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The
Madras Birth Control
Bulletin



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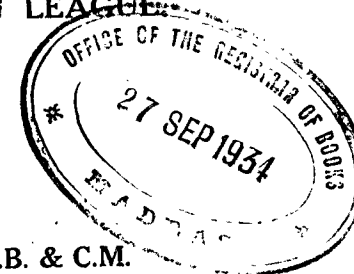
MAY—JUNE, 1934

[No 3

The
Madras Birth Control Bulletin.

The Official Organ
 OF
THE MADRAS NEO-MALTHUSIAN LEAGUE.
(Published Bimonthly.)

EDITOR:
M. S. KRISHNAMURTHI AYYAR, M.B. & C.M.

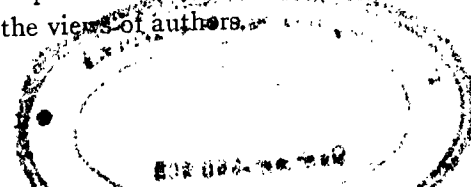


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BUSINESS NOTICE.

All communications relating to the Bulletin and other matters connected with the League should be addressed to the Secretary and Editor, 3, Appu Mudali Street, Mylapore, Madras. Matters for publication in the Bulletin should be typed on one side and sent to the Editor. Papers and articles forwarded for publication are understood to be offered to the Bulletin alone and any breach of these rules will be followed by non-publication. The League is in no way responsible for the expressions of contributors nor does it necessarily endorse the views of authors.



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The Madras Neo-Malthusian League.

(For human welfare through birth-control. Founded July, 1928.)

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The Maharajah of Jeypore.

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OBJECTS.

- (1) To spread among the people by all practical means, a knowledge of birth control and of its possibilities for human welfare ;
- (2) to give under medical help and guidance, instruction on hygienic contraceptive methods to all married people who desire to limit their families or who are in any way unfit for parenthood ;
- (3) to publish pamphlets and leaflets and a periodical journal on Malthusianism and birth control ;
- (4) to organise lectures before societies of various kinds on this subject and,
- (5) to form a library and to subscribe for journals on birth control.

The League appeals to all liberal and advanced thinkers in the country to help the cause and through it, the evolution of a higher humanity in the motherland and the uplift of mankind in general.

CONDITIONS OF MEMBERSHIP.

All persons above the age of 20 (1) who are married or about to marry (2) who are members of the medical profession or (3) who have children are eligible for membership. The subscription is Rs. 1 annually or Rs. 20 for five years. The members will each get a copy of the Bulletin free.

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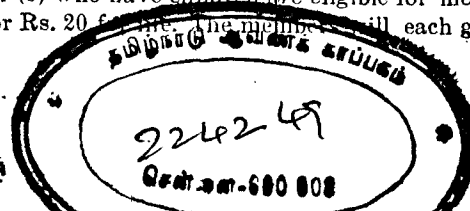
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Vol. IV.]

MAY—JUNE, 1934

[No. 3

Extracts.

REASONS FOR BIRTH CONTROL IN INDIA

BY DR. BALKRISHNA.

Head of Rajahm College, Kolhapur.

In spite of such strong objections, there is a real and urgent necessity for the use of contraceptive means.

1. All the old restrictions on marriage and procreation have been removed in the modern Hindu society. The Moslem masses too are suffering from the same evils. In the absence of the religious, moral, social and legal checks, it is imperative for human welfare that the knowledge of sexual production, deliberate motherhood and hygienic methods of birth control should be most widely disseminated.

2. Early marriage is practised to a large extent in India. Even the Sarda Act lays down the minimum age which is still dangerously low for sexual enjoyment and procreation.

3. The vicious practice of early marriage is accompanied by the almost compulsory marriage of all. Its evil consequences can be partially neutralised by the use of the means of birth control.

4. The break-up of the joint family system requires some check upon the liberty of the young couples. The increasing popularity of stimulative

agencies like the cinema, the talkie, and the radio, the vice of tobacco and drinking, the popularity of dancing, balls and co-education, need counter-checks for the suppression of amative tendencies.

5. The evils of polygamy and polyandry from which India is now suffering can easily be checked by employing the methods of birth control.

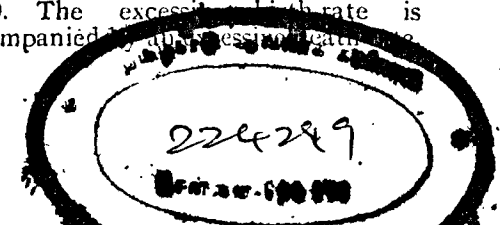
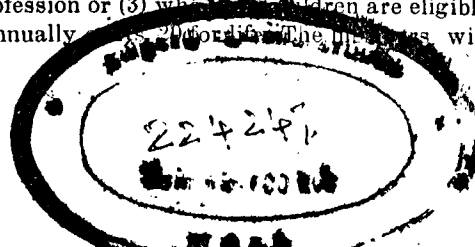
6. Birth control methods will save young mothers from the pangs of maternity and the exhaustion of childbirth. It will prevent the death of thousands of young girls.

7. Birth control will lower down infant mortality. At present it is more than 180 per mille for British India. But in the city of Bombay it went up to more than 600 per mille. This appalling wastage of life is due to the birth of weak babies and the lack of means to rear them up.

8. Widow re-marriage is prohibited by social customs. Hence there are secret abortions and secret murder of babies. Numerous women become permanently unfit and many die by the use of dangerous medicines. Birth control methods will be veritable blessing to life-long widows.

9. Infanticide is prohibited by law. Yet in some parts and families it is practised. This cruel method of curtailing the number of children will end by the use of birth-control methods.

10. The excessive birth rate is accompanied by an excessive death rate.



History furnishes the evidence that a decrease in the former is always accompanied by that in the latter. It is better to have a few but healthy children.

11. India suffers from poverty and starvation. Millions are living below the subsistence level. Limitation of the family in the case of the poor will be a blessing to them. It will raise their standard of living, make them healthier, stronger and more intelligent than they are now.

12. The old methods of sweeping off populations are disappearing. Famine, slavery, foreign invasions, internal revolutions, internecine wars, epidemics are becoming things of the past. In the absence of these powerful checks there is a rapid increase of population, but the means of subsistence do not increase so fast. The danger of over-population can be averted by the universal use of methods of birth control.

13. India is faced with the danger that its population is over-whelmingly recruited from the poorest and most illiterate classes. To raise the level of physique, intelligence and free citizenship, the birth-rate of the low and the poor should be lowered and that of the middle and upper classes should be increased. A vigorous propaganda for the use of the means of family limitations ought to be carried out among the masses by birth control societies.

For these thirteen reasons at least, I think it necessary that the use of birth control methods should be made available to all the classes in India. Clinics ought to be established in every town and travelling propagandists should preach the blessing of hygienic birth control methods to the rural population.

Need of Sterilization Laws.

Modern society has gone in for optional or compulsory sterilization of the unfit. The system is most prevalent in the United States. On Dec. 31, 1929, of the 48 States, 23 had sterilization laws enforced. The persons subject to the law are those affected with here-

ditary forms of insanity that are recurrent, idiocy, imbecility, feeble-mindedness and epilepsy. Recently Herr Hitler has introduced a similar law in Germany. But the evidence from America is strongly against the efficacy of such laws. In many States sterilization laws are dead. The Pope has issued his Bulls against this method. Science has not found any harmless method of sterilising the females. The Hindu laws backed by strong public opinion and sanctioned with religious injunctions were decidedly better in dealing with the problem of eliminating the unfit than the present sterilization laws are.

But when religion has lost its hold upon the people and when the social environment is totally against celibacy, sterilization laws seem to be the only alternative to prevent the disastrous deterioration of the human race.

In India too, there is a paramount necessity of making some laws for the voluntary or compulsory sterilization of the defective and the diseased. The old Hindu laws have become obsolete and consequently need to be revived according to the new circumstances. We cannot allow the transmission of the poisoned blood to the generations to come. Human society, by stopping the method of natural selection for the elimination of the weak and the unfit and the preservation of the strong and the fit, must find out some means to fulfil the same object. Only then it can maintain the strength, the efficiency, the intelligence and purity of the race.

OVER-POPULATION AND INFANTICIDE.

