶ **Two New States Organize** ▶ **English Catholic Physicians Protest to the League of Nations** ▶ **Comments on the Negro Number** ▶

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# League of Nations Report Discusses Contraception

A Report issued by the COMMITTEE ON MATERNAL WELFARE and the HYGIENE OF INFANTS and CHILDREN OF PRESCHOOL AGE, and adopted by the HEALTH COMMITTEE OF THE LEAGUE OF NATIONS at its Eighteenth Session, held in Geneva, October, 1931, contains the following paragraphs on Contraception and Abortion

**B**OTH these subjects have aroused considerable interest of late years, and in many countries the practice of both abortion and contraception has increased or at least has become far more openly discussed. Exact information as to the prevalence of either is obviously difficult, if not impossible, to obtain.

From the standpoint of maternal welfare, apart from any moral or legal objections, abortion must be regarded as associated with considerable danger to health, mainly on account of the sepsis which not seldom accompanies it, and also because of the unhealthy condition of the pelvic organs which may be one of its sequelae. Instruction should be given at the pre-natal clinic as to the dangers of abortion and the importance of seeking medical advice should it occur.

Apart from the practice of contraception for personal or economic reasons, it may be necessary to avoid pregnancy on account of the mother's own health, and in such cases it is preferable to prevent pregnancy occurring at all rather than to interrupt it. But it is not sufficient merely to tell a married woman suffering from tuberculosis or heart disease or nephritis that she should not again become pregnant. It is necessary to explain exactly what steps she and her husband should take to prevent this from happening. If the private doctor is not prepared to do this, the information can be given most appropriately at the health center.

League of Nations Publications,  
III Health No CH 1060, Geneva

*The American Birth Control League's income, like that of other social organizations, has fallen off this year. In order to cut down expenses, we are obliged to omit the REVIEW for the two summer months, August and September, issuing instead this July-August number and a September-October number. We shall be glad to extend any subscription on request for the two months beyond the expiration date, to the quota of twelve issues.*



## Eight New Centres for Contraceptive Advice Opened Since January 1932

### CALIFORNIA

Mother's Clinic of Orange County  
Santa Ana

Auspices of Orange Co Health Dept

ISABEL DURGAN, P H N

### ILLINOIS

Chicago Heights Clinic

Chicago Heights

Auspices of Illinois Birth Control League

LUCIA E TOWER, M D

### MICHIGAN

Maternal Health Clinic

111 S Troy St Royal Oak

Auspices of Birth Control League of Michigan

PALMER E SUTTON, M D

### NEW YORK

United Jewish Aid

1095 Myrtle Ave, B'klyn

Auspices of New York City Committee

LENA LEVINE, M D

### OHIO

Mothers' Health Clinic

145 East State St, Columbus

CHRISTINE K SEARS, M D

### PENNSYLVANIA

(Pennsylvania Birth Control Federation)

Kensington Clinic

3114 Frankford Ave, Phila

Auspices of Southeastern Pennsylvania  
Birth Control League

ESTHER F COHEN, M D

Maternal Health Center of Lancaster

Lancaster

Auspices of Lancaster Birth Control Committee

WILHELMINA SCOTT, M D

Chester Clinic

319 East Broad St, Chester

Auspices of Delaware Co Birth Control Clinic

MARIKA LAMBICHI, M D

# Birth Control Review

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**T**HE ACTION of the Health Committee of the League of Nations in adopting the report of its Committee on Maternal Welfare, containing the paragraphs quoted on the opposite page, attracted little notice in the public press, despite the fact that the report discusses the need for contraception for personal, economic and health reasons and advises consultation with private physicians or health centres. Even less publicity has been given to the singular protest issued in April by the English Medical Society of St Luke, representing the Catholic physicians of England. This group takes exception to the report on the grounds that the subject is a moral, not a medical one. The protest is well worth quoting.

Now the choice of the methods to be used for preventing a new pregnancy is essentially a moral question. It depends solely upon the individual consciences of those concerned and does not at all belong to the domain of preventive medicine or therapeutics.

The care of maternal health does not therefore justify the doctor interfering in a domain which is not really medical, on the other hand, respect for the liberty of conscience forbids him to suggest solutions contrary to natural morality and offensive to the precepts of the Christian religion.

Simple scientific prudence ought to prevent the practices which present serious obstacles to feminine health, and the growing extension of which constitutes, according to the warnings of the eugenicists, an actual factor in race deterioration.

This is why the Catholic doctors, represented by our Society, energetically protest against the insertion of this passage in Report No. C H 1060. We beg you to present this protest to the members of the committee.

**I**N CONTRAST to this point of view, the Connecticut State Medical Society, at its 14th annual meeting on May 26th, unanimously passed the report of its Committee on Public Policy on Prevention of Conception. This is, we believe, the first state medical society to officially recognize contraception as a necessary and legitimate part of medical practice. The report, after discussing the present Connecticut law, continues:

When considered from the health or medical standpoint, pregnancy becomes inimical to health when occurring too frequently, or is contraindicated in married women suffering from certain diseases — tuberculosis, nephritis, diabetes, etc. Despite the strongest efforts of the medical profession to exact continence from these patients whose lives are imperiled by intercourse, pregnancy does take place. That continence even under such endangering conditions is not attainable, the Statutes of Connecticut recognize by providing in Sections 6056 and 6057 that abortion or miscarriage may be produced when they "shall be necessary to preserve her life or that of her unborn child."

If the occurrence of pregnancy in physically unsuitable mothers is legally recognized as unpreventable, if artificial medical termination of that pregnancy is legally authorized and the term "to preserve life" liberally interpreted, if this procedure "to preserve life" is fraught with risk in itself and is an added tax at a time when all stress should be avoided, then sane medical opinion would certainly decree that the prevention of such a conception (pregnancy in disease) was immeasurably superior to the corrective procedures, certainly the situation parallels immunization and prophylaxis in infectious diseases and the periodic health

examination as compared to treatment after disease has become established Among the items submitted under data, are these significant paragraphs

Studies of the maternal mortality in Connecticut prove that approximately one-quarter of our deaths arise from septic abortions, a second quarter from diseases of the heart, kidneys, lungs and metabolic diseases associated with pregnancy Thus one-half of our annual loss could be obviated by some harmless method of preventing conception in such cases The figures of the White House Conference pointed to similar conditions elsewhere in the nation

The medical profession has always maintained a determined opposition to Federal and State (statutory) interference with freedom of action in the relations of physician and patient, through the belief that grant of license to practice recognizes the licensee as competent to advise and treat the laity in all matters pertaining to that laity's health, both preventive and curative The incidence of pregnancy, when inimical to health, should be as privileged a subject as the incidence of any other condition, as overweight, faulty posture, broken leg, etc Dictates of religion or conscience may deter individuals from certain procedures, the right to heed these dictates is unquestioned, inalienable, and to be respected, for those statutory restriction is not required By the same privilege of freedom of opinion or dictate, these individuals should not impose by statute their beliefs upon those who differ in belief

The report closes with the recommendation that the Connecticut State Medical Society "shall exert every effort to secure for physicians legal permit to exercise their proper duty to protect and procure for their patients the best possible state of health, including—when required—the prevention of conception"

The physicians of Connecticut are to be congratulated on their clear-cut recognition of the situation and their intelligent and scientific point of view In demanding that obsolete and unenforced laws be changed to meet the accepted custom of the land, they fur-

nish an example of the recent general awakening among physicians This is true despite the disappointing unwillingness of the American Medical Association to embark on even a study of contraception In the news notes of this issue we report that two county medical societies in Michigan have endorsed birth control and the activities of the local league Prominent doctors are everywhere identifying themselves with the movement, are serving on medical advisory boards and at clinics The medical profession is gradually and increasingly commg to recognize its responsibility

AS PROFESSOR HANKINS points out in his able article on birth control as a means of lessening poverty, life is still a struggle for existence and survival is still to the fittest Whether one is Inclined toward the extreme eugenic viewpoint of inherited unfitness—mental, physical and psychic--or toward the environmental attitude of poverty causing poverty through unfavorable circumstances, in an ever-repeating vicious circle, family limitation is more than a palliative for the less successful members of society It is a logical relief policy and a socially constructive measure But many complicated factors enter into determining just who are the fit and the unfit in our changing world, discounting the obviously unfit, who crowd our institutions and drain our public treasuries, and who, without question, should not propagate

Shall we apply the simplest educational standard of literacy? Shall economic success, physical prowess or what be an index of fitness These are questions which will eventually have to be answered in the development of the birth control movement If it is to be eugenic in the broadest meaning of the term, its direction must be guided by an understanding of the principles of eugenics and genetics From this point of view the International Congresses, scheduled for August, are of vital interest to everyone concerned with birth control

FROM A CHINESE NEWSPAPER

美國生育節制評論 (Birth Control Review) 成立於一九一七年，山頓夫人為第一任編輯（夫人於一九二二年來華一次），旋即為美國生育節制協會（American Birth Control League）機關報。該會於今年二月在紐約市開，第十一次年會。關於美國節育運動有好幾種報告。據說美國現有節育指導所一〇四處，但地域分配不均。有幾省與幾市有指導所很多。有二十七省是沒

# Poverty and Birth Control

By F H HANKINS

*This article and that of Rabbi Israel, which follows, are taken from addresses at the National Conference of Social Work, held in Philadelphia in May*

**A** CENTURY ago the favorite theory of poverty derived from Malthusianism. Poverty was said to be due to the excessive fertility of mankind. Malthus put the matter in the form of a dilemma which is fully as distressing today as it was a century and a third ago. He pointed out that if a man married early he was almost certain, unless already rich or unusually successful, to be burdened by a too numerous progeny. On the other hand, if he postponed marriage and thus escaped poverty, he ran serious danger of contracting disease through irregular sex relations, and of otherwise suffering the blight of sexual immoralities. This is the true Malthusian dilemma of the average man, especially of the working man and woman, even today. Its importance has been obscured by undue controversy over the far-reaching generalization to the effect that man has a tendency to multiply up to the limits set by the means of subsistence.

Malthus and his contemporaries were much impressed with what they called the niggardliness of nature, or the fact that the law of diminishing returns operates in food production. The progress of the last hundred years has shown that not only food but all forms of wealth can be increased at rates much faster than Malthus dreamed. Nevertheless, it is obvious to the demographer that, if population had continued to double every twenty-five years, as Malthus showed it to be doing in this country, the mass of poverty today would be overwhelming. If such rates had been maintained since 1800 we should today have fifty million more people in the United States, while poor old Europe would be weighted down with a round six billions. It is still true, in spite of our advances, that some check on natural fertility is essential to the advancement of material welfare.

Moreover, here we meet an interesting fact. The standard of living varies from class to class, tends to perpetuate itself in each class and to serve as a regulator of the age at marriage and the size of the family in each class. The lower the standard, paradoxically enough, the less it serves as a check

on undue increase. From this point of view the curse of the poor is their poverty. Knowing from experience only low standards and having therefore insufficient incentive to strive for better or to avoid the evils of the standards to which they are accustomed, they bring up families according to their lights in the belief that that is their social destiny. In this they have been encouraged by an authoritarian religion, an exploitative economy and a militant patriotism which desired more souls to support more priests, more workers to enrich more capitalists and more soldiers to aggrandize more ambitious egotists.

This encouragement of fertility among the lower classes is, I think, one of the chief reasons why the neo-Malthusian movement has been so slow in winning general approval. It has been opposed by the forces of dominant capitalism, organized religion and professional patriotism. Those in control of our social order have preferred to maintain a rapidly growing population while relieving some of the popular distress occasioned thereby by charity and philanthropy rather than make a frontal attack upon poverty by spreading among the poor the ideals of the small family system.

Even liberal thinkers have been slow in perceiving the logic of such a solution. A pretentious little book published a few years ago by a distinguished American economist found the cure of poverty in a more complete organization of labor into trade unions. Such a proposal is out of harmony with all sound economic doctrine as to what a man is worth in a competitive economic system. Labor cannot lift itself by its bootstraps. Moreover, nothing is more obvious than that the poorer workers being less secure and having less bargaining power are most difficult to organize. Finally, it should be obvious that the artificial elevation of wages by a union possessing monopoly power not only restricts the demand for such labor by raising the price of its products, but levies tribute on those poorer workers who constitute the problem of poverty. At the opposite extreme are those utopian enthusiasts who hope to lift the poor into some

sort of workers' **paradise** by the alchemy of **social revolution**. For the most part these **theorists** have encouraged the **fertility** of the **laboring** classes on the **assumption** that the **glorious** day of the **social revolution** would be hastened by the **increasing misery** of the proletariat. They thus have borne **unwitting testimony** to the fact that such **misery** can be **diminished** by the **promotion** of the small **family** system among the poor.

The sound new, it seems to me, **recognizes** that labor has been caught in a vicious circle of low wages, large **families** and **excessive** numbers, a low standard of **living**, leading in turn to low wages for the **succeeding generation**. This **vicious circle** thus has three segments—wages, standard of **living**, and size of **family**. These act and react, one upon the others. A complete **understanding** of their **interrelationships** involves a large part of the **social sciences** of **economics**, **social** maladjustment, and demography. Wages **determine** the standard of **living**, which in turn affects age of marriage and size of **family**. The latter in its turn affects the supply of labor at **different social** levels and thus becomes a **basic** fact in **determining** the wage scales at those levels. All of our **theories** of **social** reform, at least in so far as they relate to the problem of poverty, apply to one or other segment of **this circle**.

