

THE NATIONAL COMMITTEE ON FEDERAL
LEGISLATION FOR BIRTH CONTROL, Inc.
For Legalized

Birth Control

with an introduction by

MARGARET SANGER

Wasting Women's Lives

by HELENA HUNTINGTON SMITH

Birth Control's Business Baby

by ELIZABETH H. GARRETT



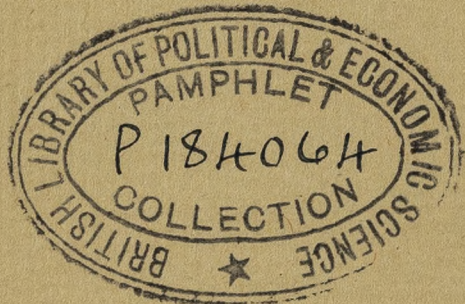
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Foreword

by MARGARET SANGER

SO CONVINCINGLY do these essays expose two different aspects of a heart-breaking national tragedy that it has become imperative to reprint them in the pamphlet herewith presented for the consideration of serious-minded Americans.

Helena Huntington Smith summarizes "the long-standing horror" of America's maternal death rate. Behind this picture of the appalling waste of women's lives we can sense the desperate need and utter frustration which preceded the fatal effort for relief.

In contrast—and in what vividly dramatic contrast—Elizabeth H. Garrett exposes the new generation of profiteers and quacks which has arisen to batten upon human misery, credulity and despair, and amass greedy profits from the traffic in pseudo-contraceptives.

This situation, which all sane-minded people must deplore, has arisen as a result of the confusion and indifference of public opinion. The intelligent citizen cannot absolve himself wholly

from blame so long as he stands aside, while the battle to supplant confusion and ignorance by an honest, long-range program for racial health is being fought.

In a test of more than one hundred of these so-called "contraceptives," undertaken by our Birth Control Clinical Research Bureau in New York City, forty-five were discovered to be utterly unreliable. This fact will not, of course, come as a surprise to most people. On the contrary, it would be a revelation if they had been found to have value. The phenomenon is part and parcel of the whole fabric of "big business." A high-pressure salesman unloads his wares upon indifferent pharmacists, along with highly colored and deceptive window displays and suggestive advertising material. Concerning the efficacy, the harmlessness or the potency of these products, the guarantee is implied rather than explicit, evasive rather than assured.

During the last five years this business has grown by leaps and bounds, not always because it seeks honestly to minister to human needs but because, with diabolic insight, it has supplied the demands of desperation.

It was precisely this lamentable possibility that I foresaw some eighteen years ago. That premonition compelled me to attempt to divert the current of opinion within the ranks of the Birth Control movement away from the so-called Free Speech aspects of the campaign to the necessity of a scientific approach. Coöperation of the medical profession was imperative if the women of America were to receive the best information available—for even then the adulteration of drugs and the traffic in quack nostrums was a scandal smelling to the heavens.

We called upon the leaders of the medical profession to inaugurate modern research into the whole problem of contraception from the physiological point of view, and to develop from the resources of science a technique that would be harmless and unfailing. Concerning the moral and ethical aspects of the problem, we insisted that they could not be delegated to any external group but that parents must decide these issues for themselves. And on this we still insist.

The medical profession was, unfortunately, less responsive than women themselves in recognizing the crucial importance of the tech-

nique of contraception. More recently an aroused section of public opinion has stirred the doctors out of their lethargy. As individuals, many are rallying to the cause of Birth Control. But even today, as an organized national body, this profession withholds its support from legislative measures that are organically related to their liberty and the most pressing problems confronting them.

Confusion concerning State and Federal legislation is evident. One of the clearest of judicial opinions and I think one of the earliest was that of the New York State Court of Appeals, handed down by Justice Crane in my own case in 1918. This specified that contraceptives might be prescribed to safeguard the patient against "disease or the prevention of disease." Woefully inadequate this decision stands in an era like the present. What is imperative today is the removal of the whole problem from the realm of secrecy and commercialism into the daylight of intelligent control and supervision. The objectives sought by the Birth Control movement must become part of a clear-sighted and long-range program of national and racial health.