Over 24,000 dead bodies of little infants were picked up on the streets of Shanghai last year--an average of more than seventy per day. Little editorial attention was given by the newspapers to this, as it was too commonplace to have "news value". It is a thing that takes place each year in this great city, the exact numbers of little victims of course varying, but always in the tens

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[No. 3.

Birth control is the greatest invention of man since the invention of fire.—Professor Graham Wallas.

Original Article.

MISCONCEPTION REGARDING BIRTH CONTROL.

BY A MEMBER OF THE LEAGUE.

III

The report of the third session of the Sexual Reform Congress held under the auspices of the World League for Sexual Reform, at London in 1929 has been published under the careful editorship of Dr. Norman Haire. The papers cover a wide range and it is not our purpose to take a general survey of all the sexual problems discussed in it. What may be regarded as more pertinent to our purposes are the various papers on birth control. There are papers by Dr. Stopes and Dr. Norman Haire. Dr. Grafenberg has an article on the method of contraception by the use of silver ring placed in the uterus beyond the internal os. A translation of the paper in English is given in the appendix. Another paper by Dr. Lenhardt deals with a method of the use of air-cushion and absolute certainty is claimed for the method after two years' experience. But in our opinion the

palm of importance should be given to Dr. Drysdale's article on "Are contraceptive methods injurious to health?" We propose to deal with this article in view of the statement of the Minister of Health in the Legislative Council last year, that medical opinion is divided on the subject. He points out that we have many weighty opinions from the highest medical authorities in favour of the harmlessness of many contraceptive methods. The gynecologists from whom we have strong pronouncements on the other side have generally betrayed a strong religious bias against it which discredits their opinion in the eyes of those who have studied the subject. He then observes that we ought, if possible, to seek objective evidence free from all personal bias. Such evidence exists, but it appears to have been entirely missed and this is the excuse for his presentation of it. He concedes that there may be some possible disadvantages of contraception—some minor unfavourable physiological and psychological effects. But he does not admit them, for he says "I do not for the moment agree that any evidence worthy of the name has been

brought forward in proof of them". He states the advantages of contraception as follows: (a) improvement of the economic condition of the family and nation without deprivation of sex union to the married, (b) reduction of strain of too frequent child-bearing and rearing on women, (c) opportunity of better medical care and education of each child, (d) opportunity for refraining from reproduction of diseased or defective types and therefore for bringing a better average class, and (e) increasing facility for general early marriage, thus eliminating a large amount of sex repression and temptation to sexual irregularities.

Disadvantages. (1) *Possible* injurious physiological or psychological effects on husbands and wives. (2) *Possible* decay of parental feeling or on the other hand of excessive coddling of small families. (3) *Possible* increase of promiscuity through removal of fear of consequences. He observes: "All life is a balance between good and evil and there is no justification whatever for separating contraception from other action and for barring it unless it can be completely cleared from disadvantages. Our business with this as with every other social innovation is to compare the advantages and disadvantages and to ascertain which way the balance lies". It is immediately evident to any impartial observer that the advantages in this case are so great and definite that they enormously outweigh the disadvantages unless the physiological or psychological effects of contraception are seriously injurious.

He disposed of the charge that the single child is liable to be spoiled by

excessive attention and lack of companionship with other children by the observation that (1) the experience of the late war when thousands of only sons flooded to the standard is sufficient refutation of the charge of effeminacy, (2) no birth controller admits single child families except in the case of a severest economic distress in which case spoiling is unlikely and (3) those who have travelled much in France, the classic land of small families, cannot but have been struck by the extremely close ties of family affection which prevail there and the bond of affection between Frenchmen and their mothers have been frequently commented on. This last observation we will commend to the attention of *Mahatma Gandhi* who has been misled by the writings of Dr. Paul Bureau into taking a perverted view of the family life and social conditions in France of which presumably he knows nothing personally.

As to the effect on morality while on the one hand a knowledge of contraceptives by the unmarried removes the dangers of promiscuity it also facilitates early marriage. "It is extremely difficult to form any opinion as to what has been the result of the two opposing forces. There does not seem to be anything seriously amiss and it is noteworthy that the moral argument against birth control is now little heard of".

Then the medical argument against contraception remains to be the only one that has seriously to be faced. We cannot shake off the feeling that Dr.

Drysdale is a little too fair to the opposite side in view of his modest obser-

vation that most of the gynecologists that assert that it causes serious fundamental disorders of the genital organs are all Roman Catholics and in view of the fact that the non-Catholic medical opinion is overwhelmingly in favour of birth control. He foreshadows his conclusion thus:—"I shall attempt to show that we have abundant evidence of a sufficiently definite character to warrant our forming an opinion."

Few people at the present day have any idea of the immense interest created by the Bradlaugh-Besant trial not only in England but over the whole civilised world and the enormous sale of contraceptive literature. Mr. Norman Himes M.A. of the Harvard University who has recently made a study of the subject in the Rockefeller Research Foundation assures that about a quarter of a million copies and translations of the Knowlton pamphlets were sold in 1881 and a million of this and other booklets giving practical contraceptive information by 1891 and 6 to 8 millions between 1918 and 1927. Mr. Himes estimates that approximately 4 million married couples had obtained it by 1881.

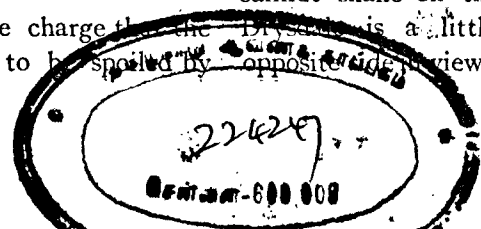
An examination of the course of the birth rates in various countries unmistakably reveals the effect of the trial. In England and Wales the birth rate which reached the maximum in 1876, suddenly began to fall. The same phenomenon occurred in Holland, Belgium, Germany and Sweden and a few years later in Denmark, Italy, Australia and New Zealand. It is impossible not to conclude that the Bradlaugh-Besant trial

and the diffusion of contraceptive information that followed it, is the cause of the fall of the birth rate and that it is therefore due to the adoption of the contraceptive practices. In 1874 the birth rates in England excluding still-births were:

Profession	Birth rate
Clergymen	5. 25
Lawyers	5. 18
Doctors	4. 82
Aristocracy, Bankers & Manufacturers	5. 30

the average for the whole of England was 4.63. The phenomenon is primarily what we should expect on the assumption that knowledge and adoption of contraceptive measures started with the most educated classes after the Knowlton trial. We commend this page (167) to the attention of the Madras paper which happened to remark in its editorial last year that the fall in the birth rate in European countries is not due to the use of contraceptives but to self-restraint.

Dr. Drysdale gave diagrams of birth rates and death rates and infant mortality rates in England and Wales, Holland, Germany, Italy, New Zealand, Belgium, Japan and diagrams of birth and death rates only in France, Berlin and Ontario. The figures show that from 16 to 25 years of age, at which latter age parenthood usually commences, the death rate for both sexes did not show much change but from this age onwards there is a decided reduction of the mortality both for men and women amounting to 20% for men and 21% for women between the ages of 45-50 (about



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the end of the fertile age for women) after which the improvement lessened at greater ages.

These figures appear to put the advantages of contraception to both men and women beyond doubt. We may follow up the learned Doctor's article by putting the question, where is the much vaunted ill health after 50 years practice of contraception?

Extract.

BIRTH CONTROL IN INDIA*.

BY SHERWOOD EDDY

(Reprinted with the kind permission of
Dr. Forman of the C.M.A.I.)

I have been asked to write on the difficult subject of Birth Control in India. This latest reform is advancing slowly, but surely in the West; but in India it is doubly difficult. For several years I have been compelled to study this subject. I have had occasion to read several hundred modern books on sex problems and to consult specialists in England, Holland, Germany and America.