Regardless of whether one agrees that the great advances of the past century have left the **basic theses** of Malthus **intact**, he must **agree** that there would have been less poverty if there had been fewer people of the **unskilled** labor class. The wage and labor **statisticians** have shown that labor profited **little** from the great advances of the **generation** from 1880 to 1920. Total wealth and per **capita** wealth **increased enormously**, but the purchasing power of an hour of labor **remained** nearly **stationary**. During this period we had not only an almost **unrestricted birth** rate among the **working** classes but we added **millions** of **foreign** workers to their ranks. The value of a man in those classes was **steadily undermined** by these hordes of **recruits** from heaven and from abroad. Increase in numbers absorbed nearly the whole of the **dividends** which labor should have **received** from the **industrial** advances of the most prosperous **period** in modern **times**.

Moreover, if one ask **himself** how the **vicious circle** above **mentioned** can be broken, it would **seem** that he must find the easiest mode in a reduction of the **relative** number of workers. The stand-

ard of **living** can be elevated only as wages go up or as the **size** of the **family** comes down. The **reduction** of **immigration** and the concurrent **reduction** of the **birth** rate resulted in a marked increase in the **dividend** of labor between 1921 and 1928. In fact it would seem that no **policy** promises so **rapid** an **improvement** in the lot of unskilled labor as the general **adoption** by them of the **policy** of **conscious** limitation of offspring. If we are really in earnest in the war against poverty, I submit that the most **direct**, most **logical** and most **efficacious** step would be the **establishment** of **public** birth control **clinics** under **medical** auspices as a part of the governmental relief **services**.

#### THE SURVIVAL OF THE FITTEST

Suppose now we turn to a second theory of poverty. After the **Darwinian** doctrines had made their due **impression** on modern thought we meet an important **modification** of the **foregoing** theory. **Darwin** derived his **views** from a perusal of **Malthus**. He saw in the **excessive fertility** throughout nature, **including** man, the cause of a **struggle** for **existence** leading to **selection** and **survival** of the fit. It is a basic feature of **this doctrine** that **individuals** of any **species** differ from each other in **hereditary qualities**. **Selection** operates to **eliminate** the poorly adapted and the **inadequate** and to preserve the better adapted. The general **validity** of **this** view cannot now be **questioned**. In human **society** as in nature, even when allowance is made for the large luck element in human life, success is to the strong and able, while defeat is the lot of the slow and **defective**.

We may not like to **view** it that way, but life is still a **struggle** for **existence**. It is not so much a struggle for mere **subsistence**, though even that aspect cannot be **ignored** in times like these. It is **primarily** a struggle for a better standard of life. Moreover, **this competitive** struggle in our **society** grows ever more severe. We are far removed from those simple days of two **generations** or more ago when people of very ordinary **intelligence** and little or no education could **wring** a tolerable subsistence from the soil by following the **traditional** modes of their ancestors. The **individual** today must be trained to the **limit** of his **capabilities**, he must be able to stand the nervous **strain** of adjustment to complex **situations** and have the **capacity** to solve daily problems for which the copy books afford no aphorisms.

It has been a favorite doctrine of democratic faith that men differ little in their inherent worth and that the differences in social rank are due in the main to differences in social opportunity. It was in consequence of this faith that our society instituted universal education and made it compulsory. This was done in the hope and expectation that it would remove class differences and preserve that near equality which we believed to inhere in hereditary potentialities. We now see that one of the effects of education in a highly complex society is to make men more and more unequal. Education, instead of elevating the less able and training them for equality in a democratic system, has acted as a selective sieve through which they have been dropped into unskilled activities and by which the more able have been carried forward according to their capacities.

There are two primary causes for their failure — poverty and lack of ability. I do not mean to imply that these two causes stand alone, but merely that they have far greater weight than other causes commonly found. Obviously the poverty factor would be less important if the families from which come those who fail for this reason were smaller. At the same time it appears that lack of brain power is more important than poverty among those who drop out in the grades. The slow, dull child becomes retarded, soon finds himself too large for his grade, develops emotional attitudes of opposition to school work, may become a truant and finally a delinquent.

Here again it may be observed that conscious limitation of the family to such number of offspring as the income will reasonably provide for, is a partial solution of the poverty of those who succeed less well in the competitive struggle of modern society. I do not here advance the full eugenic argument that the less able tend to mate with each other and to multiply at unduly rapid rates. That seems to be quite plausible. It is necessary here, however, only to point out that those who find themselves unable for my reason to rise in the social scale may avoid most of the evils of poverty by proportioning the size of their families to what they may reasonably expect in the way of income.

Suppose now we take a look at the extreme environmentalist view of the causes of poverty. There are those who claim that the ills of poverty as well as those of delinquency, crime, prostitution, venereal disease and other forms of individual maladjustment or failure are due almost entirely to

the circumstances in which individuals grow up and receive their training for life. There is doubtless much truth in this view, though it is also true that as a broad generalization one must also say that good stock and good environment tend to be found together, as do also defective stock and bad environment.

Certainly one cannot subscribe to the absurd extremes to which the environmentalist view has been pushed. Nevertheless, one may readily admit that many a promising youth has been overwhelmed by adverse circumstances. Poverty, broken homes, quarreling and drunken parents, neighborhood gangs, conflicts between parents and children, maltreatment and misunderstanding at school all too often lead not only to poor preparation for the economic struggle but also to positive maladjustment, delinquency and crime. Unemployment, sickness, accidents, lack of thrift, ignorance, profligacy, and numerous other personal afflictions and deficiencies may lead to poverty, as may also such social conditions as industrial depression, excessive taxation, governmental waste, drought, and foreign competition for world markets.

Some of these environmental causes are controllable and some are not, even by the utmost human organization and ingenuity. Relief is, therefore, an essential condition of a humane social organization. At the same time society might well place within the reach of all those named couples affected by adverse social circumstances the means of preventing their further encumbrance with additional mouths to feed and bodies to clothe and shelter. To do so, requires only the admission of the obvious fact that parents with low incomes cannot provide suitably for all the offspring nature is likely to send them, if they lead a normal marital life.

The foregoing analysis makes no claim to completeness but it goes far to suggest that, regardless of one's pet theory of the cause or causes of poverty, the restriction of the fertility of the less successful elements in modern society constitutes an important relief measure. It suggests that birth control clinics should be organized in close integration with our public health and public relief agencies. There should be the closest cooperation between social work agencies and such clinics. The social workers come into daily contact with those families needing relief, those who are finding the economic struggle too strenuous for their slender resources. Why not attack the problem of poverty at one of its primary sources?

# Is Birth Control Moral ?

By RABBI EDWARD L. ISRAEL

**ONE** feels a hesitancy in approaching the discussion of the religious aspects of the problem of birth control. To the liberal, this hesitancy is not born of any lack of conviction concerning the superior morality of an intelligent use of contraception. It is due rather to a disinclination to enter into theological arguments which are usually of little or no avail, because the different sides approach the discussion from such different premises. I have the utmost respect for orthodox religions of all denominations. I understand full well the bases on which Roman Catholics, Fundamentalist Protestants and Orthodox Jews denounce birth control. I cannot agree with their conclusions, but I do not question the sincerity of their beliefs. Moreover, I would not for a moment interfere with their honest convictions. I deeply resent, however, their interference with the honest convictions of others and their endeavor to invoke the law to foist their one-sided moral concepts upon their fellow-men.

Let us face the situation honestly and frankly. Among the better educated classes and certainly among that large group known as the middle class, some form of contraception is practiced by the great majority of people who are not sterile. They have no sense of sinfulness in the pursuit of this practice. Indeed, they feel that they are adopting the wiser and more ethical habit of life. Their moral judgment is corroborated by many religious organizations representing millions of adherents. I mention only a few of the larger religious bodies which have endorsed the principles of birth control: the Federal Council of Churches of Christ in America, the Universalist General Convention, the Central Conference of American Rabbis, the Congregational and Christian Churches, the Woman's Auxiliary of the Episcopal Triennial Convention, the Lambeth Conference of Anglican Bishops, and the American Unitarian Association. In addition to these, there are many local and state organizations of a religious nature which have taken a similar attitude.

Let us look at the definition of morality from an historical point of view. We find at once that it is not a static thing, even in religious circles. Not even in the pages of the Bible! It is a far cry from the vengeful God of Samuel who punishes Saul for

## Program for Social Justice

*Central Conference of American Rabbis*

**WE** RECOGNIZE the need of exercising great caution in dealing with the delicate problem of birth regulation in view of the widespread disregard of the old sanctions affecting the institution of marriage and of the family. But at the same time, we are keenly aware of the many serious evils caused by a lack of birth regulation among those who by reason of lack of health or of a reasonable measure of economic resources or of intelligence, or all of these, are prevented from giving to their children that worthy heritage to which all children are entitled. We therefore urge the recognition of the importance of intelligent birth regulation as one of the methods of coping with social problems.

*Section XVIII*

not exterminating the Amalekites to the great spiritual Being of Isaiah who pleads with man for universal peace. The God of Exodus with his jealousy and blood ritual and the slaughter of the first-born of one's enemies was moral enough in that day, but He was superseded by the nobler morality of the God of Hosea whose dominant characteristic is infinite love.

The intelligence of man grows through scientific knowledge, and with it his spirit grows, and his appreciation of God and morality. We feel that the potentialities of man for knowledge are God-given, and it is under the influence of this expanding God-given intelligence that his moral concepts change. Dogmatic religion will not concede this fact. And when I say dogmatic religion, I do not confine the term to any one denomination. The reactionaries among religious groups have not only refused to concede development until forced to, they have bitterly opposed the progress of the mind of man, and in so doing have stultified his spirit. They fought against the teaching that the earth moved around the sun. Throughout the centuries they burned at the stake those who would tear the veil of Ignorance from human eyes. Even today, they bitterly contest



the **right** to teach, even as a theory, the **evolutionary idea which science** supports

Their **opposition to birth control** is based on the **Biblical** command to Adam "Be **fruitful and multiply**" But there is a greater command in that same **Bible** "Thou shalt love thy **neighbor** as thyself" And the best known **maxim** of Jesus of Nazareth is a **similar** phrase "Do unto others as you would have them do unto you" We who have the advantages of modern **scientific** knowledge use Intelligent means of **regulating** the number of our progeny There are **millions** who are **denied** a decent knowledge of **this** subject, who come in throngs to doctors and **social agencies** and **ministers begging** for such **information** If we were **denied** such knowledge, we would crave, in the name of the Golden Rule, that those who were **informed** would **impart it** to us The **ethical** challenge is to show justice and love to the masses whose happiness is **imperiled** by **ignorance** of this Important subject Furthermore, **this same Bible** which commands man to "Be **fruitful and multiply**" also commands woman in the **following** terms "In pain shalt thou bear **children**" By an analogous argument **it is**, therefore, **obvious** that **it is** God's law that **pain** must accompany **childbirth** Why not, then, in the name of **ethics**, **institute** a statute **against using anaesthetics in childbirth**? Read the **history** of the development of **anaesthetics** and you will find the horrible story of **religious opposition** to **this** form of humanity The **lessening** of the labor **pains** of woman is contrary to the **will** of God' Is that the God in whom you and I would believe? Is such a **cruel Being**, **taking** delight in the **misery** of **His** creatures, the **Supreme Spirit**? If He is such a **Being**, I say that I want **nothing** to do with **Him**, that the **finest** morality of man would be to defy **Him** But, I do not believe in **this** reactionary **interpretation** of what is God's law I believe that He has **given** man the **mind** to conquer **pain** and **misery**, and to work out a **happier society** It is the pursuit of that law **which is** the real fulfillment of **His appointed destiny** for man

The very righteous opponents of **birth control** insist that **it** makes for **immoral relations**, especially among young people I wonder at the frankness with which they **admit** the **miserable** role in which they **place mankind** I marvel at their frankness in **announcing** that they believe that **it is** only fear which keeps our women decent If **this is** the **basis** that **their religion** gives them for **morality**, I would **advise** them to look for a better and a deeper

motive I would advise them to **acquire** a God who **inspires** men toward an **ideal** by a **revelation** of beauty, rather than a God who holds men in serfdom through **terrifying** fears

Aside from these **ethical considerations**, we have the concrete facts to the contrary Holland has for a long **time given** governmental **sanction** to the **dissemination** of **scientific birth control** knowledge The **proportion** of sexual **immorality** in **this** country is far less than within our own borders, which are protected so **sanctimoniously** by **fanatical** law

#### "IT'S AGAINST NATURE"

A recent papal encyclical announced dogmatically that "**birth control is against** God and nature" I do not like **dogmatic** inferences **concerning** the monopoly of the knowledge of God The **definitions** of God are **innumerable** There are creeds of countless **denominations**, and even **within** these **denominations** millions of **individuals** differ as to what God is and what He is not—and God alone knows who is **right** and who is **wrong** I, for one, cannot believe that the **elimination** of **indiscriminate, irresponsible breeding** is contrary to the **will** of a God who has **given** man a **mind** to **discover** how to **modify** and **direct** the blind forces of nature I believe that the supreme **revelation** of God is the **mind** and **spirit** of man, that translate gross nature **into** aesthetic and **social** values

Let us venture the thought, moreover, that if we are speaking of **crimes** against nature, **celibacy** is the greatest **crime** against the natural **impulses** of sex The **longing** for parenthood is natural and moral I say **this** not as the protagonist of any **particular** philosophy I say **it** as a father I **wish** that the millions of human beings who are **denied** the joy of parenthood could **receive** some sense of **its physical** and **spiritual** exaltation I **wish** that homes of only one child would, (where the **physical** and **economic conditions** permit) enlarge the **experience** of parenthood and **bring** a most necessary **companionship** to their only child No, I do not fail to **appreciate** the natural beauty of parenthood I want **it** to be a **wilful thing** of man's **ethical choice**, and not a mere reflex of **animalism** I want **it** elevated and ennobled by the knowledge that our **God-given intellects** have brought us, the **intellects** that **help** us to transcend **brute** forces of life and become in some **little** degree moral masters of our **environment** I believe that the greatest **morality** consists in controlling blind nature **Celibacy** or **abstinence** are **ascetic cowardice** Bravery

is to use and **direct** by intelligent control. If **it** is a **crime** to interfere **with** natural forces, why is not every force that tries to heal the **sick** a **crime**? Why are not our toxin-antitoxin **inoculations**, which save **millions** of **children** from the ravages of **diphtheria**, one of the greatest **crimes** against God and nature? Man **limits** and **modifies** all natural functions by **his growing** knowledge of them. Why **is** the field of propagation any **different**?