Wasting Women's Lives

The Frightful Toll of Abortion

by HELENA HUNTINGTON SMITH

THE DEATH rate of American mothers is a long-standing horror. Why does it never improve? Why does it compare so pitifully with that of benighted foreign lands, whose inhabitants are less zealous for hygiene and modern improvements than are those of the United States? Why do we lose between six and seven mothers for every thousand live babies that are born?

In the past, many theories have been offered in answer to these questions; lately there have been a few facts. The first set was recently presented in a report of the Children's Bureau, on a case-by-case survey of 7,500 maternal deaths. Investigators checked up on every death of this type occurring over a two-year period in fifteen states; it was the biggest study of its kind ever undertaken in this country. The doctors who did the work were almost as dumbfounded as any innocent citizen would be when they found that almost exactly *a fourth*

of the women had died after some form of abortion.

In one sense the problem of abortions is not news. Everyone knows—though no one ever, ever mentions—the fact that women, despite the laws of God and man, will sometimes resort to dangerous tactics to rid themselves of an unwanted addition to the family. But now this most hushed-up of awkward subjects can no longer be ignored.

The second set of facts, also recently published, was obtained from the same sort of survey in New York City. This survey, conducted by the New York Academy of Medicine, covered about two thousand cases; it covered three years instead of two, and its findings were a trifle less explosive from a moral standpoint. In New York, 17.5 percent of the maternal fatalities were connected with the mysterious interruption of a pregnancy in its early months.

The word "mysterious" is used advisedly. Often it wasn't even that. In the Children's Bureau series, 50 percent of these interrupted pregnancies were known to have been interrupted with deliberate intent. The other 50

percent were classified as accidental, but many of the "accidental" cases were frankly regarded as suspicious. Suspicion is increased by the fact that a large majority of abortion deaths—73 percent in the federal study, 73 percent again in New York—were septic. And it is known that in a bona-fide miscarriage septicemia is unlikely to develop. In short, the authors of both reports are convinced that genuinely accidental abortion is not a large factor in the death rate. Both reports say that a great many of these deaths were shrouded in silence and evasion, that it was almost impossible to get at the facts; but the impression prevails that a very large proportion of the fatal abortions were induced, either by a criminal practitioner or by desperate expedients at home.

The Children's Bureau and the New York reports, being concerned only with fatal cases, throw no light on the size of the problem in general. How many women are having abortions and suffering no ill result? How widespread has the practice become, under cover of society's bland refusal to know anything about it? This is partly answered in a third

study made by Dr. Marie E. Kopp, of 10,000 women who were given legal contraceptive advice at Margaret Sanger's clinic in New York City. Almost exactly half of the 10,000 women had never had an abortion or a miscarriage; the other half had an average of something over two apiece. The average was considerably raised by the presence of 1,250 "repeaters," who had each had five or more.

Two-thirds of all the abortions in this series were admittedly induced, and Dr. Kopp, like every other authority, casts doubt on the genuineness of some that were called spontaneous. These 10,000 women had an average of one abortion to every two and a half confinements, which checks very well with other estimates. Figure it out on that basis for the whole country, and you get a grand national total of 700,000 abortions a year. The specific authority for that guess is Dr. Fred J. Taussig of St. Louis, who wrote a report on this subject for the White House Conference on Child Health Protection.

Whatever it used to be, the abortion problem in these days is no longer restricted to that

Victorian myth, the wayward girl, nor does it go hand in hand with illegitimacy. The current studies have shown that most of the women who died from abortions were already burdened with responsibility, and left orphaned families behind them. In the Children's Bureau series, 90 percent were married. In New York the greatest number of abortion deaths occurred in the age group of 35 to 39, and in the sixth, seventh and eighth pregnancies.