We are all confronted with the central and baffling problems of sex. Of all the questions that challenge us today perhaps none are so delicate and difficult, probably none strike so deep into the heart of human happiness and misery, none are so steeped in ignorance and blindness as are these problems. Relatively, how few persons there are who in these matters are thoroughly informed, harmoniously masters of themselves, and radiantly happy in

their sex life and relations, whether they be single or married! At the dynamic center of man's life there are certain major drives, or dominant desires—such as hunger and love, for the preservation of the individual and of the race. Man's life is not, as ascetically conceived, lived in separate, watertight compartments: one the lower life of the flesh and the other the higher life of the spirit. It is rather one embodied and incarnate life with differing aspects, physical and spiritual. To neglect or despise either is to emasculate life. A false dualism here is baneful in its influence. It spiritualizes the non-physical into the visionary and other-worldly, severed from life and reality; while it degrades the bodily into the base and carnal. Instead, the spiritual should permeate the complete range of the physical, and the physical should furnish the energy and instrumentality for the entire life of the spirit. Yet man has taken sex, one of the deepest and finest things in life, where he might share in the very creative activity of the divine, and has in recent times made it a thing secret or hidden or unclean, either to be used merely as a means of self-gratification, or else despised and mortified. If life is anywhere of divine origin it must be so in its source and in the fulfilment of its ends. Yet we have taken that which in ideal and reality was strong and pure, and debased it in act and slimed it in our false thought.

Man has either to master sex or be mastered by it. Of all creatures man alone is ashamed of sex. This is the

area of his life that he has least understood or controlled. And yet pessimism should here be farthest from our thought. Potentially there is nothing finer than sex in all life. For it is a very fountain of life, of energy, of joy, of progress in personal relations. By sex in human life I mean biological differentiation, both physical and psychological, into complementary characteristics, resulting in the fulfilment and reproduction of life. From this differentiation there arises a natural and necessary attraction between the sexes for the normal fulfilment of the life-demands of each. The ultimate end of sex is doubtless the perpetuation of life; but this furnishes the urge for life's profound enrichment and fulfilment. Two great dangers appear at the two extremes of life—license and asceticism. The first implies a hasty, easy self-gratification at the expense of the more complete functioning of life in the future. It is a short-circuiting of life on its primitive and exclusively physical levels. The second danger arises from vainly seeking to deny or repress this self-gratification by trying to eradicate sex altogether. In reaction man seeks self-discipline by repression or abstinence. The pendulum may now swing to the opposite extreme. He mistakes means for ends and seeks merit or power in abstinence. This leads in time to a negative view of life, world-denial instead of world-affirmation, and the distortion of asceticism. Asceticism proves in experience to be a dangerous half-truth, for it is an effort at the repression of a vital portion of man's nature. It is the unnatural denial of natural instincts. Outraged nature in

time avenges itself. The ascetic denies the world, with the result that a portion of his nature suffers atrophy, or else futile repression ends in volcanic upheaval and a fresh outbreak of license. Man thus tends to become a pendulum between excess and repression, license and asceticism. The final attainment of a disciplined, symmetrical, healthy life is not usually easy or sudden. It is our conviction that from both these dangers, *truth alone makes free*. We are not afraid of truth in this or in any other area of life. Many have received an inheritance of repressive asceticism that unconsciously colours their whole view of life. To this influence may be traced the view that sexual intercourse is something unclean or degrading, and that, as a kind of necessary evil, it is permissible only for the propagation of the species. This view is certainly not borne out by Scripture. The medieval Church with its traditions of asceticism tended to insist on the animal object of marriage, for procreation only. This is indeed a low view. For the married relationship is at once spiritual and physical. True married love is a complete fusion of spirit and body. If the spiritual element is absent, bodily union becomes degradation. If the physical is lacking, the spiritual does not reach completion. Either alone is only half-marriage. Love cannot dispense with its most sacred expression and highest sacrament.

Abstinence usually puts a barrier between the two persons, leading often to strain, increasing friction and sometimes separation. Lord Dawson of Penn says, 'Continuous abstention means, not self-control, but self-denial.'

*A portion of this is published in Pamphlet No. 2 of the Series No. II.

Such self-denial for the lengthy periods necessary for effectiveness is asking more than human nature can give, or can be asked to give. It is damaging to health, engenders irritability and discontent and sets up a barrier inimical to mutual confidence and affection. It asks two people surrounded by the intimacies of love not to be lovers. The attempts at abstention, the struggle between physical needs and conscience, produce conflicts damaging to mind and body, and if the attempts fail, as they assuredly do, the mind is left distressed. Of the women investigated by Dr. Hamilton in America, in connection with his *Research in Marriage*, 87 per cent. used contraceptives, while of the thousand married women investigated by Dr. Katherine B. Davis, 73 per cent. of all those answering the questionnaire, and 85 per cent. of those known to be fertile, made use of such means.

We believe in self-control in every area in life. Nowhere is it more needed than in the realm of the sex life. We also believe in the exceptional prophet or mountain-peak man who may be called to forego all family life or any of its natural and normal activities that he may concentrate upon his unique vocation. The validity of sublimation for some is convincingly shown in the lives of great celibates like Gautama, St. Paul or St. Francis. But the moment we try to make this a rule of life for all, or to teach that normal family life is on a lower plane, we begin to make common and unclean what God has intended as 'very good.' We begin to introduce the subtle poison of an

extreme asceticism with disastrous consequences for many.

The Rev. Oliver Butterfield writes: 'To abstain from any sexual relations is both possible and commendable before marriage, but after marriage, where two loving persons are in continual, intimate association, which inevitably produces sexual desire, continence, for any considerable length of time, is not to be seriously considered except for reasons of ill-health. Modern psychiatry agrees with the Biblical reference in 1 Corinthians 7: 2-5, that continence for any considerable length of time is unfair and unwise for healthy husbands and wives. "Do not withhold sexual intercourse from one another, unless you agree to do so for a time in order to devote yourselves to prayer. Then come together again." (Moffatt's translation.)'

Dr. Norman Haire, a leading gynecologist in London, writes as follows: 'Regarding sexual abstinence in its purely medical aspect, I believe that there are a minority of persons who are able to abstain from sexual intercourse for long periods without any apparent harm resulting. Such people I regard as being abnormal, their sexual appetites being but feebly developed. In the majority of adults of both sexes, in whom the sexual appetite is developed to what may be described as a normal intensity, I believe that long-continued abstention from sexual intercourse produces more or less severe psychical and even physical disorders. In the case of married persons already habituated to coitus, and living in intimate relationship with their partners and so subjected to more or less conti-

of thousands. And it goes on not only in Shanghai, but throughout most of China, the number throughout the country undoubtedly running into many thousands daily, many millions yearly.

The great bulk of these pathetic little bodies are of new-born babies, exposed by parents unable to provide for them. It is no callousness or indifference on the part of the parents which causes them to expose their infants. It is bitter and terrible poverty, poverty which leaves no surplus whatsoever for the feeding and care of their offspring, poverty which gives them no opportunity to gain the modern medical assistance which is the only way, at present, to learn of more civilized methods of limitation of population.

Some of these parents are wholly incapable of providing for their children from their miserable incomes, except by taking food out of their own mouths and perishing with the children together.

Two Civilized Ways.

There are two civilized ways out of this tragedy of unwanted children, of painful and wholly unnecessary child-bearing. One way is, so to increase economic production. The other way—which neither excludes nor is excluded by the first—is the extension of popular knowledge of other methods of limitation of population—knowledge of how to prevent conception.

The second method means immediate and practical assistance to everyone to whom knowledge is given—assistance to them as individuals and assistance to a society already overburdened with an excessive population. But there are other old-fashioned and inhuman elements in China with whose prejudices the latter statements are in harmony and who detest the idea of conscious limitation of population, elements either too ignorant of the conditions of the people to understand the terrible necessity driving them, or wholly indifferent to any other consideration than the steady supply of cheap labour for

exploitation and of cheap soldiery for cannon-fodder.

The 24,000 dead babies picked up on the streets of Shanghai last year do not represent the total of unwanted babies who were started on their way to life by the most vital of instincts, unguarded by any civilized education and knowledge. It represents only the number who survived terrible attempts at abortion, horrible and poisonous drugs, fearful and agonising and sometimes murderous kicks and blows, which ignorant and poverty-stricken Chinese motherhood must resort to in lieu of other methods of family limitation. Old-fashioned Chinese scholars do not care about such things. Militarists and exploiters do not care about such things. But a Government devoted to the interest and welfare of the common people cannot but care about them.—*The Birth Control News*, May, 1934.

THE NEW PUBLIC RELIEF AND BIRTH CONTROL.

BY JAMES H. S. BOSSARD,
University of Pennsylvania, Philadelphia.