"IT RUINS MARRIAGE AND HOMES"

I have seen **it** repeatedly alleged by those trying to build up a moral case against **birth** control that **it** makes for **immorality** and **license** in family life. **Anyone** who is in a position which throws him into **intimate** contact with many homes can testify that there is nothing **which** robs the married **relationship** of its finer beauty **like** the terror and often the hatred engendered between man and **wife** by the menace of too frequent pregnancies. Let us be wholesome enough to speak of a beauty to **marriage** that, in the existence of **true** love, transcends even the joys of parenthood—I mean the perfect physical **union** of a devoted man and woman. There, the **physical** becomes the channel of revelation of **spiritual** glory **which** only those who have loved in **this** complete manner can ever know. **It is** love of the *Song of Songs* which many **floods** of **adversity** cannot quench. **It is** the impulse to the finest **idealism**, the noblest of self **sacrifice**, the most glorious **consecration** of **which** man is capable. Contraception, **intelligently** employed, makes for the **experience** of this greatest joy of life. **It is** this more than all else which truly cements the marriage relationship. Children may force people to live together in what **is** often a hell on earth. A perfect **synthesis** of **physical** and **spiritual** love means **indissoluble** happy union.

The full refutation of the charge that birth control **is** dangerous to life and health belongs to the **physician**. From the moral **point** of **view**, it is far better to teach people **scientifically** sound contraceptive measures than to force them in **ignorance** and **desperation** to several admittedly harmful methods. As Dean Inge says, "The **only** alternative to **birth** control is abortion." The **statistics** for fanaticism-ridden **America** indicate that we make **wide** use of the alternative. Contraception **is** ethical. Abortion, in most cases, is **immoral**. **Fanaticism** once more conspires **with** the **devil**.

I do not regard birth control as a panacea for economic suffering. Nor do I look upon **it** as a

worthy permanent antidote for the results of **social injustice**. The **exploitation** and the **economic** oppression, **which** breed our slums, bind men in virtual serfdom and prevent them from having the environment or means for decent **sized families**, must be attacked fundamentally on other grounds than an advocacy of **contraception**. There must be a basic renovation of many features of our present **greed society**. There must be a finer social **conscience**. However, until the time of the realization of these economic cures **arrives**, contraception becomes an ethical phase of the problem of **alleviating** the **terrible** ills that now **exist**. In the present unemployment **crisis**, there are certain **essential** cures that must **ultimately** be put **into** effect. They are basic—yet **it** would be worse than **criminal** to say that we should not **immediately** feed the **starving** because such feeding **is** not a **basic** cure of the **situation**. Similarly, while in the **economic** field other measures are fundamental, **it is** **immoral** not to **relieve immediately** the sufferings of the oppressed by tendering them **intelligent** contraception, so that **they** may have few children in some decency **instead** of many at the **price** of **starvation**, vice, and death. The soundest moral and social arguments for birth control are **outside** the economic field. However, to fall to use contraception to **alleviate** the ills of present day **economic** society is **simply** to compound a felony.

## From the Unborn Soul

Hold'

*Do you dare*

*Call from the freedom of infinite space*

*My soul, untrammelled, to bear*

*Your vices, your sins, your disgrace?*

*Would you cage*

*My spirit? Drag me from limitless light*

*To darkness? To death? To rage*

*Impotent? Earth's prison to fight?*

*Would you see*

*Your brute passions rampant? Your past arise*

*Accused and accusing in me*

*And learn that your past never dies*

ELEANOR MAUD CRANE

# Small Town Stuff

By WILLIAM HAZLETT WSON

**DURING** the past twelve years I have lived in various small towns in different parts of New England and the middle West. In none of these places was there a birth control clinic or any organization interested in the subject. In all of them, however, there were many well-educated, highly-intelligent, public-spirited people. And, time and again, I have heard one or another of these good citizens discuss some unfortunate family with which I was acquainted.

"We are just in despair," he (or she) would say, "over the Smiths (or the Joneses or possibly some family with a strange foreign name). They already have five children (or ten, or even more) and another is on the way. A new one comes every year. The mother is sick. The father is out of a job. They have no money. The woman's club supplies the clothes for the children, and we all have to help them out from time to time. And isn't it terrible? But of course there is nothing that anybody can do about it."

To stones of this kind I always used to reply—naturally but idiotically—"Yes, isn't it too bad that nothing can be done?"

But finally, in a town where I then lived, I was confronted by the case of a friend of mine who was in a serious difficulty. He was a mechanic, and a good one, had a high school education and seemed to have more than average intelligence. He had travelled to some extent, had spent some time in the Army, and was active in community affairs. He had been married three years, and had had three children—one each year. The man's wife was a high school graduate and had been a school teacher. Both of them read a good deal, and they seemed to be well informed, mentally alert, and competent.

But they had had a hard time financially. The man had gone into business for himself, and not only lost everything he had, but got himself heavily in debt. To make matters worse, jobs were scarce in that particular town and he could get no steady work. With a wife and three children to support, and with heavy debts to pay, he had no money, no property, no credit and no job. At the time I speak of he had been dependent for the bare necessities of life on his father-in-law—a man who could ill afford to give this help. Possibly it was no busi-

ness of ours, but my wife and I began to wonder what these people would do if additional children continued to arrive, one each year, as they had in the past. It seemed as if this family needed a little information on birth control. We did not wish to advise them ourselves, as we were not physicians or authorities on the subject. There were no birth control clinics within reach. The obvious thing was to refer our friends to some physician. As we did not want to send them to a man who would be unsympathetic, I undertook to find out the attitude toward birth control of most of the physicians in town. My interviews with these men were most interesting.

The first one I saw was generally considered the leading physician of the place. He was a gentleman of the old school—intelligent, competent, and impressive. When I asked him whether he gave his patients birth control information, he put on his best professional manner and spoke somewhat as follows. "In the medical profession," he said, "we have found that all the so-called methods really do more harm than good. Some of them are injurious, and none of them are really dependable. About all they do is give people a false sense of security." He then said that several years before "one of these birth control fellows came out here from New York, and the secretary of our county medical association had no more sense than to let him address us. He had an exhibit of a lot of these appliances." When I asked whether the man had anything of value, he replied, "I don't know. About half of us, including myself, walked out in disgust as soon as he began to talk." All of which indicated that this was not the man I was looking for.

The second most prominent physician in town was a Roman Catholic, and was opposed to birth control on moral grounds.

The third physician I visited was a much younger man than either of the others. He was emphatically in favor of birth control, and had studied the subject thoroughly. He was sympathetic and obviously competent to advise in this matter. He gave me, however, a very curious side-light on the attitude of the general public. For over ten years he had carried on an active practice, including a good deal of obstetrics, and during all this time he had

been prepared to **give birth control information** to any of **his patients** who asked for it. But none had ever asked. Hence—as **his** conception of **professional ethics** did not permit him to volunteer such information—he had never **instructed** a single patient **in birth control technique**.

This seemed so remarkable that I began to wonder whether the two, three, and four **child families** among so many of the better class towns-people were **limited** by **continence** alone. But a talk with the **leading druggist** seemed to **disprove this**. The **druggist** told me that he sold a great deal of **birth control material**—**most of it with labels indicating** that it was for "the prevention of **disease**" or for "**feminine hygiene**." He also **informed** me that "the barber shops and **filling stations** sell a lot of **this stuff too**."

I returned to my **interviewing** of the **medical profession**, and called on a young woman doctor who **specialized in obstetrics**. I found that she not only understood **birth control technique**, but had already **instructed** a good many of her **patients**. Apparently a **woman who wants birth control** information will often hesitate to ask a man **physician** but will not be afraid to ask a woman.

I was now ready to see my friend the mechanic **Lake** most people I do not enjoy **meddling in the private family matters** of other people, but in **talking to him** one day I mentioned the fact that my **wife** and I were both members of the American **Birth Control League**. At once he **said** that he himself was interested, and he began to talk about **it in a most intelligent way**. He had run across **various articles in books** on the **subject**. He discussed the federal laws, and said that in **his opinion** they should be **modified**, then he **discussed the situation in Holland**, with its long **established birth control clinics**, and **its low infant mortality rate**. In fact, he was so well posted that **it made me laugh to think** that I had planned to **give him information**.

But when we got around to the subject of practical methods he seemed to be on unknown ground. When I expressed **mild surprise** he **said**, "Well, how does anybody find out anything about sex anyway? Is there such a **thing** as a book which **gives** you any sort of real **scientific information**?" He said he had read **various books** that he had found **in libraries** and Y M C A's. "But all of these books," he **explained**, "just seem to talk around and around the subject, **and** never really get down to the facts you want to know. There are plenty of books that

say **birth control is a good thing**, but none that tell you what to do."

The man seemed pathetically eager for **information**, so I gave **him** a number of books and pamphlets. His **wife** immediately called on one of the **physicians** who understood the subject, and there will be no more **children in that family until** they are able to support them, and want them.

The **ignorance** of these **intelligent and fairly well educated people** seems **incredible**. This man was perhaps a **little shy**. He was what might be termed "a genteel, clean-mmded young man," not much **given to swapping vulgar stories with** the boys on the street corners. Dunning **his three years in the Army** he must have **picked up** a certain amount of **information** of one **kind** or another. But the fact remains that, **in spite of his desire and need for such information**, he had absolutely **failed to discover anything** about actual methods of **birth control**. He was broke, dependent for even the barest **necessities on his wife's family**, he had three children, and he **did not know what to do about it**. **If he had continued to live with his wife, which he emphatically wanted to do**, he could not see anything in the future but an endless **succession of children** which he had no idea how he could take care of. In his case **things worked out all right**. In **time** he got a job, he has **paid off his debts**, and he **is now on his feet again financially**. But the **arrival of another child during those few years of financial distress** might have completely wrecked the **family**.

As I have **said**, I have lived in a number of small towns **in different parts of the country**. I have run **into a good many cases like the one I have described**. And I have talked to a good many people about the subject of **birth control**. I have a feeling that the situation in most small towns in the United States **is very similar** to what I have found. Some of the doctors are opposed to **birth control**. Others are **indifferent**. But, **if anyone wants to look long enough**, there can always be found **physicians** who are both competent and **willing to give this information**.

Apparently some form of **birth control is practiced by the majority of small town families**. The more **intelligent** think they know all about the subject. Actually they have only learned the **ordinary biological facts** of reproduction. They appear to be completely **ignorant** of the news that a great deal of **scientific research** has been done on the subject, and that **scientific methods** have been **work-**

ed out that are better in every way than the **methods** most commonly used. They do not consult **their doctors**, they consult some friend or **druggist**, and buy what they **think** they need from the **drug store**—or the barber shop or **filling station**.

Besides these high-grade people, who, it must be acknowledged, seem to use poor methods with **surprising** success, there are some who have nothing to do with **birth control** because of **religious** or moral reasons. And then there are, of course, the unfortunates who have never **discovered** even the

crudest methods. Every small town has examples of **this** group—the huge **families** of unwanted children whose parents are overwhelmed and completely unable to bring them up without the assistance of **public charity** or the more well-to-do neighbors.

And wherever these unfortunate **families** are found you also find the good **citizens** worrying about them, and **deploring** the fact that “**nothing** can be done about **it**”

I wonder how long **this** will go on.

## A Thousand Marriages

By IRA S WILE, MD

**T**HE most recent investigation of sex life in **marriage\*** is issued under the auspices of the National Committee on Maternal Health, as one of a **series** presented for the purpose of **discussing** the actual sex life of socially normal persons. The present volume **differs** from Dr **Katherine Davis'** *Factors in the Sex Life of 2200 Women* and Dr **G V Hamilton's** *A Research in Marriage* in that it stresses **primarily** the **medical** factors **inherent** in the **physical** phases of adjusted and maladjusted **marital relationships**.