There is, in fact, much to indicate that the situation is the same everywhere, and that the United States is simply feeling the wave of whatever-you-care-to-call-it that has swept the world since the War. In Russia, where abortions have been legalized, the whole question is, of course, quite out in the open; even in other countries, where they have declined to go to that length, the problem has been faced more honestly and studied more thoroughly than it has here. Dr. Taussig brought together a number of the foreign figures in his White House Conference report. Taking all countries together, he concludes that the average death rate from abortions is about twenty for every thousand cases—outside of Russia, where

legalization has greatly reduced it. For example, in Switzerland, where the mortality due to childbirth has been cut in half during the past thirty years—1.2 per thousand cases—the abortion deaths have risen to 23 per thousand. As Dr. Taussig very sensibly observes, the increase, which has been observed all over the world, is probably due less to moral laxity than to economic disturbances.

So far as the United States is concerned, there is one straw to show which way the wind is blowing. For the three years included in the New York survey, the abortion deaths amounted to 17.5 percent of all the maternal deaths. But, from 1930 to 1932 they went up, from 13.5 percent to 21.2 percent! These, be it noted, were depression years.

No one asserts that this prodigious rate of increase applies to the whole country; no one asserts that it doesn't. The figures are simply lacking. But the data we have are enough to suggest a new explanation for the persistently high level of maternal mortality. If abortion deaths throughout the land have been increasing as tremendously as the signs indicate, they alone could offset much improvement

in hygiene, hospitalization and prenatal care.

It is natural to wonder why, with scores of statistical tables being published year after year, the true state of affairs has not been revealed before. But it is not hard to understand when you know how the statistics are obtained. For example, Anna J. Brown comes into a hospital with a high temperature, and a story of falling down the cellar stairs in her third month of pregnancy. The hospital authorities may or may not believe the cellar-stairs explanation, but their function is to treat her for a dangerous septic condition, not to do police work. If she dies, the death is correctly certified as due to puerperal septicemia, and that's that, so far as the hospital is concerned. This grain of fact is deposited in the county health records. Eventually it is turned over to the federal Census Bureau. And Anna J. Brown, now relegated to the limbo of statistics, becomes one of six thousand infinitely shadowy women who die in this country each year of puerperal septicemia—a disease known to centuries of women as childbed fever.

Hundreds of papers are read, dozens of luncheons are eaten, scores of committees of

worthy people are called together, in an effort to find out why six thousand women annually persist in casting a reflection upon our up-to-date institutions by dying of puerperal infection. It is only when someone spends the effort and the money to go back to Anna J. Brown and her hypothetical fall down the cellar stairs that the underlying facts come out.

Forty percent of all the deaths connected with childbirth are certified as being due to puerperal infection, which is the largest single factor in maternal mortality. And in the Children's Bureau investigation it was found that 45 percent of these septic death followed abortion.

Whoever is to blame for the maternal deaths in this particular category—and that is a large question—the doctors and the hospitals cannot be held responsible. However, the committees of eminent medical persons who drew up the Children's Bureau report, and the New York Academy of Medicine report, did not take advantage of this opportunity for a partial vindication of their profession. Both reports almost lean over backwards in their readiness to attribute deaths to the doctor's

mismanagement, in their reluctance to attribute them to the hand of God. This is a healthy and commendable attitude. The New York committee did a particularly thorough job of tabulating cases from the standpoint of responsibility. Their analysis revealed that a little over a third of the deaths must be considered inevitable in the light of present medical knowledge. But the other 65.8 percent could have been avoided, and they classified 61 percent of the avoidable ones as the fault of the physician.

If a doctor has a severe bleeding case and fails to do a transfusion, or puts it off until the woman is dying, her death is obviously his fault. If she ignores dangerous symptoms in the face of the doctor's warnings, it is just as clearly her own fault. But if she lives ten miles—on bad roads—away from the nearest physician, and doesn't get around for the required prenatal visits, whose fault is that?