In April, 1933, a total of 4,445,358 families were being given relief, according to reports of the Federal Emergency Relief Administration. Today the number is reported at near 3,000,000. Among these are millions of persons who have never received relief before, and I venture to suggest that the most serious feature of the new relief is not the money that is being given away, but the socio-psychological effects upon its recipients. The effect of receiving relief upon their conception of themselves is something that is difficult to imagine, and much more so to measure. The present administration wisely insists that paying jobs shall replace relief as quickly and as extensively as possible.

What are the added effects upon these families of having new babies when they are on public relief? What of the sex relationships between husband and wife in these normal, self-respecting families, now on public

relief? Shall they add further to their misery and their imposition upon the public treasury by having children at its expense, or shall they become the celibates of the New Deal?

Apparently our leaders are unwilling to face this question, or to permit these families legally to consider it.

I am aware that some social workers counter by saying that many people are not interested in obtaining birth control information, and are opposed to its utilization. This is another way of saying that individuals and families differ.

Do those who are aided by society owe anything to society in return? If so, what? There is so much emphasis upon the right of relief, upon the duty of the more fortunate toward the jobless and those in distress that one cannot resist the temptation to ask: What about the rights of tax payers and contributors, and what about the duties of recipients of aid?

One basic indictment of our American people is that it has been built up of successive migrations of persons who have come here primarily to get. With the continuing emphasis during the years upon the opportunities of the New World, the freedom and rights of its citizens and resident non-citizens, is it not time that we said more about building up a counter tradition of duties and responsibilities?

I would not deny help to any needy person. I would not deny the necessity of reconstructing social circumstances which weigh unduly or unjustly upon anyone. I am opposed to any stacking of the cards in the game of life, by which some are bound to win and others to lose. But I do insist that life is not all take, but also some give; that the poor have duties as well as rights; that self-denial is a virtue for the profligate as well as for the proficient.

To summarize—we are now carrying on the biggest relief job in the history of the world. To finance this job we have utilized private philanthropy, ap-

parently to the limit: we have drawn more than liberally upon current public income; and we are discounting the future through the creation of a huge bonded indebtedness. If this relief job is to be a mere doling out of aid, it means that we have learned nothing since the later days of the Roman Emperors, who similarly fed and amused the populace at public expense.

To carry on relief for more than three million families, and to fail to provide them with every opportunity and facility which will permit them sanely to control their reproduction in the light of their present circumstances, is both bad business and bad social statesmanship. If there is one right which every family should have, it is that of self-determination in the function of bringing new life into the world; for self-respecting families struggling under economic distress, that right and its exercise becomes doubly important.

And yet, I would not advocate birth control on the basis of financial considerations alone, important though they are. What gives potency to these arguments is, in my judgment, the spiritual foundation for birth control. I never look at a little child but what I think that human life is too fine and too sacred a thing to be brought into the world except by the voluntary act of responsible persons. To do else is to do violence to that belief in the eternal worth of the human personality which is the basis of the highest values of modern life—*Birth Control Review* May, 1934.

A MODERN ANSWER.

BY CAROL K. NASH,

Field Secretary, New York City Committee.

Less than four years ago a settlement on the lower East Side in New York City opened its doors to a new movement—a contraceptive service for the mothers of the neighbourhood. The work was organized by a social worker in co-operation with social workers and nurses, and was planned to meet the needs of the poorest, most unlettered

group of under-privileged women, those who had neither the knowledge nor the initiative to help themselves. That the contraceptive centers have successfully met the demands of these women and that social agencies have found the solution of many difficult family problems through this service, is no longer questioned. For as the Mothers Health Center for Contraceptive Advice became known in the district, an ever-increasing number of patients applied for help. And social workers, hearing about the center established in one section, asked that the service be expanded so that other groups might avail themselves of this vitally important aid.

Today there are fourteen mothers health centers in New York City, Brooklyn and Long Island. Some are in settlement houses, others in health centers, a parish house, a family relief society, a dispensary and a day-nursery. Since the inception of the work over 5,000 mothers have been advised. They presented problems of health, of marital maladjustment, of hereditary weaknesses. A few records will serve as illustrations.

Mrs. Angela M.: Referred by Home Relief. Registered November, 1932. Age, 35; husband 38. Married twenty years. Catholic. Suffered from diabetes. Twelve pregnancies, five living children. Patient was referred to a hospital for a therapeutic abortion and sterilization. *Is now improved in health and able to care for home and children.*

Mrs. Rose V.: Referred by another patient. Registered March, 1934. Age, 28; husband 32. Married five years. Husband on C. W. A. Catholic. General health poor. Six pregnancies all resulting in spontaneous miscarriages at from three to five months. Couple was happy until repeated miscarriages made wife anemic, nervous and worried; they wished to have a baby, but both became discouraged. Patient was advised and referred to hospital for treatment. Tests are being made and her health built up. *She feels happier and is confident that when*

she gains in strength, she may successfully bear and rear a healthy baby.

Mrs. Anna K.: Referred by a Health Agency. Registered April, 1932. Age, 28; husband, 37. Married fifteen months. Husband on C. W. A. Catholic. High strung and extremely nervous—one pregnancy, baby five months old. Very unhappy family, poorly adjusted to married life. Husband domineering and unkind, wife frightened and planning to leave husband. Was instructed and advised to try to live with her husband. After a few months patient looked better and was no longer "afraid". Changed her mind about breaking up marriage. *Child is well cared for and home life quite satisfactory.*

Mrs. Lena S.: Referred by Hospital Social Service. Registered March 1931. Age, 39; husband, 43. Married twenty-two years. Hebrew. Health very poor owing to recent miscarriage. Twelve pregnancies—nine living children, eldest twenty-one. Woman found method difficult but was eager to learn and very co-operative. She used it successfully for two years. Husband quarrelled with her and revenged himself by destroying the materials. Very difficult home situation for some months when wife refused to live with her husband. Their differences were finally overcome and husband gave wife money to buy new supplies. *She comes to clinic regularly and adjustment seems stable.*

Mrs. Eva K.: Referred by Family Society. Registered November, 1931. Age, 38; husband, 39. Married fourteen years. Hebrew. Pale and undernourished, four pregnancies, four living children. Husband had conscientious scruples against using contraceptives, and couple had lived in absolute continence for three years. Relations were strained and both husband and wife were ill, nervous and irritable. Home atmosphere grew steadily worse. Patient reports that her husband was finally won over to the idea that contraception was less sinful than constant quarrelling and bitterness. *Children*

much happier now that the parents are on better terms.

Social workers are familiar with conditions such as are illustrated in these case histories. They are offered as evidence that intelligent use of contraceptive service is a modern answer to an ancient problem—*Birth Control Review, May, 1934.*

THE MIDWIFE'S RESPONSIBILITY.

The changes which have occurred during the past few years in the maternity services have undoubtedly improved the midwife's training and conditions of work, but at the same time have largely increased her responsibilities. One effect of this change is that women are tending more and more to turn to their midwife for advice about their troubles and ailments, only consulting a doctor on her recommendation. This is all to the good, for the midwife can often persuade her patients to seek medical advice for apparently trivial ailments which are responsible for their ill-health, but the seriousness of which only a trained eye can recognise.

The midwife cannot remain in practice long before asking herself what are the causes of the debility which her patients endure with such fortitude. Well, what are the causes? They may be economic and have to do with such things as unemployment, low wages and having too little food; but the chief cause is excessive child-bearing. Every child added to the family means an extra mouth to feed, extra strain on the over-worked woman, and a general lowering of the family's standard of life. Some women try to escape from this misery by inducing an abortion; indeed it is estimated that at least two million abortions are carried out in America each year, and the numbers in this country must be very considerable. According to the final report of the Ministry of Health's Committee on Maternal Mortality and Morbidity, abortion and sepsis account for half the

cases of maternal death. So abortion is not a very good remedy, is it? Can we not provide these harassed, over-wrought mothers with a remedy that will prevent their even contemplating the idea of inducing abortion?

Scientific birth control supplies the only answer. Unfortunately this subject is not taught to midwives during their training, and they may enter on their duties with the haziest idea of its possibilities and limitations. Let us then clear away some common misconceptions about the meaning and purpose of birth control.