It is founded upon very carefully **detailed** case **histories** of private patients of Dr **Dickinson** during his fifty years of active **obstetric** and **gynecological practice**. The patients as a whole represented **well** adapted American women, **married** to professional men and having two **children**. The main **period** of **observation** covered such women from **31** to **35** years of age. One of the **points** of the book **lies** in the fact that three hundred **patients** were studied for more than a decade, and probably as many more for less than one year. In the **entire** group there were **375** **wives** who expressed some degree of **dissatisfaction** with their **married life**. **Subdivided** **gynecologically**, **dyspareunia** accounted for **175** maladjustments while **100** were due to **frigidity** and **30** were attributed to **passion**.

The **economic distribution** of the patients is out of harmony with the general **grouping** of **society**, as the economic status as interpreted gave a dis-

tribution of **12%** wealthy, **77%** moderately well off, **7%** middle class income and lower, and **4%** poor. **Obviously** the facts must refer to a selected **group**.

The **occupational distribution** further **indicates** that the study, valuable as it is, is not based upon the average **American family**. According to the **United States Census** of **1920**, **3%** of males are in the **professional** group, **30%** are in **agriculture**, **9%** in **transportation** and **33%** in **manufacturing** and **economic** industries, but of the **433** husbands in the thousand couples, **50%** were in the **professional** group, less than **1%** in **agriculture**, none in **transportation** and only **10%** in **manufacturing** and **mechanical industries**. Similarly, of the **wives** studied, **61%** were **professional** as compared with **12%** of **professional** women as listed in the **United States census**—only **10%** were in **domestic** and **personal service** as compared with **25%** according to the census. Once again then we have a study of a **professional** group with **higher** educational status, comparable with the group studied by Dr **Hamilton**. The **religious** and **racial distribution** likewise gave evidence of **deviation** from a **typical** cross section of the American people.

One-quarter of the patients came first for **child-birth**, one-quarter with problems of some maladjustment, such as **sterility**, another quarter for **pelvic** growths and **inflammation**, and the remainder for miscellaneous causes. Only **27%** of the group were regarded as **lacking** in good nervous balance. General health levels were perhaps in harmony with the economic **grouping**.

Frequency and procedures in sexual **relation-**

\*A THOUSAND MARRIAGES—A MEDICAL STUDY OF SEX ADJUSTMENT by Robert Latou Dickinson and Lura Beam, foreword by Havelock Ellis. *The Williams and Wilkins Company, Baltimore* 1931 \$5.00

ships were regarded as an index of the **marriage state**, and constituted the average used as a **basis** for interpreting the early erotic **experiences** of brides, as well as the degree of **disturbance** of women suffering from **frigidity** or passion

The third part of the book deals with what is termed "The **Affirmative**," in which there is discussion of "Adjustment," "Fertility" and "Widows" Adjustment deals with the sex life of **363** women who make no **complaint** about marriage They are compared with a group **similar** but maladjusted, **particularly** with reference to **fertility** and sexual experience As **might** be expected, the **adjusted** group is more **fertile** With ample evidence of various **contraceptive activities**, and regardless of modes employed, **fertility** appears to be successfully controlled. An interesting, though poorly worded statement occurs (page **217**) which mentions **quotation**, in the light of one attack upon **contraceptive methods** "Comparison fails to show that **highly** educated couples are more successful in **controlling birth instruction** than the less intelligent"

The **discussions** of sexual procedures, from **m-tromission** to orgasm, are clearly and frankly presented The substantial fact is that **social** and **educational standing** in health do not vary as between adjusted and maladjusted **wives** Evidence of **auto-erotic experience** prior to marriage is quite the same **Fertility** in response to sexual life and **marriage** shows no great **differences** As **might** be expected in any group the conjunction of ill health, **disappointment** and painful **situations**, which detract from **happiness** and **vitality**, would play a part in **causing marital** maladjustment

The **entire** chapter on **Fertility** merits reading, **particularly** because of the **suggestion** that the degree of **involuntary sterility** is **high** In fact over **one-third** of the group studied had **various** degrees of **sterility** sometime during the period of **observation**, which means that the figures presented for **sterility** are not applicable to **either** the upper or the **middle** group of **society** Those who fear that contraception would depopulate the earth **will** be interested to note that the typical **wife** desires **children** The **birth** rate will not fall to zero if pregnancy becomes a matter of **choice** Controlled fertility does not mean **familial sterility** nor **racial degeneration**

The **discussion** of **Widows** is brief but **suggestive** Forty cases are **insufficient**, however, as a basis of **statistical** judgment, **particularly** when twelve of

the number actually have been **widows** for only two years

Part Four is termed "The Negative," and deals with problems of "Maladjustment," "Fear," "Substitution and Compensation" "The Conflict of Education," "Separation and Divorce"

The maladjustments of **100 wives** are those **familiar** to anyone dealing with **married human beings** in a group above the average in education and economic standards Their tragedies varied as one might expect when bound up in problems of **separation, unfaithfulness, illness, frigidity, passion** or lack of **physical** harmony The chapters on "Fear," and on "Substitution and Compensation," contain too much **interpretation** in an effort to find **significance** along lines that are far from **certain** To assume that **civilization, culture, philanthropy, art, etc.** all grow out of sexual patterns is unnecessary To assume as a fact that sex is **sublimated** into **religion** is unwarranted Though **alleging skepticism** about fixed patterns of sex, the **authors** do not **hesitate** to have the sexual **impulse** **divided** into three **sections**, "Love of Self, Love of Others, The **Third Direction**." So long as the text remains an **analysis** of facts safe ground is assured, but when **Miss Beam** begins to **theorize** she can be as sure of **uncertainty** or as fantastic as any other **writer**

In the **discussion** of the "Conflict of Education," Jewish women and Roman Catholic women are reduced to **quasi-statistical** values To pass judgments upon **Jewish** women by an experience with forty **patients** is as absurd as to **imply**, after an **analysis** of twenty-three Roman Catholic women, that they **represent** the two extremes of sexual feeling It is amusing to note that "**Jewish** women lack the sense of **wrongdoing** or worry about **contraceptives** which **motivates** Protestants and Catholics—but **their** extreme and **characteristic** aloofness and inability to fuse freely with another should be **scrutinized** as a mode of self-defense arising out of a **racial prejudice** which may well be **religious** in **origin**" Just what the **quotation** means is dubious but it **indicates** that Miss Beam, who is not a **physician**, lacks **foundational** knowledge of the psychology of orthodox **religious** groups

The record of the educated group represented in this volume suggests that it is time to **wipe** out our women's colleges College women may not desire to marry and they may control fertility, but one wonders whether it is **essentially** true that they are "on every count hesitant when it comes to love"

It is also clearly though not convincingly stated that "In all, the drift of the data is toward a sexual aloofness in marriage for moral reasons"

The final chapter is a summary of this medical study that seeks the correlation between emotional life and pelvic states. The most important conclusion perhaps is that "sexual difficulties are infrequently organic in the woman and save in exceptional cases not functional. They are variants of mental and emotional behavior." The conclusions from the subjective data naturally are weak as expressed emotions do not afford exact bases for them. It is evident, however, that a large part of the maladjustments described were rehevable and that most of them belong in the category of preventable distresses.

Dr. Dickinson and Miss Beam have presented a very useful book in which sexual conduct is recognized medically and sex experience is acknowledged to play a part in marital harmony. They give some

helpful facts and figures indicating how physical disturbances or psychic barriers may lead to discontent, unhappiness, misery and to a wrecked family life. While the original approach was wholly gynecological it contained a fairly comprehensive investigation of the social and emotional facts in so far as they were ascertainable. There follows a careful exposition of the emotional states accompanying pelvic derangement or other physical hindrances to the satisfaction of normal marital relationships. The attitudes of the authors are broad and generally sound and the numerous case reports give the impression of reality. This is a book of fact and not of fable, of sincere study rather than academic inquiry. It merits thoughtful consideration by all persons who deal with families medically, socially, legally or religiously. More books of this type are needed but they should deal with the lives and struggles of the great middle class.

## Will Monogamy Die Out?

By ROBERT BRIFFAULT

THE PROBLEM of the relations between the sexes in an artificial social state, which has, ever since the human race became civilized, been regarded as finally settled by the authority of established tradition, is reopened by the changes which have taken place in the minds of intelligent modern men and women. Those changes have, as in every other field of thought, consisted in the substitution of realism for the conventions of traditional authority.

Without entering into any consideration of their validity, the conclusions logically resulting from the change may be set down as follows:

All restrictions and restrictive values on sex relations are social artifacts.

There exist no "natural instincts" corresponding to them.

Those restrictions and values have originated either as superstitious tabus having no rational basis, or as the effects of purely economic factors and abuses.

The repudiation of superstitious tabus and economic abuses results logically in the repudiation of what has hitherto been termed "morality" in reference to sex relations, and of the consecrated

importance of conventional marriage in particular.

The question raised is, by the very nature of the change, removed from the sphere of "moral" values. It is not whether men and women ought to be monogamous or ought to be promiscuous, but whether, if all external restrictions be removed and they are free to do as they please, they are likely to be the one or the other.

The term "promiscuous" is used with different extensions in various cases. When anthropologists discuss whether the human race was originally promiscuous, promiscuity means the total absence of restrictions, including the incest tabu. An uncivilized society in which that tabu and also individual marriage exist, but where relations are in practice subject to few limitations, is said not to be promiscuous. A civilized society, such as our own, in which the same relations should obtain would be spoken of as a state of unchecked promiscuity. By a return to promiscuity is understood the general obsolescence of lasting and exclusive associations corresponding to marriage and the general prevalence of more or less transient relations.

Assuming—as, in spite of disingenuous apolo-

getics, the facts seem to **entitle** us to assume —the **premise** that there are no innate or natural **restrictive** or monogamous "**instincts,**" it may appear at first **sight** to follow **logically** that the removal of **traditional restrictive authority** must result in **reversion** to the **conditions which existed** before those **restrictions** were **imposed, that is, to promiscuity**

There **is**, however, a **logical** flaw in that inference. It leaves out of account the effects **which** have meanwhile been produced by the operation of those **restrictions**, and also the **concomitant** cultural growth **which** has taken place. If tabu restrictions (T) and **economic** factors (M) are **imposed** upon a given complex of human **dispositions** (H) **which is** subjected to their operation for several thousand years, the removal of T and M **will** not leave the complex of human **dispositions** H as it was when that operation began, but a **modified** complex H'. The dogma of an mutable "human nature" **is** one of the **fictions** of **traditional** ideology **which** the modern **mind** has **learned** to **repudiate**. The **entire** **difference** between modern men and women and pre-cultural savages **is** the effect of the operation of cultural causes. The complete **rationalization** of **traditional society** would not transvert the human race to **its** pre-cultural **condition**. It would leave modern men and women

#### THE EFFECTS OF MODERN LIFE

That the **modification** represented by H and H' is real, we know as a matter of **historical** fact. In **promiscuous, uncultured society**, aesthetic and personal sexual **discrimination is** rudimentary, personal attachment associated with sex, personal jealousy, lasting **distress** at loss of a sexual object, social and mental **intercourse** between the sexes, sexual approaches, **including** the kiss, **diffused** sexual **stimuli**, are all **non-existent** or feebly developed. In **addition** to such purely sexual mental differences, the whole extra-sexual cultural development **which constitutes** the **differences** between modern and savage man has **its** **repercussion** on sexual values.

It may be urged that a large **proportion** of those **differences is** dependent upon the **persistence** of **traditional restrictions**, and would **disappear** with the **disappearance** of the latter. The fulsome and sugary **sentimentalities**, the **artificial romanticism**, the **falsified** tastes, the pretence and **self-suggestions** associated with the system of **traditional morality**, are **repudiated** no less completely by modern

**realistic intelligence** than **is** that **arbitrary morality itself**. But there **remains**, after those **obvious** allowances have been made, an enormous cultural **difference** between modern men and women capable of that **realism** and pre-cultural savages.

Those **differences** have become in a large measure **dissociated** from the **conditions** which gave **rise** to them. They have become **linked with quite different motives** and cultural **associations**. So that they are not necessarily removed by the **abolition** of the **conditions** which gave **rise** to them, but upon **which** they no longer depend. The **chief** of those **differences**, so far as regards the **association** of the sexes, **is** the **fusion** which has taken place between tender personal **emotions** of sympathy and trust, not **originally associated with sex**, and the sex **impulse**. The two are, as I have repeatedly **pointed** out, wholly **distinct in nature, origin, and function**. Yet they have fused together so completely that **it is** almost, though not **entirely, impossible** for the sex **impulse** to be, as **it is in animal** nature, unalloyed **with tenderness and desire** for trust and sympathy. That **artificial combination** has become, in cultural man and woman, independent of the **social conditions** which brought **it** about. To take a **crucial manifestation** — sexual jealousy in the form we know **it is entirely absent in primitive humanity**. It arose as a crude **juridic, possessive claim** unconnected **with** any personal attachment. But the operation of the sentiment has undergone a complete **transformation**. In any sexual **association** of close personal attachment, **physical infidelity**, whether on the part of the man or the woman, does not constitute a **lesion of juridic possessive claims**. It constitutes the **termination** of the close relation, as being **inconsistent with it**. The **infidelity is** not resented as such, **it is the dissolution** of the **relation, indicated** by the **infidelity**, and not the **infidelity itself, which causes distress**.