The explanation for 16,000 annual maternal deaths cannot be reduced to a few simple factors. But certain points do stand out in these two reports. Caesarean section is still a menace, or at least the physician who performs it

recklessly is a menace. After all that has been said and written in the past ten years about the tremendous mortality of this operation, it is repeatedly done in circumstances where good obstetrical judgment forbids it. Again, it is used as a desperate emergency measure, when long hours of labor and much handling of the patient practically guarantee that it will result in peritonitis. Greater obstetrical skill would foresee the emergency and reduce its dangers. It has been said again and again, and these latest findings confirm it, that the Caesarean section presents a tempting way out for the unskilled physician who finds himself in a difficulty. It is technically an easy operation, so he tries it and the patient dies.

For the past twenty years club ladies have been harping on the subject of prenatal care, but results prove that they haven't harped enough, because only 38.3 percent of the women in the New York series, 13 percent of those in the federal series, had prenatal care that was all it should have been. Apropos of the wide difference in these two figures, New York City has a maternal death rate consistently lower than that of the country as a

whole—5.7 per thousand as against 6.6. But this is not so low as it should be, considering the city's facilities. It now appears that the club ladies will have to address their propaganda to the doctors as well as to the public, for the poor prenatal care was often the former's fault. The sorry confusion of the statistics boils down to one solid impression, which is probably sufficient for the layman: if doctors in general knew their obstetrics better, deaths would be fewer. If they were even taught to know their limitations, it would help. A few sentences from the New York report are worth quoting.

The Advisory Committee is of the opinion that the obstetrical operative procedures are not to be undertaken unless the attendant is unquestionably competent, since many of them require a high degree of skill.

A realization by the practitioner of the danger of prolonged labor would make for more frequent and earlier consultation with the specialist, with a possible saving of human life.

The lay public must know what constitutes proper care, so that there may be discrimination in the choice of attendants. Those doctors who do not qualify will automatically be forced to meet the demands of an educated public opinion.

And so it appears that better training of doctors, more knowledge on the part of the public, will go a long way toward eliminating a majority of these needless deaths. But what is to be done about that other considerable fraction—the fifth, let us say as a guess—whose deaths were caused outside the field of respectable medicine? The simplest answer, of course, is better methods of birth control, made more readily accessible to everybody—a moral so obvious, to a realistically minded modern person, that it hardly needs stating.

Birth Control's Business Baby

by ELIZABETH H. GARRETT

THE SUPPORTERS of birth control meeting in Washington January 15 find themselves in a paradoxical situation. They are obliged at one and the same time to advocate more and less birth control. They are advocating more, in that they are fostering the opening of birth-control clinics, instructing doctors in contraceptive technique and attempting to influence Congress to pass a bill permitting contraceptive supplies and information to be sent through the mails and by express to doctors, medical schools and hospitals. They are advocating less, in that they find it necessary to warn the public against the increasing flood of contraceptive products, ranging in quality from good to very bad, but for the most part quite inferior, which are being openly sold all over the country, in drug stores, by peddlers and by mail.

Indeed, the present situation is an amazing one. There are federal laws against sending contraceptives or information about them

through the mails, or by express or common carrier in interstate commerce. There are laws in many states forbidding the advertisement and sale of medicines and articles for preventing conception, and other states have obscenity statutes that might be invoked to prevent the circulation of contraceptive information.

But none the less, an extensive and thriving business is being done in every variety of contraceptive. One authority states that there are over three hundred manufacturers, many of them doing a nationwide business, and this does not include the scores of doctors and druggists who put up their own products, according to their personal formulas, for local distribution. Drug stores are suffering from the competition not only of other types of retail stores, but of peddlers. A number of firms have crews of door-to-door saleswomen covering the metropolitan areas. Other firms, which sell to men, send their agents through factories and offices. Mail-order houses have entered the field as distributors, offering a varied line of contraceptive goods to rural families who live remote from doctor and druggist. Advertising is being done on an increasing scale in

the most varied types of publications. Perhaps the only sign of deference to the laws is that this advertising does not speak of birth control, or contraception, but uses certain euphemistic terms.