In the first place, it does not aim at preventing women from having children but rather at helping them to space their children at suitable intervals—in other words, to have children only when they are in a healthy condition to bear them, and are able to provide for them the food, clothing, shelter and loving care, which are part of every child's birthright. Secondly, you should realise that the practice of birth control is not harmful to those who adopt it. Far from it. Provided it is taught by competent persons, it can do nothing but good. It is only the quack methods, to which men and women resort in the absence of proper birth control instruction, that are useless and harmful.

Those of us who believe in birth control, maintain that the physical side of marriage has a two-fold purpose: it is intended for the production of children and to serve as a means by which two persons can express their love for each other. It is an outward expression of an inward spiritual feeling. It follows that women must be enabled to take part in this physical relationship without fear of becoming pregnant; for if they are obsessed with fear they cannot enjoy the satisfaction which this relationship should bring.

Lord Horder, who is President of the National Birth Control Association, said recently that indiscriminate child-bearing is a disease, and all those who work among the poorer sections of society will agree with him. This truth has received some measure of recogni-

tion from the Ministry of Health, which now permits local authorities to arrange for the provision of birth control instruction to women whose health would be endangered by further pregnancies. This is a step in the right direction, but it cannot help those women who, though not medically unfit in the sense that they have some definite disease, are so worn out by child-bearing, or are so poor, that further pregnancies would debilitate them further and prevent their giving proper attention to the children they already have.

You may ask how all this concerns you, a practising midwife. The answer is that there is no one to whom the patient is more likely to turn for advice on birth control than you. It is essential that you should obtain the knowledge that would enable you to direct your patients to the best sources of birth control instruction, and, above all that would enable you to tell them with certainty whether they are using methods which may be injurious to their health.

Read the literature on the subject; go, if you can, for instruction to a birth control clinic; learn how much you may teach yourself with safety, and when it is more advisable in the best interests of the patient send her for instruction to a doctor.

The Birth Control International Information Centre, Parliament Mansions Westminster, S. W. 1, is at all times ready to deal with inquiries from any part of the world; the National Birth Control Association, 26, Eccleston Street, Victoria, S. W. 1, helps inquirers in the British Isles. By means of the information that these organisations can put at your disposal, you may make your own personal contribution to the health and marital happiness of your patients, and help to bring into the world a generation of wanted children for whose physical and mental needs the parents have been able to make ample provision.—*Leaflet of Birth Control International Centre.*

News and Comments.

Social Services "Begin Too Late."

"We are doing a great deal for the present generation but very little for the next," declared Dr. J. Clark, Medical Superintendent of the Sheffield City General Hospital and Deputy Medical Officer of Health for Sheffield.

He was speaking on "The Heritage of Health," and he summed up by declaring, "All our social services begin too late, and it is certain that if we wish to see our present civilization continue, some concerted action will be necessary to see that parents of future generations shall be fit parents."

Many women to-day, he declared, would not be allowed to reproduce in a properly-civilized country, and yet nothing was being done about it.

Referring to the question of the mentally defective, he declared that the people whose children would be an asset to the community were practising birth control, and those whose children would be a liability were unable or unwilling to practise birth control.

Birth Control and Morality.

We have lately been told by bishops in the House of Lords that birth control is immoral. Unfortunately they did not say what they meant by 'moral.'

Everything is moral that promotes human health and happiness, and everything is immoral which has a contrary effect.

Birth control is the only possible antidote to war, for militarists like the Kaiser, Hitler, Goering, Mussolini, and Matsuoka have again and again told us that expanding populations require increased territory, which can only be obtained by war.

Birth control is also essential to prevent poverty, for no possible advance in science can keep pace with an unrestricted birthrate.

Therefore birth control is moral.

A Milestone.

RESOLUTION No. 32.

Agenda of Co-operative Women's Congress, 1934.

"In view of the persistently high maternal death rate and the evils arising from the illegal practice of abortion, this Congress calls upon the Government to revise the abortion laws of 1861 by bringing them into harmony with modern conditions and ideas, thereby making of abortion a legal operation that can be carried out under the same conditions as any other surgical operation. It further asks that women now suffering from imprisonment for breaking these antiquated laws be amnestied."

Blackhorse Road Branch; Elmer's End Branch.

Birth Control in Hawaii.

A birth control clinic conducted under the same roof and in the closest conjunction with a prenatal clinic, a venereal disease clinic, a child health conference, a general medical clinic, and a generalized public health nursing organization, presents a set-up which may well be unique. The value of such a relationship is obvious and under the stimulation of medical and nursing directors who regard control of conception as a major public health and social welfare measure, and with the hearty support of its medical advisory committee and its Board of Trustees, Honolulu is receiving through its Palama Settlement an unusually effective service. Many of the services of a family guidance clinic are also given by the birth control clinic.

The clinic's services include sterilization by vasectomy and referral of women to the City and County hospital service for salpingectomy, as well as temporary control by birth control methods.

During 1933, 955 women have sought advice at the clinics, making 2936 visits. The Japanese, Filipino, Portuguese, Porto Rican and Korean groups are represented on the clinic register in considerable excess of their proportion in the general population of the city; the Hawaiian, Chinese and Caucasian in less proportion. Roman Catholics represent 39 per cent of the patients, Buddhists 36, Protestants 20 and others 5 per cent. Fifty-seven per cent of the patients are referred by the Palama medical department or the public health nurses. Much service is performed for the social agencies and the Territorial Unemployment Relief Committee. An aggressive follow-up service by clinic visit, home visit and letter is conducted.

One hundred fifty sterilization operations have been performed during the year without a complication or a complaint. A motion picture in color has been taken to show the technique. A medical report of the clinic's work is under preparation.

The clinic was opened in July, 1931. The medical director, Dr. Joseph Wincy Lam, the physician, Dr. Muriel Cass, a full-time social worker, a full-time clerk-interpreter, a part-time nurse and an attendant conduct three three-hour clinic sessions a week, exclusive of the medical director; other expenses, chiefly supplies are \$1,000.

The medical department, of which the birth control clinic is a part, is supported equally by the City and County government and the annual United Welfare Fund.

Southern California Clinics.

There are a number of Mothers Clinics scattered throughout Southern California. One of the oldest of these clinics is the one connected with the

dispensary of the Pasadena Hospital, established six years ago. The Hospital supplies professional services to the clinic, its expenses are met by the Community Chest, and its service is, of course, available to residents of Pasadena.

An outstanding achievement in Mothers Clinics is that run by the Woman's Hospital of Pasadena. Here a group of socially far-sighted women have made possible a maternity service which, logically, recognize the cycle of conception, pre-natal care during pregnancy, confinement and contraceptive service.

Several years ago the Woman's Hospital of Pasadena was founded to provide modern hospitalization for maternity cases at low rates. It is a small hospital, charmingly situated, scientifically and attractively equipped to meet the needs of families of limited incomes. It cares for the expectant mother who does not go to the General Hospital, but whose budget cannot meet the customary hospital expenses. During its relatively brief existence, the Women's Hospital has proved itself so vitally helpful that it is now a beneficiary of the Pasadena Community Chest. In addition to hospitalization during confinement, the patient has access to the Pre-natal Clinic and to the Mothers Clinic of the Women's Hospital. Observation of the cases served by the hospital indicated the need for a Mothers Clinic directly connected with the institution. This clinic, founded in May 1933 and supported by private funds, offers its services not only to patients of the hospital, but to outsiders as well.

The close contact with the patient in a small hospital during pregnancy and confinement offers an unusual opportunity for building up a sound psychological attitude about contraceptives and for training the patient in their use. The executive director and the social worker are able to discuss the question with the patient in the light of her own particular problems, to help her plan for the care of this child and to advise her

about timing the coming of the next, to give her literature about contraception, and to make her understand the function and value of the Mothers Clinic.

In Los Angeles County there are at present fourteen Mothers Clinics serving the County population from finely equipped medical centres operated by the County Health Department. They are financed by that department, that is, the buildings, equipment, and the nurses of the staff are paid for by the department. Because of the present financial situation, physicians are volunteering their services, and only tubercular and venereal cases are accepted. Other patients are referred to physicians who co-operate with the County Health Department in giving the patients the benefit of clinic rates.

Czechoslovakian Birth Control Society.