Since, by the **repudiation** of authoritarian and **coercive moral principles**, the **difference** between monogamous and **promiscuous relations** ceases to be a moral one, **it can only be regarded from the point of view** of **hedonistic** values, that **is**, as a matter of taste, on exactly the same **footing** as, say, the respective **merits** of Wagner and **Stravinski**, or of **Manet** and **Picasso**. To lay down that people ought to be **promiscuous** would be a procedure of exactly the same nature as to compel them to be monogamous. The zeal at **times** manifested for **promiscuity** scarcely **differs** from the moral zeal

(Continued on page 223)



## A New Era in Social Service

By ELEANOR DWIGHT JONES

*From Address at the National Conference of Social Work*

ONE of the few bright spots in this period of depression is the prospect of the wider utilization of birth control in social work. The unemployment crisis is driving welfare workers to it. Delegates to this National Conference report with deep discouragement that factories and mills in their communities are at a standstill, and that the only industry running full speed is the production of babies. In certain mining regions of the South, where a large proportion of the men have been out of work for over two years, nearly every married woman under forty is either nursing a baby or expecting one. Charitable funds are running out. In desperation social workers are turning to birth control, and those who are fortunate enough to have contraceptive clinics within reach are sending the wives of the unemployed to them by the hundreds. There the women are taught scientific methods of contraception, which enable them to postpone pregnancy and to avoid adding another child to their burdens.

Welfare workers are discovering that birth control, by relieving women of the fear of unwanted and disastrous pregnancy, benefits their health and removes one of the chief causes of marital friction, furthermore, that by making practicable the limitation of the number of children, birth control is a step towards the adjustment of the family's needs to its financial resources. They are finding that birth control is a valuable aid in family rehabilitation. And some of them are beginning to suspect that birth control has far greater possibilities than this for social service.

The unemployed, social workers know, are of two classes—first, those who, although out of work during a financial crisis like the present, are capable of finding work in normal times, and second, those who are unable to find employment even under normal economic conditions, because they are unfit physically, mentally or morally. Welfare agents have been surprised to find that a large proportion of the latter class, the socially unfit, are able to follow the contraceptive advice given them in the clinics and to successfully practice birth control.

This opens up a vision of potentialities for welfare work hitherto unsuspected. For social unfitness is, by and large, hereditary, the children of paupers are usually paupers themselves, and we

*A fair chance for everyone does not begin with adult life nor with infancy. Its mysterious springs are more and more swathed in mystery as we push backward from the man, the youth, the child, the baby, to the endless line of the generations out of which each living being emerges in his turn.*

JULIA C LATHROP

*Presidential Address, National Conference of Social Work, 1919*

today are supporting in institutions the grandchildren of the dependents our grandparents supported. By promoting birth control among the unfit, social service can reduce their numbers from generation to generation, and actually improve the human race. The realization of this marks an important turning point in the history of social service.

In the past, it has concentrated on improving the circumstances and manner of living of the lower social and economic classes, giving them better housing, better recreation, better working conditions, trying to teach them industry, thrift, hygiene, etc. In short, it has concerned itself entirely with environment and training. By bettering these, it has greatly improved the lot of the handicapped classes, but it has come up against disheartening limitations. For the best environment and education will not compensate for the lack of good inborn qualities. If a child is mentally subnormal, no amount of schooling will make him really intelligent. No matter how hard you work, you cannot put character and ambition into a good-for-nothing. Bad heredity has in the past been an insurmountable obstacle in the way of social service. But birth control offers to social service the hope of gradually overcoming this obstacle. If the welfare worker promotes birth control among the socially unfit, there will be in each generation fewer unfortunates handicapped by bad heredity.

The social worker of tomorrow will not be satisfied with improving the conditions of life, he will aim at improving the quality of life itself. Recognition of the immense potentialities of birth control for human betterment marks the beginning of a new era in social service.

## Book Reviews

THE PRACTICE OF CONTRACEPTION, AN INTERNATIONAL SYMPOSIUM AND SURVEY Edited by Margaret Sanger and Hannah M Stone, MD *Williams and Wilkins* Co., Baltimore, 1931 \$4 00

THIS work is by all odds the most valuable treatise on the **practical** aspects of contraception up to the date of its **publication**. Mrs Sanger achieved an important **contribution** to the movement toward a rational control of human **reproduction** when she induced numerous research workers, doctors and **clinical** directors to come together for an **international** exchange of views and **experiences** at **Zurich** in September, **1930**. It has become increasingly **obvious** that the **populations** of western **nations** have become **birth** control conscious. Opinion has definitely passed the **point** where the **moral-ity**, the **economics**, the **politics** and the **sociology** of **birth** control must be argued and **re-argued** with vehemence and **determination**. What is demanded **is** the establishment of **clinics** on the soundest **pos-ible basis**. To **this** end a work setting forth research and **clinical experience** throughout the world is an **invaluable** asset.

One finds here a **discussion** of numerous methods—mechanical, **intrauterine**, chemical, and **biologi-cal**—as also of **various** methods of **sterilization**, **especially** those that are temporary. There is a brief but extremely **interesting** and **suggestive** chapter on **abortion**, followed by reports from **clinicians** and **practitioners** of the **United States**, **England**, **Germany**, **Russia**, **Austria**, **Holland**, **Denmark**, and **Oriental countries**. Scattered here and there are valuable articles of less **technical** character, of **which** that by Dr Blacker on "The Need for Research in Birth Control" and that by Dr **Scheu-mann** on "**Birth Control and Marriage Advice Bureau**" deserve **special** mention.

In **reading this** volume one **is impressed** by the vast **improvement** in knowledge **during** recent years. The range and **variety** of **experimentation** promises much for the **immediate** future. No method **is** as yet **entirely** satisfactory and **with** very rare **exceptions** those who speak in **this** volume speak with **caution** and in the **spirit** of research. One cannot, however, avoid the **presumption** that easy and fully **effective** methods **will** be promul-gated **within** a very reasonable time and that, in

view of the **universal interest** and modern methods of **publicity**, the whole world **will** know of it almost at once. It would seem reasonable to expect, therefore, that those revolutionary changes which **birth control is effecting** in sex mores, **marital** institutions, and racial **perpetuation** may be greatly accentuated **within** the **coming** decade. Not the least of these effects will be the first **direct** frontal attack on poverty and **its** attendant **ills** through the **establishment in** congested urban areas of readily accessible clinics **affiliated**, on the one hand, with social work **agencies** and, on the other, **with public health institutions**. Another will be the promotion of **eugenic** aims by **centering** attention on the values of quality as compared **with** mere numbers.

F H HANKINS

CHILD PSYCHOLOGY, by John J B Morgan, Ph D *Richard R Smith*, New York 1931 \$3

SARITA, our laundress in **Mexico**, had raised eight sons, handsome fellows too, with the same staidness of **bearing** as her own. Three were married and had **children**. and three or four of this younger generation were usually on hand **in** the evening to help **Sarita bring** in the clothes. These, as **is** the custom in Mexico, she always washed outdoors in a stone tub. It never occurred to her that a grandmother **might conceivably** take things easier. She had worked for my father for twenty years, and expected to continue to the end of her days. She took her **time** of course, using the whole week to do up a rather small wash, but then what else is time for? When **I** suggested we **might** get in an **electric** washer **which** would enable her to get through in a day and a half, she was horrified. "What then shall **I** do with the rest of the week?"

When we moved from one house to another she was rather at loose ends, for of course no washing could be done for a day or two. So **I** set her to unpacking the books, suggesting that she put them in the bookcases for later re-arrangement by myself. There were perhaps twenty bookcases and as many **packing** boxes. **I** went off for some hours, leaving Sarita and her little assistants **industriously** at work. When **I** returned the packing boxes had been cleared off, and the last volume was **being**

stowed away But only five of the bookcases were full—the other fifteen stood empty

Sarita appeared triumphant "We got all the books **into** those five closets," she exclaimed proudly, "We packed them in very tightly So now Senora has all these shelves for other purposes" When I suggested that such an arrangement made it difficult to get at the volumes, she was frankly puzzled "Tell me, Senora, why should anyone need to get at so many books?"

Now it is easy to understand why **Sarita** should ask such a question She could neither read nor write, yet she had raised eight sons and in the process, **no** doubt, had acquired a good deal of **wisdom** about life, more wisdom perhaps than was contained within my **father's** well-bound volumes Her question occurs to me frequently now, as the books on my desk multiply, books on education, books on child psychology, books for parents and teachers without end "Why should anyone need to get at so many **books**?"

We can answer glibly of course that **Sarita's** culture is a **simple** one, and ours very complex We need therefore more guidance, more definite instructions as to how to proceed But I wonder sometimes if in **multiplying** the props we do not weaken our own powers of **insight** and observation

Dr Morgan's book at least makes no pretence at divine **omniscience** as too many treatises on child psychology have done It is a **straight-forward**, lucid presentation of the outstanding facts in the field, so far as such facts have been **verified** to date It is important to remember—although Dr Morgan does not say this—that facts in psychology have a habit of **changing**, as new researches and new interpretations are brought to bear upon them Nevertheless modern psychology would appear to have assembled enough data to **warrant** at least the enunciation of **certain** basic principles Dr Morgan outlines these **principles** and attempts to **give** a complete analysis of infant behavior, motor development, emotional development, motivation, language, thinking, work, play and the **like** These, he says, need to be **visioned** as a functional working unit in the complete personality, and the book therefore has a **concluding** chapter on the integrated child

Dr Morgan manages to maintain a **refreshingly** dispassionate tone He is **wedded** to no cult or "ism," is swayed by neither complex nor reflex, a welcome relief to the layman harassed **by** **contending** schools of thought In handling any **sub-**

**ject** of a controversial nature, such as intelligence testing, for example, he is careful to state the claims made by both sides, and then himself to suggest some modest, but much more plausible viewpoint "We may conclude," he says, "that **environment** does change the I Q, but the degree to which it is able to modify it in proportion to the influence of other factors cannot be stated" Now this is startlingly refreshing **doctrine** after the dogmatic assertions of other **psychologists** Dr Morgan also says what he has to say without resorting to jargon, that curse of most social workers and **psychological practitioners** It is **possible** that he attempts to cover too wide a range It is true that he rigorously **limits** himself to the field of child psychology, excluding such **vital** subjects as physical growth, nutrition, heredity, mental disease, etc But even **with** such **limitations**, he is obliged to **give** less than a page, and frequently only a few lines to topics of enormous importance — such, for example, as "fundamental principles of social success," "preparation for culture," "preparation for beauty" However, as a lucid working outline of the **main principles** of child psychology, Dr Morgan's book is a helpful **contribution** to the field

AGNES DE LIMA

PROTECTION OF WOMEN AND CHILDREN  
IN SOVIET RUSSIA, by **Alice Withrow**  
Field E P *Dutton and Company, New York*  
1932 \$3 00

**THIS** book is an impartial record of **observations** by an intelligent student of some of the new social **experiments** carried on in Russia The author, **with** a fine scientific objectivity, succeeds in conveying to the reader a real perspective of the **intellectual concepts** of the **leaders** in Russia, who are **struggling** hard to put into practice ideas and ideals, which have been and still are considered incompatible with Western **civilization**.

Among the most unpressive chapters are those which deal **with** creches — day nurseries for the care of **children** from two months to three years of age The children are carefully looked after by physicians and nurses Their **diet** and play is systematically regulated The old conception that "you must **begin** to teach a **child** in its **cradle**" is **carried** out in a **practical** way in the creches, and the training of **infants** in Russia is rapidly becoming a science

The chapter on abortion and birth control is

illuminating, in spite of the fact that the author states that she had to omit much of the material she gathered, because of the legal restrictions in the United States on literature dealing with contraceptive methods. Russia, in approaching the problem of birth regulation, is trying to solve one of the vexing problems agitating the minds of intelligent men and women throughout the world. The Russians are realists, they know that abortions are being performed clandestinely in every civilized and uncivilized country in the world. They are usually done by incompetent physicians and midwives. The complications and fatalities, as a result of illegal abortions, are constantly on the increase. To safeguard the interest of the woman, Russia has legalized abortions, and demands that they be performed by competent gynecologists in proper hospital surroundings. The danger of abortions has been reduced to a minimum. No woman, however, can have her first pregnancy interrupted for social or economic reasons.

The dissemination of contraceptive knowledge is a function of the government, doctors and nurses give instruction to the women about the recent and up-to-date methods of birth regulation. Russia seems to be really concerned about the children that are already born, and about the control of unborn children. The government is stimulating research and investigation in this important subject, and it would not be at all surprising if sooner or later a real contraceptive—chemical or biological—would be discovered in Russia.

The chapter dealing with prostitution is interesting. Prostitution is interpreted as a result of economic necessity and circumstances. The Moscow Prophelactonum for Prostitutes houses about two hundred girls. Each woman remains there for one year. She is treated for any disease she may have contracted, and she is also taught a trade. As a result of this the number of prostitutes decreased about ten per cent in 1930.

The method of dealing with destitute and homeless mothers is simple. According to Russian law there is no such thing as an illegitimate child, even if the woman was impregnated by a married man. In the hospital, where these women and children are housed, there is a resident lawyer who attends to the legal rights of the inmates, attempts to discover who the fathers are, and tries to obtain support from them for the children whenever possible.