Undoubtedly various intangible factors, such as the increase of higher education and more tolerant sex standards, must be held accountable in part for the change in public opinion that has permitted this tremendous commercial growth in the face of repressive legislation. Yet a preponderant share of responsibility rests, however inadvertently, on the shoulders of the birth-control movement and on those members of the medical profession who have side-stepped the issue.

Twenty years ago, when Margaret Sanger first became convinced, as a result of her work as a nurse in the slums of New York City, that women should know how to limit the size of their families, the problem seemed to her simply one of free speech. If doctors and nurses only dared tell these poor women what they know. . . . Later, in her own pursuit of knowledge, she discovered that the doctors and

nurses themselves did not know of any simple, safe, method that could be used effectively by women with varying intelligence and limited facilities.

In 1913 and again in 1914-15 Mrs. Sanger went abroad and studied the new methods that had been evolved in France, England and Holland. It was in the last country, where birth-control clinics had been functioning over a period of years with a high degree of success, that the most progress had been made. Mrs. Sanger learned the Dutch methods from their chief exponent, Dr. Johannes Rutgers, and returned to America armed with the knowledge.

The next few years were devoted to intensive propaganda. Largely as a result, the prevention of conception, once an obscure and unmentionable subject, became a topic of open—and heated—discussion all over the country. Mrs. Sanger made the nation birth-control conscious. And in so doing she prepared the ground for the commercial exploitation that was to come. So long as contraception was wholly unknown and tabu, saleswomen could not get very far with their prospects. But when "birth control" became a familiar and at

least partially respectable term, all that was needed to induce a woman to order contraceptive wares by mail, or to buy them from peddlers, or to ask her druggist for them, was skillful advertising.

In 1923 the Birth Control Clinical Research Bureau opened in New York City, with a woman physician as medical director. This clinic gave contraceptive instruction and supplied with materials any married woman who needed this information for the cure or prevention of disease, this restriction being rendered necessary by the wording of the New York State law. The method taught in the majority of cases was learned by Mrs. Sanger in Holland—the use of a rubber device in conjunction with an antiseptic jelly. The device came in different sizes and had to be fitted to the individual patient by the physician.

But neither device nor jelly was being manufactured in the United States, and the federal law strictly forbade the importation of any medicine or article for preventing conception. What was to be done? The Clinic promptly set about trying to find a manufacturer who would be willing to make these articles for

them. Strangely enough, in view of later developments, they found this difficult. No manufacturer was willing to produce an article which seemed likely to get him into trouble with the government and which could at first enjoy only a limited sale, since it had to be dispensed by physicians most of whom were ignorant of the method. Finally a firm agreed to undertake the job if some other company would distribute the goods.

By 1925 several other clinics had opened and doctors were beginning to take an interest in the new method, so the manufacturers met with a gratifying demand. In 1928 the distributing company began manufacturing its own materials and another company was formed to distribute the rubber device of the original firm and to manufacture jelly. A few other concerns began entering the field at about this time.

Now these first firms had high ethical standards. They were, in fact, non-commercial in character, since their officers were for the most part men and women who had been active in the birth-control movement and were chiefly

interested in seeing the newly opened clinics get supplies of good quality. And because they sold only to the medical profession, their profits were necessarily limited. But their employees were not always so social-minded. They were lured by the prospect of big profits to be made by selling to the general public. The rubber device, to be sure, could not be very widely sold, since it had to be fitted to the individual, but no such restriction limited the sale of jellies. These did not form a reliable method when used alone, but at that they were better, on the whole, than the chemicals—tablets and powders—that had been on the market for years. So sales managers and shipping clerks who had learned some of their company's trade secrets went off and started rival jelly-manufacturing concerns of their own.