The Czechoslovakian Birth Control Society, organised through the efforts of Mme. Molinkova-Popprova, has just held its inaugural meeting. This Society is essentially the work of women, and is built on the foundation laid by the pioneers, Mme. Karpiskova, Mme. Vankova and other women who have been doing quiet propaganda for years past. All the most important women's societies have collaborated in its organisation and are represented on its executive, which comprises also three women Members of Parliament and several medical men.

The Society "not only concentrates on the biological and medical work of birth control, but wants also to improve sex morality, to lead the young to the ideals of self-control for which President Masaryk has pleaded." Senator Mme. Karpiskova, its President, has been a pioneer of birth control for twenty years among labour women and has fought in Parliament against the indifference of governmental departments.

The Inaugural Meeting was a great success. Much interest is being taken in the new Society and the hall was well filled, everyone joining the Society

at the end of the meeting. Some of the audience had come from provincial towns, where they are anxious to open birth control centres. After an address by Mme. Popprova, explaining the need for the Society, its aim and programme, the chair was taken by Mme. Jurneckova, M. P.

The chief speaker was the eminent gynaecologist, M. U. Dr. Ostrcil, University professor and head of two gynaecological clinics, who addressed the meeting on the necessity for birth control, the dangers of abortion, the futility of preaching abstinence, the unreliability of the "safe period" method lately so ardently advocated in certain quarters, and the superiority of modern scientific contraceptive methods, which, however, are not everywhere practicable on account of the ignorance of contraceptive technique among medical doctors. He recommended that the first clinic should be established in connection with gynaecological clinics so that doctors could obtain the requisite experience.

After mentioning the great progress that had been made in contraception abroad and paying a tribute to the work of Margaret Sanger, he stressed the responsibility of birth controllers in the handling of a double-edged weapon, and besought them to have always in mind the future of the race, and to conduct along with the campaign for enlightenment in matters of sex hygiene a campaign for the appreciation of motherhood and the preservation of national life.

His address was warmly appreciated and was followed by a speech from Dr. Jardsova, representing the Society of Women Physicians.

The many messages of greeting delivered to the meeting by the representatives of the various women's organisations, and on behalf of the League of Social Workers and of the Birth Control International Information Centre, all expressed appreciation of and sympathy with the hard lot of poor women condemned to suffer for lack of scientific knowledge on this vitally important matter.

Maternal Mortality and Birth Control.

The strongest argument in favour of limiting the family is that by the fourth birth the mortality rate very nearly approaches that of the first birth, looked upon generally as the most serious and dangerous. After the fourth birth the mortality rate steadily and markedly rises with each successive pregnancy and parturition; the same applies to still-births and neo-natal deaths.

Birth Control World Wide.

England—At the Annual Meeting of the National Council for Equal Citizenship, held on March 9th, 1934, the following resolutions were passed:—

Birth control: Carried unanimously.

"In view of the urgent need referred to in the Final Report of the Departmental Committee on Maternal Mortality and Morbidity for giving women for whom a pregnancy would be dangerous to health scientific information, this Council asks the Minister of Health as a first step:—

(a) To bring strong pressure to bear on Local Authorities to use the power they already possess under Memorandum 153 MCW.

(b) To widen the powers of Local Authorities so that they may give contraceptive advice to all married women who require it for medical reasons of either husband or wife instead of only to certain categories of married women as at present.

Sterilization: Carried.

"The National Council for Equal Citizenship in Annual Council assembled, welcomes the Report of the Sterilization Committee appointed by the Board of Control and urges His Majesty's Government to promote legislation embodying the recommendations of the Committee and requiring from Local Authorities stricter compliance with the existing regulations for the ascertainment of mental defectives."

nual sexual stimulation, prolonged sexual abstinence is usually, I think, definitely harmful.'

We are not advocating the giving of this information to unmarried young people. We believe that all married people who desire it are entitled to this information. The refusal to supply contraceptive information means inevitably sickness and death for thousands of mothers and children. For others it will result in the use of wrong means with serious consequences, and will sometimes evenuate in unhappy marriages and broken homes.

News and Comments

The League of Nations.

Professor Julian Huxley said in New York recently: "Within a year the League of Nations will be discussing a limitation of populations." He added if birth control gets into its proper stride, "a hundred years hence there will be no League of Nations."

A Hundred Years Hence.

"A hundred years hence," says Julian Huxley, "the League of Nations will be discussing a limitation of populations." "No" says Arthur Brisbane, the most widely read of all syndicated writers "birth control will come about by Nature's natural processes. Increasing intelligence will cut down the size of families already regulated by the will of parents and information from doctors". "A female elephant" he adds, "has two children in a hundred

years while a female mouse has a hundred children in one year."

* * *

When will population diminish?

Many people are looking forward eagerly to the day when the population of Great Britain will begin to diminish. They realize that when that day comes unemployment will quickly disappear. Most authorities agree that after 1940 the population will be decreasing. That is the estimate of the Committee on National Debt and Taxation, and it has been confirmed by Dean Inge. We know with absolute certainty that this glorious event cannot be long delayed, for the number of young children is now much smaller than the number of persons twenty years older, so that even if no children die or emigrate, the next generation must be less numerous than the present.

* * *

A Wise Woman.

Mrs. J. R. Clynes, wife of the Home Secretary writes in the *Daily Express*: "The Victorian quiverful is nowadays within the reach of only the very poorest and the millionaire.....My own experience of a family of three children, with never any period of really bitter poverty—although our early years were a hard enough grind, nor enough of margin at any time to make me feel slack about things—would make that number my ideal if I had my time over again."

* * *

Unemployment in Europe.

According to the latest figures the number of unemployed persons in

each of the leading European countries is as follows :—

Great Britain	2,617,658.
Germany	4,894,000.
Italy	642,169.
France	39,084.

* * * *

Madras City mortality rates per mille of population.

For the week ending	April 25	40.2
"	May 2	36.3
"	" 9	43.5
"	" 16	44.8
"	" 23	46.8
"	" 30	48.8
"	June. 6	46.7
"	" 13	67.1
"	" 20	56.0
"	" 27	47.0

* * * *

More Clinics in Great Britain.

Our latest information is that 21 public health authorities are now arranging to give birth control instruction. Soon they will all be doing it.

* * * *

Gillingham.

Gillingham's Town Council has decided upon the establishment of a municipal birth control clinic.

* * * *

Bath.

In establishing a birth control clinic in Bath, Mr. A. Cunliffe Fox, pastor of the Unitarian Church in Trim Street, said that he certainly believed in birth control and that the present arrangement that a clinic should be established where information should be given on medical grounds did not

go far enough and that however the present move was a step in the right direction.

* * * *

Report from the National Birth Control Council for March last.

(1) Bath, Bethnal Green, Brighton, Edmonton, Manchester, West Bromwich Councils have passed schemes for providing birth control instruction within the terms of the memorandum.

(2) Southampton Council is going to consider the desirability of setting up a gynecological clinic.

(3) The N. B. C. Council is in touch with six other local authorities where steps may be taken shortly.

(4) Hoyland Nether and Scarborough Councils have decided to take no action.

* * * *

The National Birth Control Council reports that:

Schemes for giving birth control advice within the terms of memorandum 153 have been passed by the following local authorities :—

(1) Barrow-in-Furness, Denbigshire County Council, Gloucestershire County Council, Hammersmith, Stoke Newington.

(2) The Health Committees of St. Helens and York have passed schemes to go before the councils.

(3) The Council is in touch with eight other local authorities where early developments are likely.

(4) At Leicester and Rotherham the schemes passed by the local Councils are now in action.

(5) Hoyland County Council, Stepney and Swansea have rejected schemes. Macclesfield, Ilkeston and Regate report that developments are unlikely.

* * *

Cambridge Union.