The book is replete with charts and records of various institutions caring for mothers and chil-

dren. Some of the records are so intelligently prepared from a medical standpoint that our institutions would do well to emulate them. The author has incorporated reproductions of signs and posters on the care of mother and child. They deal with pre- and postnatal care, hygiene of the postnatal period, child care and feeding, hints on the upbringing of children, etc. There are also copies of clinical charts and certificates, such as "Home Inspection of Women who Wish to have Children." A detailed study is made by experts in each and every case. Nothing is left to the imagination, and many of the questions are of an intimate and personal nature. It seems that Russia has developed a thorough system of education of the masses through signs and posters, which are exhibited in museums and other public places, and are written in simple language that the average peasant can understand. The records kept in the institutions for the care of the mother and child are minute in their details. In course of time these records will have real scientific value.

A J RONGY, M D

#### CONTRIBUTORS TO THIS ISSUE

EDWARD L. ISRAEL, Rabbi of the Har Sinai Temple of Baltimore, is the Chairman of the Social Justice Commission of the Central Conference of American Rabbis.

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IRA S. WILE, M D, Associate in Pediatrics at Mt Sinai Hospital, New York, is the author of *Marriage in the Modern Manner*.

ROBERT BRIFFAULT, anthropologist, is best known as the author of *The Mothers*, his latest book is *Breakdown, The Collapse of a Traditional Civilization*.

AGNES DE LIMA, author of *Our Enemy, the Child*, is a specialist in child psychology.

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# Comments on the Negro Number

THE NEGRO NUMBER of the **REVIEW** is at once interesting and informing. Having read it rather thoroughly, I am of the opinion that the problem of the Negro population control offers a distinct challenge to the leaders of Negro thought as well as to the birth control movement. This issue has presented the framework. It will be interesting to see how far we can progress with such *desiderata* when confronted with two very important aspects.

1 The Negro population of the rural South, by far the largest part of the Negro population and the source of our city groups,

2 That very important deterrent **middle-class morality**, mentioned by Dr **DuBois**, which prevents even a frank discussion of such subjects in our strongest social institutions.

Some straight-thinking and practical action along these lines would be of much more benefit than the many palliatives and preachments we now espouse.

IRA DE A REID, *Director of Research,*  
*National Urban League*

New York, N Y

I believe that it can be said truthfully that birth control is not now any different from any other subject of human or scientific interest, and applies equally to all groups irrespective of race or color. This point of view is brought out clearly by all of the contributors in the statements submitted.

The articles outline the development of the movement among our own group exceedingly well. It is to be hoped that the birth control movement will rapidly extend the scope of its activities among colored people, interesting a larger number of colored physicians, nurses, and social workers.

GEORGE A. ARTHUR,  
*Associate for Negro Welfare,*  
*Julius Rosenwald Fund*

Chicago, Ill

IN BEHALF of the National Association for the Advancement of Colored People, I want to thank you for the excellent Negro number of the **BIRTH CONTROL REVIEW**, which you published in June. As was brought out in the very informative contributions, there are special reasons why the subject of birth control and dissemination of information about it should be of interest to colored people at

this time. Among these reasons are the high mortality rates among colored mothers and young children, and the various pressures in the form of economic discrimination, bad housing and the accompanying sickness which press heavily upon large families.

I think you will be interested to know that colored editors throughout the country commented on this Negro number of yours extensively and with every show of genuine interest.

HERBERT J SELIGMAN,  
*Director of Publicity,*  
*National Assn for the Advancement*  
*of Colored People*

New York, N Y

I DESIRE to express my sincere appreciation of the comprehensive June issue of the **REVIEW**, devoted as it was almost entirely to birth control among Negroes. Every article seemed to be based upon pure facts and sound reasoning, and it is difficult to see how the movement can be opposed much longer by worthwhile thinkers.

Dr Bousfield's article was especially timely and illuminating—the reaction of his personal contact, extended study and intelligent observation. My own experience of twenty-two years in Life, Health and Accident Insurance among Negro risks, impresses me with the necessity of your movement and I am certain it will succeed.

T K GIBSON, *President,*  
*Fireside Mutual Aid Assn*

Newark, N J

I HAVE had the privilege of reading the Negro number of the **REVIEW** for June. The magazine contains some valuable information that is vital to the progress and development of the Negro in America.

The information contained in this issue should be passed on to all persons who are serving as leaders, teachers or instructors for the Negro group. I should be glad to have the privilege of distributing copies among some of our people here in Chicago.

H R CRAWFORD, *Executive Sec'y,*  
*Y M C A Wabash Ave Dept*

Chicago, Ill

I HAVE just finished reading the Negro Number of the REVIEW and I wish to express my appreciation to the American Birth Control League for devoting an entire number of the magazine to the discussion of birth control as it relates to the Negro population. You were quite fortunate in your list of contributors, and each article proved not only interesting but instructive.

I have been tremendously interested in the subject of birth control for some time, and gave some little assistance to Mrs Benjamin A Carpenter when the local league established the clinic in the Negro section of this city several years ago. While this first experiment was not particularly successful, I feel that the second effort will prove far more so. I do hope that this special number will stimulate the local organization to renew its efforts among the Negroes of Chicago.

A L FOSTER, *Executive Secy*  
*Chicago Urban League*

*Chicago, Ill*

## Hostages to the White Man\*

By NEWELL L SIMS

THE NEGRO in America is a suppressed class and as such must struggle for existence under every disadvantage and handicap. Although in the three generations since slavery he has in many ways greatly unproved his condition, his economic, social and political status still remains that of a dominated and exploited minority. His problem is, therefore, just what it has been for three-quarters of a century, i.e., how to better his position in the social order.

Naturally in all his strivings he has found no panacea for his difficulties, for there is none. The remedies must be as numerous and varied as the problem is complex. Obviously he needs to employ every device that will advance his cause. I wish briefly to urge the merits of birth control as one means.

At the first thought it might seem that it would be good tactics for the Negro to extend rather than to curtail his numbers. By multiplying more rapidly and outbreeding the whites he could conceivably, by sheer increase of mass, exert more and more pressure to his own advantage. Moreover, it might be urged that such a procedure would be especially timely, since foreign immigration has ceased

to swell the ranks of the whites, thus giving the Negro the first good opportunity to gain a relatively larger proportion of the nation's total population than he has ever before claimed. Assuming that this might happen, what would be the results? It would probably arouse the white stock like a fire alarm. The "rising tide of color" bugaboo would be paraded in every quarter of the land till repressive measures would render the Negroes' last state far more difficult than it now is. Since, however, the Negro could hardly hope to generate a majority of the nation, he would scarcely be well advised to stake his hope on increased fecundity.

He would seem to stand a far better chance to gain by limiting his progeny. This gain would be immediate from the energy to be conserved by lower birth and death rates. As it is, too many Negroes are born, too many are sick, and too many die each year for the good of the race. The vital process, like every other one in the social order, is costly, and the Negro indulges it far beyond what he can afford. He cannot continue it in his present lowly state if he expects to lift himself to a higher one. He uses up his energy in keeping the biological process going, only to find that he makes little more progress toward desired goals than does a merry-go-round. By over-functioning in one way he hinders advancement in other ways.

Needless to say, everything we do or acquire costs energy. Social opportunity, education, economic independence and whatever other advantages are worth while have their price. Some members of society are fortunate enough to get them by the aid of patrimonies and endowments, but most men have to earn them. Those of the white stock who have not been heirs to rich social legacies have generally acquired them, if at all, by curbing the biological process. They have saved energy in this line to invest in social values such as education and durable wealth. The Negro will have to get them likewise by the same sort of sacrifice, and more of it, for he has no patrimony to help him.

As a class the Negro is exceedingly poor in knowledge, skill and worldly goods. Under such circumstances heedless reproduction means not only a high birth rate but also a high morbidity and death rate. These in turn keep him in that socially impoverished state referred to, and that state induces the vital tragedy described till a vicious circle tends to prevail. The simplest way to break that circle is to control reproduction.

So much for the immediate benefits from birth

\*Professor Sims' and Dr Alexander's articles arrived too late for inclusion in the Negro Number.

control There are other more remote but equally **important** gains One **is** the enhanced respect to be had from the **dominant white** race That the Negro must **acquire** if he is to enjoy the rights and **prerogatives** he covets But acquire **it** he cannot and **will** not so long as he **remains** the thriftless, **childlike, irresponsible** dependent that he **is**, for such behavior does not command respect

In **virtually** every community where Negroes dwell one finds them **in** fat times and lean alike **contributing** a **disproportionate** number to the rolls of the dependents and **delinquents** They make **excessive** demands on the **white** man's charity and overtax his patience **with** their **delinquencies** Recent data from several towns and cities indicate that the Negro **is** **furnishing** a quota in the fields mentioned, four or five **times in** excess of **his** **portion** of the **population** Whatever the explanation, one **thing is certain** too many Negro parents have made themselves and **their offspring** public dependents by having a too numerous progeny In the **T B preventorium** for **indigent** children **in** one of our largest **cities** I recently found that Negro children made up 55 per cent of the **admissions**, whereas the race constituted but 8 per cent of the total population of the **city** The **Juvenile Court** tends to tell much the same story

Neglect, **undernourishment, sickness, dependency** and **delinquency** is what the **big** family **is** likely to mean for the Negro household **It is** this sort of behavior that the **white** man is **coming** to resent Time was when the **dominant** race was over indulgent, but that **is** rapidly **passing** The Negro can no longer ask **indulgence**, he must command respect **If** he **will** learn to control **his fecundity**, he will not have to **give** hostages to the **white** man **till** the **white** man despises **him** for **his** weakness and counts **him** a social menace

## Contraception in Preventive Medicine

By VIRGINIA M ALEXANDER, M D

**I**N CONSIDERING **contraception** in the field of preventive **medicine** the **physician** must **consider** both **its possibilities** and **its limitations** The latter are due in part to the patients' lack of understanding, in part to the prejudice of **physicians, laymen, press, friends** and **foes**, to the **objections** of and lack of cooperation from husbands and lastly to the **indifferent** attitude of **clin** and ward **physicians** of the great hospitals **where** a large

**proportion** of patients of small means must be treated I feel that as we continue research and check results **clinically** we shall make progress The success of modern **contraceptive practice**, however, can only be proved by the results of a **generation** or more of people exposed to its **teachings** and I **believe** the members of my race may add valuable material to our understanding of the subject as the years go on

When I think of the yearly toll of **lives** of married women of **childbearing** age and the **inevitable** and incalculable effect upon the mental and physical health of the bereaved members of the **families** involved, I can think of no one factor of greater **importance in** preventive **medicine** than **birth** control When I **think** also of the numbers of **widows** supporting large families, I wonder if careful **contraceptive practice** **might** not have bettered the **physical** and social **conditions** of some of these **families, might** not have saved a few fathers or at least left the mothers **with** fewer, healthier, finer **children** to support

I read with awe of a heinous crime committed by an **eight** year old boy **born** of parents **suffering** from mental disease The mother (herself a **paranoiac**) told me she had sought **contraceptive advice** because her husband "was not **right**" She was denied this, though at the time she sought advice one of her **children** was **diagnosed** a high grade imbecile and her husband was **returning** from a hospital for mental **disease**

I overheard five young women, each leaving the maternity ward with her first born baby, and each **in** turn **asking** what she **might** do to prevent **conception** when she was ominously warned against an early pregnancy The reply of the woman doctor was "Don't sleep with your husband, sleep in another room" One of the **patients** who went home with **this advice** returned to the **hospital in** a few months She was pregnant, and also, we thought, had a **surgical** abdomen, a needless abdominal operation was performed, she began to recover but suddenly relapsed and died of no cause that we could **discover** either before or after death Why don't we face the matter of **pregnancies** **fairly?** Why scare people and then **withhold** advice? Two others of **this** group have since conceived One "got away" with an abortion The other **awaits** **with** increasing dread her **imminent** labor for she remembers the doctor said she **might** not hve through a second pregnancy

Child **spacing** and **contraceptive advice** should

be made available to all married couples. Is it possible that some of my colleagues **practice** contraception themselves and teach it to a **limited** few while they withhold the knowledge from the common fold for fear of offending the Church or the State?

I wonder at the stupid exclusion from circles of study of some of the people who know much of the background and cause of our common ills. I am **convinced** that **until organizations** like health bureaus, general and teaching **hospitals**, county, state and national medical **societies**, school boards and other state and **civic** institutions include Negroes in the personnel of **their executive** and administration boards, in **their laboratories, clinics**, staffs, etc., we shall defer too long, and seriously **handicap** advancement in the study of the cause and **prevention** of crime and **disease**, progress in human **affairs** will move all too slowly, for increasing numbers will continue to be the burden of others, and the **neediest families** will multiply hopelessly to overcrowd this good world of ours



PETER MARSHALL MURRAY, M.D., President, National Medical Association, writes

WHEREVER the question of **birth control** has been intelligently presented to the Negro **physician**, nurse or **social** worker there have been ready converts to its urgent needs. Negro professional men and women are not overmuch concerned with the "young blades" bent on **escaping responsibility** or the long range **social implications** of the ultimate effect of the **birth control** movement on the future of the human race, the widest appeal has been in favor of voluntary **limitation** of offspring among women already mothers of several **children**, who are all but broken under the **economic** burden and are trying to make ends meet out of scanty and irregular incomes

Inadequate food and rest, too early return to **active work** after **childbirth**, together with many other factors have brought these overburdened

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mothers to the verge of **physical** bankruptcy

Almost **without** exception, the Negro woman **physician** and nurse (first-hand observers of such **conditions**) are anxious and **willing** agents for the spread of **this work**. They **instinctively** respond to the **tragic** appeal of these mothers for the help, **which** often can come only through intelligent birth control information

*I view indiscriminate child-bearing as a disease, and am therefore very anxious that birth control should, as soon as possible, be made a subject in the medical students' curriculum. You not only have to convince society that it is ill and wishes to be cured. You have to provide a remedy of such proved merit that it can be put into the medical curriculum, a remedy that can be taught to the students in a standardized form.*

—SIR THOMAS HORDER



# News Notes

## INTERNATIONAL NEWS

**I**NTERNATIONAL Congresses of **Eugenics** and **Genetics** will be held in August the Third International Congress of **Eugenics** at the American Museum of Natural **History**, New York City, August 21-23, and the Sixth International Congress of **Genetics** at Ithaca, New York, August 24-31. The two congresses are working in close collaboration. Papers on human **genetics** will be read at Ithaca, while all other phases of both pure and **applied eugenics** will be centered at the Eugenics Congress in New York.