At about this time a legal case occurred which was to establish the rights of contraceptive manufacturers. A "prophylactic" concern with a nation-wide business sued a rival for infringement of trademark. The question arose whether the business was a legal one, entitled to protection of its trademark. The

decision was in favor of the plaintiff, stating that the business was legal in so far as sales were confined to druggists and to jobbers who agree to sell only to drug stores. The decision, moreover, suggested that the sending of contraceptive supplies or information through the mails would not be a violation of the federal laws unless this material was to be used illegally.

This decision, handed down in 1930, opened wide the door of opportunity to the contraceptive manufacturers. Up to this time they had been afraid to advertise; now they sent circulars through the mails to doctors, druggists and the general public, and began placing advertisements in magazines. Fortunately for them, the term "feminine hygiene" had been coined shortly before. By diligent and untiring efforts they made this innocuous-sounding phrase, to which the government had no objection, synonymous in the public mind with "contraception." Hence the present ambiguous situation: You may advertise any and every kind of contraceptive product, but you must not speak of "contraception" or "birth control." You may speak of "feminine hygiene"

or, more recently, "marriage hygiene," and make your meaning clear by references to "protection" and "security."

When it was perceived that, by a judicious use of language, contraceptive wares could be advertised and distributed as freely as any other class of goods, there was a big rush to horn in on the profits. Dozens of jellies were put out, and the brands of many old-fashioned products multiplied rapidly. Manufacturers of antiseptics ran national advertising campaigns to get their products used as contraceptives. The "prophylactic" concerns shared in the general expansion, their business becoming four or five times what it had been fifteen years before.

One result of the greater security of the contraceptive manufacturers in the last few years has been the withdrawal of trade from the drug store in favor of less reputable methods of distribution. Some druggists assert that the competition of peddlers has cut their sales in half. A survey of the western part of Florida in 1932 revealed that "prophylactics" were being sold in 376 places other than drug stores. These included gas stations, garages,

restaurants, soda fountains, barber shops, pool rooms, cigar stands, news stands, shoe-shine shops, grocery stores. Similar conditions apparently prevail over most of the country. Slot machines have made their appearance in several states. Incidentally, it is not without interest that the sale of "prophylactics"—also, to be sure, used for the prevention of disease—is probably greater than that of all other contraceptives put together. Some idea of the volume of business done may be gained from the statement a few years ago by a medical authority that about two million such articles are used daily in the United States, and from the court testimony of the president of one concern that its business ran to 12,000 gross a month, 20 million a year.

Peddling is on the increase, and the methods employed are often highly unscrupulous. One concern, for instance, sends women around selling a mechanical device that needs to be fitted by a physician to be effective and has these women advise the customer that if the article does not fit she can get it changed at the nearest birth-control clinic. Another concern has been sending its saleswomen among the very

poor to peddle a certain intra-uterine device that is dubious enough even when fitted by a physician and is almost sure to cause serious trouble when placed by the woman herself.

The larger firms are turning out some fine flowers of advertising copy. Like most of the patent-medicine people, they play upon the fears and ignorance of the public. "An age-old worry—a constant uneasiness—a helpless gamble with health . . . these are the heritage and ever present handicap of all women." And if we inquire what this worry that besets helpless woman is, we are told it is "worry over the possibility that the very next leaf of the calendar may find her facing a physical crisis which she is ill prepared to meet."

A Western firm has produced this luscious specimen of the copywriter's art:

She was a lovely creature before she married . . . beautiful, healthy and happy. But since her marriage she seems forever worried, nervous and irritable . . . always dreading what seems inevitable. Her husband, too, seems to share her secret worry. Frankly, they are no longer happy. Poor girl, she doesn't know that she's headed for the divorce court. . . . And, yet, that tragedy could be so easily avoided, *if she only knew.*

Having established a proper sense of apprehension in the feminine mind, the copywriter then goes on to explain how all these worries can be banished by the superlative product that he happens to be paid to write about:

Days of depressing anxiety, a wedded life in which happiness is marred by fear and uncertainty—these need be yours no longer. Today every woman may learn the facts to which she is entitled, without which married life is a hopeless gamble against the forces of Nature.