The Cambridge Union has passed the resolution moved by A. H. Snell "That this House would welcome the wider application of birth control as being in the best interests of morality and social welfare" by a majority of 276. Professor MacBride expressed his great pleasure at addressing the House once again after an interval of thirty-three years. The House was no less delighted to welcome Professor MacBride, and his eloquent, lucid and convincing speech will long be remembered by all who had the good fortune to hear it. The Hon'ble ex-president began by asserting roundly that birth control was the only social reform worth considering at all. All others were as "quack" remedies for the present social disease. The social problem today was one of pressure of population on the means of subsistence. Under normal circumstances a large family was healthier than a small one, but at the present time the circumstances were abnormal. Whereas in past times the death rate and more practically infant mortality, had always been extremely high, to-day the death rate was extremely low. This meant a tremendous pressure on the means of subsistence. England was over-crowded to suffocation. Emigration to the Dominions and to America had been reduced to a minimum. What was likely to be the condition of these

islands if all those outlets were blocked and did nothing to reduce the increase of breeding, especially breeding from the worst stock? Birth control, declared the professor, was now too firmly established in the upper middle and lower middle classes for any retraction."

* * *

Manchester City Council approves scheme for birth control instruction in city hospitals.

"Councillor R. G. Edwards, the deputy chairman of the Public Health Committee, said there were those who believed that to practise birth control was sinful, but to his mind the immorality lay in allowing women who were unfit to bear children. If it were the duty of the Committee to advise mothers they ought to be logical and enable them to act on their advice.

Councillor Dora Taylor said that the scheme was going to mean so much to hundreds of mothers in this city.

Councillor Mostyn said that the only real objection to the proposal was not a medical objection, but a certain mental attitude which was responsible for a feeling that the whole question was an unsavoury one that there was something unclean about it. But civilization primarily, he insisted, had always implied an interference with this liberty of nature, and they should not hesitate to exercise the forces that were in their hands against the natural forces which were wrecking our women's lives.

Councillor Mrs. Simon said it was wrong to assume that the information it was proposed to provide could already be obtained. It was certainly not available for those who needed it most. She added that the only grounds

upon which it would be supplied would be medical grounds, and that the responsibility for deciding this matter would be left to the medical officer in charge.

After Miss M. Kingsmill Jones, the chairman of the Committee had explained that she herself would have been opposed to the scheme on economic or any other than medical grounds, the amendment was lost by seventy-one votes against eighteen."

Special courses in contraception and sterilization are given in :

University of California; College of Medical Evangelists; University of Colorado; George Washington University; University of Chicago; Rush Medical School; State University of Iowa; Washington University; Columbia University; N. Y. University & Bellevue Medical College; University of Texas; The University of Wisconsin; The University of Rochester.

Incidental instruction :

University of Arkansas; Yale University; Howard University; University of Georgia; University of Illinois; Indiana University; The University of Kansas; Tulane University of Louisiana; Boston University; Harvard University; Tufts College; University of Minnesota; University of Nebraska; Albany Medical College; University of Buffalo; Cornell University; N. Y. Homeopathic Med. College and Flower Hospital; Syracuse University; University of Cincinnati; University of Oregon; Hahnemann Medical College; Woman's Medical College of Pennsylvania; University of

Pittsburgh; Meharry Medical College, Tennessee; Vanderbilt University; Baylor University; Medical College of Virginia; University of Virginia.

Birth Control in Australia

In supporting birth control, Archbishop Head said at the Anglican Synod in Australia as follows:—

"Married couples are anxious to do their duty by their children, but if so, they are conscious that they cannot always afford to have large families. As Christians, many of them are asking, is it wrong to restrict the size of families in the interests of the children we cannot afford to have and to educate? There is a new knowledge of the use of contraceptive among young people which seems to some of them to take away the danger, and therefore the evil of illicit unions." And he added that the ideal of sex for the Christian marriage, and the life-long union of two personalities was the sacramental exhibition of manhood and womanhood at its best. Divorce was a destroyer. If a man and wife had realized that the physical side of love is only the expression of a spiritual relationship, it is better to leave them free to use modern medical knowledge, as in the sight of God, than to condemn what may perhaps lead to disease or moral disaster, or even death".

A new medical society.

A few weeks ago was started a society called "The American Association for the Advancement of Social Medicine." Among its published 'Aim' is a clear declaration: "To support the movement

for birth control." The promoter is Dr. B. Liber who has occasionally written for the birth control review. So far about forty physicians are said to have joined the association.

"Fewer and Brighter Babies."

This headline is taken from the *New York American*, which records that the N. Y. birth rate has fallen 30 per cent in sixteen years. With this fall one notes with satisfaction that the death rate was at its lowest for all time. Deaths from tuberculosis are particularly diminishing. This is the subject of Mr. Will Durant's plea for birth control; "Science has reduced the death rate to such a degree that birth control must follow and is inevitable."

A Tragedy.

"I have never come across a district in which on an average, families seem to be so large".

Thus remarked His Honour Judge Parsons at Bridgwater County Court, where the father of nine appeared on a judgment summons. The Judge asked, "Is your wife expecting another child?"

Amid laughter the man replied "No Sir"

"Don't laugh" commanded Judge Parsons "It's a tragedy. A shocking tragedy for everyone concerned. An epileptic suffering from mental trouble nine children, the youngest sixteen months old. All these years they have been propagated as fast as Nature can do so. All C₃; all to be kept by the people".

Killed Starving Child.

FURTHER DETAILS OF RANGPUR TRAGEDY

The following further details are now available concerning the tragedy at Chaluna near Rangpur, where the wife of a Mahamedan farmer, unable to bear the sight of her starving little son put the knife to his throat thereby killing him out-right.

The cultivator who was the sole earning member of the small family went out a couple of days before the day of occurrence to secure a job and did not return, evidently failing to get any, in the meanwhile, the mother and the young child had been starving.

On the third day, the mother grew desperate at the sight of the boy dying of hunger. It was too much for her, and she hastened the end by applying the knife to her son's throat with her own hand. Having accomplished this she was attempting to commit suicide when a neighbour chanced to pass by that way and at once raised a hue and cry.

The woman was immediately sent to the nearest hospital where she is lying in a precarious condition.

How France abolished unemployment.

On Sunday, October 19th Mr. R. B. Kerr lectured to the South London Secular Society on the above subject. He said that at present Britain and Germany has each one registered unemployed person for every twenty of the population, but France had only one to every forty thousand. That was probably as near perfection as it would ever be possible to get.

In the past France was not always free from unemployment. In 1792 the famous traveller Arthur Young visited France and reported that "The predominant evil of the kingdom is the having so great a population that she can neither employ nor feed it." In the first half of last century there was unemployment in Paris, and municipal workshops were provided. Since the middle of last century, however, there had been a slight immigration constantly going on from the surrounding countries into France, because it was known that work was available. Before the war there was a certain amount of trade union unemployment but the number out of work was always much smaller than the number entering the country and getting work. If the skilled workers had been willing to

accept unskilled work they could easily have got it.

Since the war France had been totally free from unemployment except during a short financial crisis in 1927 when the currency was being stabilised.

All writers on France from the most enthusiastic birth-controller to the most bigoted Catholic agreed that the absence of unemployment was due to birth control. The only difference was that the Catholics called it "scarcity of labour" and regarded it as an evil.

The lecturer pointed out that in ten years, our own population would be diminishing as all statisticians were agreed. When that time come, unemployment would probably vanish very rapidly.

The lecture was followed by many questions and a lively discussion. Mr. H. Preece made a good speech in support of the lecturer. Mr. John Seabert made an excellent chairman.

The First Birth Controller.

"The Principle of Population" by Francis Place. Edited by Norman E. Himes. Published by Allen & Unwin Ltd., 1930. Price 12s. 6d.

Francis Place was the father of birth control and our friend Norman E. Himes, now Assistant Professor of Economics at Clark University U.S.A. has done excellent work in reprinting the book in which Place set forth the theory for the first time, in the year 1822.

Place was a man of humble origin and by trade a tailor. He was the wisest labour leader of his time, with a contempt for advertisement but a sincere desire to do what he could for his fellow workers. No man was ever less of a demagogue. He said whatever he believed, without caring whether it would be popular or unpopular. He never idealized the workers. He knew them too well.

Place was convinced by Malthus that limitation of the birthrate was essential to the welfare of the working class. He saw, however, that Malthus's remedy of late marriage was a hopeless one, and that something more practical must be

substituted. He therefore advocated birth control, the method he recommended being the sponge.