The New York **sessions** will include a visit to the Eugenics Record Office and the **Station for Experimental Evolution** at Cold Spring Harbor. An **exhibition covering the history** and status of **eugenical** research will be opened at the Museum on August 22nd and will continue, open to the public, until September 22nd.

For the Genetics Congress four **specialized** morning sessions are announced. **Contributions** of Genetics to the Theory of **Organic Evolution**, Interrelations of Cytology and Genetics, **Mutations**, and **Genetics** of Species **Hybrids**. Dr. T. H. Morgan, **President** of the Congress, will give an address on **The Rise of Genetics** on the evening of August 25th. Some 200 papers have already been **submitted** for the afternoon sessions, which will be held in sub-sections. An important feature of the Congress will be the **exhibits**, in charge of a **distinguished** group of **scientists**.

Further information may be obtained from Harry H. Laughlin, Secretary of the Congress of **Eugenics**, Cold Spring Harbor, New York, and from C. C. Little, Secretary of the Congress of Genetics, Bar Harbor, **Maine**.

## UNITED STATES

**T**HE American Unitarian Association, at its annual meeting in Boston on May 24th **unanimously** passed a **resolution** endorsing Margaret Sanger's Senate and House Birth Control **bills**. The resolution was **introduced** by the Reverend Minot Simons of All Souls **Church**, New York.

The **Eugenics Research Association** and the **American Eugenics Society** held their **twentieth** and seventh annual meetings, **respectively**, in **joint**

**sessions** on June 4th at the **American Museum of Natural History**, New York City.

**ALABAMA** The largest newspaper in the state of Alabama, the **Birmingham News Age Herald**, carried a fine **editorial** on birth control about a year ago. Since then one hears the subject **discussed** everywhere. **While** one would not want to convey the **impression** that a vast amount of sympathy toward **this** movement is mandated, **certainly organizations** which formerly refused to **discuss** birth control are today eagerly **asking** questions as to how to secure and **disseminate** information. Perhaps the **trained** social workers are responsible for **this** change of **attitude**. They undoubtedly see the **increased community** burden of the unfit and speak freely of the evils of the **unlimited families** at their **Board meetings**.

The **Childrens Aid Society** of **Birmingham** is actively interested in birth control, and **prominent physicians**, who are members of the Board, are eager to promote the **giving** of contraceptive information. There is no **prohibitive birth control** law in Alabama.

*Contributed by Mrs. W. L. Murdock, Birmingham*

**ARKANSAS** The Little Rock **Birth Control Clinic** opened in February, 1931, and sponsored by the Arkansas Eugenics **Association**, has issued its first annual report. The **clinic** is supported by **contributions** and annual **membership** dues. Its purpose is "to serve the over-burdened mothers who are in need of contraceptive aid." The **clinic** and the Eugenics **Association** work in close cooperation with the Social Welfare Bureaus of **Little Rock** and **North Little Rock**, The **Junior League** of **Little Rock**, and the **Metropolitan Life Insurance Company** nurses. These **organizations** have referred the **majority** of the patients, totaling 161 for the first year.

The Arkansas **Eugenics Association** was organized by Mrs. Edward Cornish. The **clinic**, the first of **its kind** in Arkansas, plans to open a special Negro session manned by Negro doctors.

**MICHIGAN** The Kent County Medical Society, Grand Rapids, unammously endorsed **birth control** and approved the work being done by the **Michigan Birth Control League** at its regular meeting on May 25th.

The Calhoun County **Medical Society** recently endorsed the birth control movement and appointed a **committee** of three to serve in an advisory **capacity** in the establishment and operation of the Battle Creek Maternal Health Center. The Committee's report was accepted as follows:

"1 We **recognize** the Importance of the **activities** of the League and **believe** they are **making** an effort to function in an absolutely ethical and **scientific** manner. We further believe that there is a need for a center of **this** type in Battle Creek **which** will confine its efforts to those who, after a thorough **social investigation**, are proven worthy of the **information**

"2 The League **recognizes** that in order to **accomplish this**, the purpose for which they have organized, they must have the cooperation and support of the **Medical profession**

"3 Plans are **already** under way for the establishment of a Maternal Health Center in Battle Creek, and the president of the **Michigan League** has asked for the **cooperation** and endorsement of the Calhoun County **Medical Society**. Therefore, we recommend that the County Society endorse the movement."

The Medical Department of the City of Grand Rapids announces the establishment of a birth control **clinic** which is "trying to interest dependent mothers, as well as those who are **physically** or mentally unfit to bear more children."

NEW JERSEY Dorothy N. Cooper, visitor for the Cinnaminson-Riverton Welfare Association, **Riverton**, reports that "Plans are **being** made for a Birth Control **Clinic** at **Riverside**, a nearby town, **which** we are **hoping** to make the **medical** center of **this** district. The **Burlington County Medical Society** has endorsed a **Birth Control Clinic** and one of the interested **physicians** from the **Burlington County Hospital** has volunteered his services. **Dr Hirst**, who has charge of one of the **clinics** in Philadelphia, and who is interested in our movement here, will cooperate in **giving instruction** and any other help **which** we may need. As our funds will be **limited until** the public can be educated to the **necessity** for this clinic, we will have to run it in the **beginning** on a small scale. I do feel however, that even one of this type will be most helpful and be a step in the **right** way. I find that the **community** for the most part, will stand back of us."

## New York State Conference

A New York State Conference was held under the auspices of the **American Birth Control League** at Hotel Seneca, Rochester, on June 21st, for the purpose of **launching** the New York **Birth Control Federation**. The aim of the Federation is "to **organize** birth control **clinic** committees and to open **clinics** in the large **industrial** centers of the state." The **Federation** will meet four times a year, each meeting to be held in a different **city**, the first meeting will be at Syracuse in September, to be followed by meetings in New York, Rochester and Buffalo.

The State Conference opened with a luncheon addressed by Professor Henry Pratt **Fairchild** of New York **University** and Reverend **Ferdinand Q Blanchard**, minister of the Euclid Avenue Congregational Church of Cleveland. **Miss Gladys Gaylord**, executive director of the Cleveland Maternal Health Association, spoke at the afternoon **organization** meeting on *How to Plan a Birth Control Clinic*, and Dr **Eric M Matsner**, medical director of the American Birth Control League, discussed *Modern Contraceptive Technique* at a closed meeting for the medical profession.

Among the many distinguished patrons were Mrs Charles M **Everest**, Mrs **William E Werner**, Mrs **Mortimer Anstice**, Mrs **Andrew J Townson, Jr**, Mrs **Charles W Weis, Jr**, Mrs **Chnton E Wolcott**, Mrs **G D B Bonbright**, Mrs **Samuel P Capen**, Mrs **Chauncey J Hamlin**, Rev **Thomas S Mutch**, Mrs **Martin Knapp**, Dr **James E King**, Rev **George E Norton**, Dean **George H Whipple**, Dr **Cyril Sumner**, Dr **William S McCann**, Dr **H L Prince**.

The officers and members of the Board of Directors of the State **Federation** are as follows: **President** Mrs **George C Barclay**, **Vice-president** Mrs **Chauncey J Hamlin**, **Secretary** Mrs **O'Donnell Iselin**, **Treasurer** Mrs **C Shelby Carter**, **Members of the Board** Mrs **DeWitt B Macomber**, Mrs **Dexter Perkins**, Dr **Gertrude McCann**, Mrs **Isaac Adler**, Mrs **Allan Stebbins**, Mrs **Frederick Cromwell**, Mrs **Mary C Urafer**, Mrs **Laurence C Payson**, Mrs **F Huntington Babcock**, Mrs **Thomas S Lamont**, Mrs **Charles W Weis**.

OHIO A new birth control **clinic**, the Mothers' Health Clinic of Columbus, was opened early in June. Good support from social agencies and the public is reported.

WISCONSIN The South Slav Women's Educational Club of Milwaukee sent a resolution endorsing birth control to the National Convention of the Croatian Fraternal Union, meeting in Gary, Indiana, in June

## Virginia Birth Control League Organizes

THE successful Conference held in Roanoke on May 25th led to the formation of a state organization with the following officers *Vice-presidents* Dr John M Nokes, University of Virginia, Professor Frank W Hoffer, University of Virginia, Professor William D Hoyt, Washington and Lee University, *Treasurer* Mrs O A Kerns, *Members of the State Board* Mrs M M Caldwell, Mrs L K Boxley, Miss Lucinda Terry, Mrs Abraham P Staples, Mrs R B Jennings, Mrs W M Otey, Mrs Winter Ferguson, Mrs D W Persmger, Miss Ila Jane Mace, *Virginia member of the Board of Directors of the American Birth Control League* Mrs Robert B Adams. The office of the president has not yet been filled.

The Conference luncheon was attended by teachers, social workers and other representative residents of Charlottesville, Lexington, Richmond and Roanoke. Dr C W Sheerin, Rector of the Grace and Holy Trinity Church of Richmond, said in part

"Leave it to the medical men? They are but human. I will gladly leave all details of the subject, such as the methods of birth control, to them, but they have left the ethics to us who claim to be the religious leaders. At least one great communion has stated that birth control is against God's Will, and another (my own) has through its most influential group, The Lambeth Conference of Bishops, declared that at least in a limited sense it is not against the Will of God, while grave committees of the Federal Council of Churches have approved. So I feel religious leaders must speak if they feel that it is at all important. Furthermore, a dispatch from Washington recently printed in papers throughout the country states that the American Federation of Labor refuses to endorse birth control as "The Church" is against it. That is a challenge that makes me think that the time has come for some of us who feel we are as much a part of the Church as any others to state clearly and emphatically that birth control, decently directed, scientifically taught and ethically received,

must replace the bootlegged, unscientific, unethical and often dangerously disastrous forms of birth prevention now practised by a tremendous portion of American people.

"If our American population were suffering from some physical torment either real or imagined, would we prefer them to be relieved by an underground railroad of "snow peddlars," or would we pray and hope that the medical profession would be called to administer in a scientific way where needed, the proper hyperdermics? When our population in the great advance of complex civilization is resorting to every means from abortion to the most faked of catch penny devices sold to the ignorant by equally ignorant bootleggers, it is to me most ethically sound that we use our God-given intelligence to employ the scientific means God has revealed to us.

"A passing thought occurs to me as to what is the ethical and religious obligation of the individual. If I am a capitalist and wish to build a railroad from any city to some neighboring one, the government makes me show good cause for the existence of such a project. I cannot start a bank without either State or National aid. I am ethically and legally bound in business to pay taxes and license fees. All because I am a social being and I must place my individuality to the good of the social group. But I can be an anarchist about my family. I can be responsible for nineteen children born into the world—and expect the State to take care of them. Are children less of the social life than railroads, banks or grocery stores? Evidently the State believes in individual anarchy, but is it ethical?

"Men have for thousands of years been trying to find what was evil and what was good. For Christians and Hebrews the answer has long been that God made the world and that He saw that it was good. We affirm it in our Christian creeds and our Lord taught it as a fundamental principle. But we have never quite believed it.

"We have tried to make things evil. We have said that stick was harmful. No, it wasn't, it was the man using it that was evil. We have said those cards are evil. No, they weren't, the people that used them were. No, God gives us what we can find in this world when we can use it and tells us we can find good if we can look for it. And so man has found methods of birth control. Did the evil forces reveal them? Evil never revealed anything but the wrong usages of fundamentally good

things Evil has already found a way to use birth control—shall we turn it over to the devil, or shall we who call ourselves good find the good in this and use it for good?"

#### HAWAII

From *former* Judge W J Frear

**WE** NOW have three birth control clinics on this Island, and others are contemplated for the other Islands of the group. The leaders in the movement are Dr Nils P Larsen, in charge of the Queens Hospital, a large and up-to-date hospital, and Dr Philip S Platt (Ph D), director of the Palama Settlement, a social settlement that is doing a large work and covering a large field.

A sterilization bill has been drafted, which has now been handed to me for examination and revision, with a view to its introduction in the Legislature next February. The matter has been presented preliminarily to the Territorial Senate, where it was received more favorably than had been anticipated. The Legislature was in special session on tax and economy measures, and this matter was presented as one that would promote economy in the long run.