Then follow excessive claims, sometimes of 100-percent efficacy, often accompanied by the endorsements of physicians or clinics that are found upon investigation not to exist at all or never to have heard of the product.

The advertising campaigns of the manufacturers of antiseptics are, from the public-health point of view, peculiarly unfortunate. The simple use of an antiseptic is one of the most ineffective of contraceptive methods and is condemned by gynecologists. Yet public ignorance of contraceptive technique is such that high-pressure advertising on the part of a few big firms has resulted in the widespread use of their products as contraceptives. Moreover,

some of these antiseptics are dangerous if employed in too strong solution, as they might be in the hands of a woman not fully instructed in their use; though some of the most widely circulated women's magazines have carried full-page advertisements of such products.

The situation in the contraceptive business is of course similar to that prevailing in the whole patent-medicine field. But there is one important difference. A woman using, let us say, a cough remedy, can, if she wishes, write to the American Medical Association or to the United States Public Health Service and find out what the standing of that particular product is. Then, if her cough gets worse, she can, and probably will, go to a doctor. If she should ask the advice of a nurse or social worker, she would be promptly recommended to a responsible practitioner or clinic.

But what is the situation of the woman who, for health or economic reasons, should not have more children? If she seeks medical advice on contraception, she is likely to be refused, unless her family doctor is an unusually progressive and courageous man, or unless she

happens to live near a birth-control clinic. On the other hand, she sees plenty of contraceptives advertised in the magazines she reads; she knows she can get others in her drug store. But neither the government, the A.M.A., nor any other organization will give her any advice as to the relative merits of these products. The best she can do is to pick one whose advertising appeals to her and hope for the best.

It is true that chemical means of contraception are subject to a minimal amount of government regulation under the Pure Food and Drugs Act, which provides that labels must not make false claims and must state the presence of various poisons. But the Act does not prevent utterly worthless products from being sold, or wild advertising claims from being made for them. The Tugwell food, drugs and cosmetics bill has not yet attained final form, but it promises to be stricter than the present Act. It is to be hoped that it will, if passed, serve to give good products an advantage over poor ones. As for mechanical means of contraception, no regulation or supervision is provided by either the present or proposed drug act, or by any other statute.

What has happened is that the contraceptive business has outgrown the birth-control movement. When the movement first sponsored the establishment of manufacturing firms to supply clinics, it hatched a duckling—and a lively duckling at that—which rapidly swam away from the control of its foster parent out into the sea of commerce. For today advertisers are appealing to a public still generally ignorant of contraceptive technique and unable, for the most part, to obtain medical advice. The hospitals and doctors that do give such advice cannot, of course, advertise to the public, and neither, strangely enough, can the commercial firms that supply them—at least, not in any effective manner. One large house that sells to hospitals, clinics and physicians wanted to run an advertisement in some woman's magazine urging women to consult their doctors in regard to birth control. No magazine would consent to take this, though a number of them had been running advertisements of questionable "feminine hygiene" products. The reason underlying such editorial decisions is largely a legal one: "feminine hygiene" has been permitted to run unmolested; mentioning "birth con-

trol" might bring prosecution. This same fear of prosecution doubtless holds back many doctors in states where the physician's rights in this matter are not clearly defined.

It was such considerations that led Margaret Sanger to form a National Committee on Federal Legislation for Birth Control, which aims to obtain amendments exempting doctors, hospitals and clinics from the sections of the federal law pertaining to the prevention of conception. Bills to achieve this purpose are now pending in Congress, and the Washington birth-control conference has been convened at this particular time in order to mobilize public opinion in their favor. It is the Committee's belief that if federal restrictions are removed, states having similar laws will follow suit and physicians generally will then feel free to learn the best birth-control methods and to instruct patients requiring such advice in their use. As a result, the Committee believes, the control of contraceptive methods and products would tend to revert from the commercial interests to those best qualified to possess it—the doctors of the country.

Other New Republic Pamphlets

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