Correspondence and Review

To The Vice President,

The Neo-Malthusian League, Madras

Dear Sir,

Being altogether a stranger to you I write with diffidence pressed by an urgent need. I am a teacher and am aged 32. My wife is 22 years old. We have now four children—sons, and an orphan girl (my elder brother's child—doubly orphaned) to take care of. I have been feeling that the interval of two years between my children is too short a period of respite for my wife. Yet we were averse to adopting any contraceptive methods. Perhaps on account of the strain involved in child bearing and much more in the bringing up of the five children with no outside help, my wife who had been keeping perfect health, had low fever for 20 days in January last. She is now fairly all right but fear of future prostration makes her think of going in for contraceptive appliances. She is naturally so very sensitive that she wants me to apply for information and guidance to you alone with the hope that the matter would be kept completely confidential.

I shall deem it a very great favour if you will kindly favour me with the necessary directions and a V. P. parcel of any appliances available there,

I beg to remain etc,

(Sd.)—

A Splendid Indian Book.

In the *New Generation* of May last Dr. C. V. Drysdale, the President of the Malthusian League London writes about the book "Population and Birth Control in India" by Dr. M. S. Krishnamurthi Ayyar M. B. & C. M. as a "Splendid Indian Book" and "one which every Indian adult who can read English should buy or borrow." The book is available at the Pioneer Book Depot, Royapuram at Re. 1 per copy.

Holland—The Annual Report for 1933 of the Amsterdam birth control clinic, Dr. Aletta Jacobs Huis, announces a steady increase in the number of patients and an increasing interest among physicians in the work of the clinic. During 1933, 3,228 new patients were advised, and the total number of cases, including old patients, was 7,416. The clinic advises on marriage difficulties in general as well as on birth control, and an analysis of the visits shows that 72 per cent. of the patients sought advice on birth control, 9 per cent. on abortion (refused), 6 per cent. on difficulties of married or sexual life, 5 per cent. on cure of sterility, 6 per cent. for medical examination before marriage and 2 per cent. on various other matters.

All religions and professions were represented, but the number of unskilled and very poor people was unfortunately very small, and the funds of the clinic do not permit of much gratuitous help.

South Africa—The Cape Town Mothers' Clinic, during 1933, dealt with 2,025 patients, of whom 756 were new cases—an average of 63 fresh patients a month. The proportion of European and non-European mothers applying for advice was about equal—379 and 377 respectively. Six women asked for advice for cure of sterility. The husbands of 246 were unemployed and many others dependent on casual work. Many letters have been received from mothers in outlying districts, as far away as South West Africa and Namaqualand.

There are now birth control clinics in Johannesburg, Port Elizabeth, Benoni, Maritzburg and Cape Town, and clinics are under consideration in other towns.

The Cape Town Centre's Committee is urging that instruction in contraception should be allowed as part of medical preventive work at the Health Centres.

World's Press on Birth Control.

Rangoon Gazette—February 23rd, 1934: "Whether they like it or not, countries which are over-populated

now, or are becoming so, and for whom there is no outlet in emigration—which in any case cannot correct over-population, no matter how ambitious the schemes adopted—must sooner or later turn to education and birth control as the only ultimate solution."

Natal Witness—Pietermaritzburg—February, 19th 1934: "No enlightened modern mind will claim any moral sense is outraged by the scientific and humane prevention of the propagation of degenerates. The unrestrained breeding of mental defectives, deaf mutes, hæmophiliacs and V.D's does not lead to the Kingdom of Heaven."

Daily News—Colombo, Ceylon, March, 1st 1934: "The debate which took place on the second reading of Lord Dawson of Penn's Contraceptives Bill was one of the most human that has taken place in the House of Lords for a long time. ... Lord Dawson made all the arguments advanced against birth control appear childish."

New York Herald Tribune—March, 15th 1934: "Dr. Raymond Pearl, professor of biology in the School of Hygiene and Public Health of Johns Hopkins University, said that 'the national policy of prohibiting the free dissemination of scientific birth control information is definitely adding to the problem of poverty and unemployment.'"

The National Birth Control Association.

(With which is incorporated the Birth Control Investigation Committee.)

A Conference on Birth Control for General Nurses, Public Health Workers and Midwives will be held at the College of Nursing, Henrietta Street, London, W. 1. on Friday, June 15th, 1934.

Agenda.

Morning.

Chairman: The Lord Horder, K.C.V.O., M.D., F.R.C.P.

10-30 The Ethics of Birth Control.

Lecturer: Claude Mullins Esq., Metropolitan Stipendiary Magistrate.

11-30 Birth Control and the Public Health Service.

Lecturer: Mrs. Stocks, J.P.
Afternoon.

Chairman: The Lady Denman, D.B.E.
2-30 The Technique of Birth Control.

Lecturer: Mrs. Helena Wright, B.S.,
B.S., M.R.C.S., L.R.C.P.

3-30 The Contribution of the Nursing Profession.

Lecturer: Cedric Lane-Roberts Esq.,
M.S., F.R.C.S.

Correspondence.

(From a Mahomedan gentleman.)

The writer would like to avail himself of this opportunity to introduce himself as one who is keenly interested in the activities of the Neo-Malthusian League, Madras, and one who has always endeavoured to impart knowledge regarding birth control to all those who deserved advice on the subject. It may also be added here that the writer desires to popularise the idea of birth control among the people of this place and to institute a league for the promotion of the same in the model of the one which you are having in Madras.

The intent of this letter is to seek advice from you as to what all literature I should acquaint myself with to enable me to easily master the subject and to request you to kindly let me have your views on my desire to do some propaganda through the formation of some institution.

You will quite realise that a matter like this will have to face strong opposition from the hands of the orthodox and heedless people to answer which I should be well equipped. That is why have even at the outset of my letter proper wished to be advised as to the literature I should follow. Therefore the first favour you could do for me on the matter will be to suggest a few books containing authentic and useful information on the subject, and to let me have the publications of the Neo-Malthusian League for my guidance. In the connection I may add that I am already in possession of a few publications, a list of which I am annexing herewith so that you could very well omit these from the list prayed for from you.

It is my great desire to keep in touch with you and to seek your help and assistance in working out the contemplated move. Meantime I have my own doubts as to whether a person of the status of a High Court Judge like yourself will find time enough to spare to respond to my communications from time to time. Also I am aware that you are already spending much of your valuable time for this cause in Madras, which, as I understand, has met with certain amount of success. But it is my firm hope that you will not grudge setting apart a portion of your leisure hours to be devoted for the enlightenment of a section of our countrymen at this end who are totally ignorant on the subject.

Before concluding, as one who firmly believes in the justification of birth control as a means to bring happiness and prosperity to the starving millions of our countrymen, I cannot fail to express my warm appreciation for the very effective work you are carrying out and your sacrifices on this behalf.

Without else by this to add, and awaiting the pleasure of hearing from you at your earliest convenience.

General mortality rate and epidemic returns of the City of Madras for the week ending

		Cholera.		Small pox.		Plague.		Total rate of deaths per mille of population.	
		attacks.	deaths.	attacks.	deaths.	attacks.	deaths.		
1934									
Apr.	7th	...	...	23	4	...	...	38.5	
	14th	...	...	28	6	...	...	38.3	
	21st	...	...	21	5	...	...	39.2	
	28th	...	...	23	2	...	...	48.9	
May	5th	...	...	32	4	...	...	30.5	
	12th	...	...	17	6	...	...	45.9	
	19th	...	...	6	1	...	...	45.0	
	26th	1	0	9	1	...	...	44.3	

Epidemic returns for the Province of Madras for the week ending

		attacks.		deaths.		attacks.		deaths.	
		attacks.	deaths.	attacks.	deaths.	attacks.	deaths.	attacks.	deaths.
1934									
Apr.	7th	80	33	2185	348	11	19		
	14th	103	35	2969	400	11	12		
	21st	129	77	2178	367	7	4		
	28th	216	134	1736	327	10	3		
May	5th	148	95	2727	295	14	4		
	12th	159	91	2309	373	4	2		
	19th	136	66	1604	314	7	2		
	26th	171	78	1292	265	9	3		

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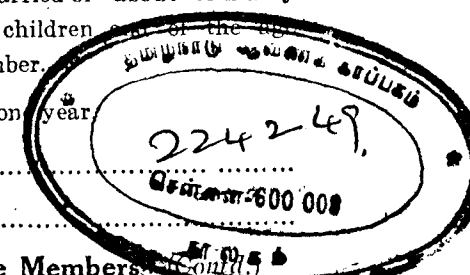
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