#### CHINA

A Letter from Professor T a Chen,

**THE** Peiping Committee on Maternal Health was organized in January, 1932, by a small group of men and women who are interested in birth control and clinics. The members include medical doctors, nurses, social workers, public health officers and professors of Sociology. Our work is in the experimental stage and everything is yet on a very modest scale.

We deeply appreciate the fact that you have been sending us the REVIEW regularly and we hope to keep in constant touch with you through this channel. We also request that you send us such issues of the REVIEW that you think will help us most in pushing the movement ahead here. Any other literature that you could send us will also be greatly appreciated. We are looking to you for constant counsel and advice for our work.



No form of economic development in China will be of any avail unless there is a fundamental change in social outlook affecting family life, the growth of population and the standards demanded by the workers. What else does this mean but birth control.

J B TAYLOR

## In the Magazines

Preventive *Medicine* and Abortion. By Harold C Mock. *Medical Journal and Record*, May 18

A consideration of the menace of abortion, with the logical inference "Since it is evident that there is a definite desire to limit the size of families, it seems desirable that physicians take a more active interest in the proper education of persons professing this desire by pointing out the most effective as well as the harmless methods. Modern contraceptive methods will do much to overcome the present wave of criminal abortions among married women, and will, in a large measure, do away with an important part of the maternal mortality and morbidity resulting from this cause."

The Senate Birth Control Bill. By John Dewey. *The People's Lobby Bulletin*, May

"It is incredibly absurd that at present the Government itself, medical societies, schools and Journals cannot give out scientific information without being guilty of a crime. The time will come when such a state of affairs will be classed with belief in witches and persecution of them. The so-called 'dark' ages know nothing darker than such restriction. The measure is aimed at reinforcing all the factors which conserve human life and well-being, that of mothers, of children, of families. It is aimed at the prevention of abortion which takes such toll of human life in this country. It aims at substituting the administrations of competent physicians for the activities of unscrupulous quacks."

Note on the Origin of the Terms Contraception, Birth Control, Neo-Malthusianism. By Norman E Himes. *Medical Journal and Record*, May 18

The author discusses the origin of these terms and concludes "It seems clear that, 1, the idea is old, 2, that generations have been required to clarify the concept, and that even in our day the term birth control is commonly misunderstood."

Can Reformers Combine? By C E M Joad. *The Week-end Review*, London April 2

The innumerable societies and groups now working in isolation for the reform of society in England met recently to discuss certain changes they felt were necessary. They all agreed that "birth control information and facilities should be made available for all, and not merely for the well-to-do, the ferocious laws penalizing abortion mitigated, if not abolished, and the congenitally unfit sterilized."

Trends in *Family Life* Today By *Dwight Sanderson* *Journal of Home Economics*, April

The changes that have taken place in family standards and relationships in the last 15 years are of great significance. The author shows that family ties are weakening, the size of the family is growing smaller, the interests of the members of the family are varied, marriage mores are different

"Possibly the most outstanding trend in family life today is the fact that the family is steadily decreasing in size"

#### THEIR PECULIAR RESPONSIBILITY

At its meeting in New Orleans, an ineffective effort was made to persuade the American Medical Association to take up a proposal to consider birth control a standard, legal, medical practice

There are several reasons why the profession might very properly have done this, and among them is the fact that it is materially responsible for the condition which makes the question of birth control a major social, economical and national (or international) problem

Modern sanitation, modern surgery, modern preventive medicine, particularly modern control of epidemic disease, have brought about an increase in the human population which, with a large survival of the subnormal, the weak, and the unfit, has become a direct danger to the general welfare of society, and threatens to undermine racial stamina

There are too many people, and above all, too many people of a sort that should not have been born, but which persist in breeding, and having bred, are kept carefully alive for reasons which do more credit to the heart of the race than to its head

Since they have played a role in producing such a situation, since they have played God, as it were, by overruling the processes through which Nature maintains her checks and balances, so that men swarm the earth in millions where formerly they inhabited it by thousands, it is up to the physicians, surgeons and experts in sanitation to do what they can toward preventing the benefits they have bestowed from degenerating into a curse as bad as any they have removed. How can they do that better than by helping to bring about a decrease in the birth rate which will harmonize with the decrease in the death rate?

*Editorial, Detroit Free Press, May 22*

## The Fundamental Reason for Birth Control

By GORDON McWHIRTER

THERE is a tendency on the part of some who "believe in" birth control to dismiss angrily the Catholic position as irrational and superstitious. Yet there are non-Catholics who think Protestantism capitulates too easily to the forces of immediacy—that is, to a superficial morality. Birth control is good, it is argued, because under our industrialism large families cannot be cared for. To some it is apparent that the "pragmatic" defense of birth control is no less irrational than the "superstitious" opposition to it, for if the ignoring of temporal happiness in favor of eternal happiness is distasteful to the modern temper, so the ignoring of ultimate benefits in favor of immediate ones is distasteful to intelligent imagination.

It ought to be said at once that the Catholic belief in the supreme value of "souls" is probably no more superstitious than the apparent hearty acceptance by Protestantism of the unity of God, the Republican Party, and Capitalism. It would seem to me that those who wish to defend birth control must necessarily seek a more fundamental justification for it than that it is "good business." Perhaps those religious bodies which oppose birth control are right in denouncing a practice which, from their point of view, can at best have only a very thin moral basis.

The fundamental reason for birth control is, I believe, that it is an element of help in bringing about a full enjoyment of life. If industrial, urban living requires small families, that is only incidental, for in the long run revolutionary changes will be necessary in both our machine culture and in our attitude toward sensuous pleasures, if any large degree of happiness is to be achieved.

My belief is that there is ethical authority for birth control, which if not as historically well-founded as religious authority, is more rational, more essential. It consists of the knowledge that only upon the sure foundation of the senses can ethical conduct be built or full enjoyment of life be expected. This authority is only incidentally "modern," being actually primary and ultimate. It is not scientific, but is the basis for all scientific work. It is not religious, but it makes possible the construction of religions.

The justification of birth control, then, is not alone in that people actually do practice it irrespective of ethical theories, nor that contemporary life requires it irrespective of any resentment that might be raised to such temporal provincialism, but primarily that birth control has ethical sanction as valid, if not more valid, than any scientific or religious theories which might oppose it. It has the authority of that upon which all the rest of civilization is constructed, and to which intelligence directs us, the authority of sensuous enjoyment—not merely physical pleasure, but *esthetic satisfaction*, which can only be had through physical pleasure.

Opposition to an arrangement which minimizes the penalty of pleasure can only increase the admitted dangers by putting hypocrisy at a premium and making social control difficult. Sanction of the arrangement on grounds of its immediate advisability as an economic advantage means either a worship of property and the consequent derogation of humanity, or a complete abandonment of all standards of value. Ethical consideration of the problem demands that in supporting contraception or in opposing it, a choice be made between two evils, two opposed absolute points of view: the first is that temporal happiness be ignored in favor of eternal happiness, the second that temporal happiness as eternal happiness.

No ethical person will use as an argument in favor of birth control, that it is beneficial to our industrial life—at least not while the producing masses are exploited in the interests of an absurd display of wealth and luxury by the few, not while those few defend their right to prevent the full enjoyment of life by those unfortunates who have been mis-conceived in poverty. On the other hand, no thinking person will propose birth control as a panacea for the sickness of the world, although it obviously offers great relief.

## Puzzles

By ALFRED M EWING

IT ALWAYS seems a puzzle to the writer why some people say "Let Nature take her course" when referring to the human family, and at the same time advocate plowing corn, hoeing the garden, pruning fruit trees, selecting breeds of live stock and at every turn, in every other place, prevent "Nature from taking her course." When Na-

ture takes her course in the human family we have war, pestilence, and famine, all outgrowths of congested conditions. These are the substitutes for birth control.

A second puzzle is, Why does the United States government make rigid laws and search every vessel closely to prevent idiots, insane people and paupers from entering this country as immigrants? But once in this country, these classes can reproduce and reproduce, and the government gives no sign of being even concerned?

Why do people establish milk stations to reduce infant mortality and send nurses into homes to reduce maternal mortality and still oppose birth control? Why do legislators at the state capitals and representatives at Washington debate on short-hour days for women in industry, child labor laws, etc., and forget short-hour days for women in the home? Fewer children would have to compete with their fathers in the factories to support the younger members of the family, if it were not for large families. Why do charitable organizations help the poor in times of crisis and call it Christian spirit? As an example, in my home town last Christmas, a woman carried a basket of food to a needy family of 12, living in one room. This year the woman took another basket of food and found 13 in that room. It would be a million times more sensible, if instead of the food a year ago—or probably 10 years ago—birth control information had been taken to this family. They could be helping themselves now and probably helping others.

A mother of six once said to the writer, "Well, I suppose I'll have children as long as I can." She died a year later. How much better it would have been to prolong this mother's life. Her death was in all probability due to ignorance of birth control.

Woman's natural instinct is to rear children. Most women want children sometime in their lives, but there is a time and place for everything. Half a million women yearly endanger their health by abortions. Why, you ask, didn't they avoid conception? Why should a mother have a sixth child when the other five are half starved? Women want birth control to protect themselves and their children. Too many thousand children are born each year in poverty, misery and want. Instead, children should be intentionally and deliberately created and adequately reared.

## WILL MONOGAMY DIE OUT?

*(Continued from page 208)*

of authoritarian tradition for monogamy, and is strangely inconsistent with the repudiation of authoritarian morality. The question is no longer: What ought people to do? but: What will they do if allowed to do as they please?

Promiscuity affords much greater gratification to biological sexual impulses and is more in accordance with their function. It may appear obvious, then, that if entirely artificial cultural restrictions are removed, men and women will revert to promiscuity as being more "natural." But the argument from the "natural" dispositions of men and women contains a fundamental fallacy. For no association of the sexes is biologically natural. The social state itself, which arose out of that association, is a profoundly unnatural state which has not the remotest parallel in animal nature. The human sex relation, be it promiscuous or monogamous, is an artificial and sophistical cultural product, and no norm of new morality can therefore be logically drawn by an appeal to "nature."

The question, as usually regarded, contains moreover further assumptions derived from the ideology of traditional morality. The latter assumed that all sex relations ought to conform to a single type, laid down, and applicable to all. It further tacitly assumed, despite the patent falsity of the assumption, that the actual behaviour of men and women corresponds to the prescribed type, and that in a monogamous society everyone is monogamous. The truth is, of course, that, as a general practice, monogamy has never existed. No less defiant of facts is the assumption that one uniform type of sexual behaviour is equally applicable to all men and women. That assumption constitutes the essence of the traditional authoritarianism which claimed to prescribe sexual behaviour with moral authority. It is radically inconsistent with the repudiation of that authority. Coercive moral society offers the spectacle of monogamous unions between people who should obviously be promiscuous, and of rakes, male and female, who are pining for domesticity. The enormous complexity of social environments and cultural atmospheres, which becomes accentuated with the advance and diversification of its elements, increases the range of individual variations in cultural tastes.

It appears, to say the least, highly improbable

that in a radically rationalized society sexual reactions and behaviour will acquire a uniformity which has never existed in the most coercive societies. With the disappearance of coercive moral and economic values promiscuous behavior will become easier. But so, on the other hand, will relatively monogamous association. To an enormous extent the conditions fatal to the latter and its common failure are the effects of an unrational economic and coercive society. With the disappearance of those irrational conditions more than half of the causes which wreck the close association of human relations between men and women would no longer exist.

The monogamous relation, independent of coercive factors, combines in the highest degree with the sexual relation that human cultural association which, in all sex relations, however promiscuous, have become to a larger or smaller extent fused with it. To seek to commend that cultural combination for general use would be much like insisting on recommending Beethoven to people whose chief musical satisfaction is derived from the performances of crooners. Nevertheless it is practically certain that, however completely the arbitrary authority of traditional values may be abolished, many men and women will continue to be attracted towards that cultural variety of the sexual relation.

## A MATTER OF TASTE, NOT MORALS

There can be little doubt that in a more rationalized society the relations between the sexes will present a combination of promiscuous and monogamous behavior—as they do now, and as they have done in every period of mankind's career. Promiscuity will perhaps be more general, though probably less in degree. It will have lost the attraction which revolt against moral and social coercions imparts to it. The contrast between it and uncoerced monogamous relations will have lost the fierce opposition imparted to it by moral zeal and by revolt against it.

From the moment that such a contrast becomes shifted from the field of moral to that of hedonistic values, from a matter of obligation to one of freedom to do as one pleases, it ceases to have the portentous importance with which it has been invested by moral authoritarianism. To disapprove of people's tastes is not the same thing as to disapprove of their morals. Condemnation or commendation of either monogamy or promiscuity becomes irrelevant.

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American Birth Control League

162 Madison Ave New York

*Here lies Interred the Body of Patience  
y wife of Shadrach Johnson by her he had 12 sons*

*and 12 daughters She died in Childbed*

*y 6th day of June 1717 aged 38*

*years*

*—Tombstone in the Parish Church of St Paul, Bedford, England*

Read this inscription from an English tombstone. Do you know how many women die in childbed today, over two hundred years later? Do you know what proportion of these deaths might be prevented through birth control?

You cannot afford to be UNinformed about birth control It is among the most pressing issues before you today Send in a subscription starting with the next number, and we shall send the current number with our compliments