

Taking the publication as a whole, the treatment has been such that for the first time there is available in a single volume the trend of mortality by specific causes over a relatively long period of time for a large portion of the population of this country and a comparison of the color, sex, and age specific death rates for two widely separated quinquennia, namely, 1911-1915 and 1931-1935. Workers in public health and others are indeed in debt to the Metropolitan Life Insurance Company and the authors for a book of splendid source material as well as for a valuable discussion of present mortality trends.

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## BIRTH CONTROL AND THE PUBLIC HEALTH

THE status of birth control in the United States has undergone a marked change in the past year and a half. The decision of the United States Court of Appeals in December, 1936, and the action of the House of Delegates of the American Medical Association in June, 1937, paved the way for the prescription of contraceptives by physicians as a legally and medically approved service in preventive medicine. The majority opinion in the Court of Appeals decision ruled that the design of the present Act "is not to prevent the importation, sale or carriage by mail of things which might intelligently be employed by conscientious and competent physicians for the purpose of saving life or promoting the well-being of patients."<sup>1</sup> The recommendations of the Committee on Contraceptive Practices and Related Problems, which were accepted by the American Medical Association, follow:

1. That the American Medical Association . . . make clear to physicians their legal rights in the use of contraceptives.
2. That the American Medical Association undertake the investigation of materials, devices and methods . . . employed for the prevention of conception . . . and that the results of such investigations be published for the information of the medical profession.
3. That the Council on Medical Education and Hospitals of the American Medical Association be requested to promote thorough in-

<sup>1</sup> *New York Times*, December 8, 1936.

struction in medical schools with respect to . . . the positive and negative aspects of fertility and sterility.<sup>2</sup>

Official recognition of birth control has been followed by several popular articles which reflect a widespread interest in the subject. In March, 1938, the *Ladies' Home Journal*<sup>3</sup> published the results of a nation-wide sampling survey poll among American women, 79 per cent of whom stated that they "were in favor of birth control." The reasons most frequently given were economic, but 40 per cent of the women who approved of birth control gave health reasons for so doing. These reasons included the mother's health, the spacing of children, and the prevention of the birth of defectives.

*Fortune*, in an article on the commercial distribution of contraceptives,<sup>4</sup> editorially approved by the *Journal of the American Medical Association*,<sup>5</sup> exposes the flagrant lack of ethics in this commercial field. There are no standards of quality or effectiveness. Millions of dollars worth of ineffective, and sometimes harmful, contraceptives are being marketed through druggists, house-to-house canvassers, slot-machines, and gasoline stations, to a public which knows no better means of limiting its families. The need for legal measures to establish standards is obvious, and the author of the article places responsibility for the regulation of the production and sale of contraceptives on the medical profession.

The public demand for contraceptives places a double burden on the medical profession: the responsibility of preventing the commercial distribution of contraceptives which are harmful and ineffective, and the responsibility of prescribing contraceptives for all cases in which pregnancy is temporarily or permanently contraindicated for health reasons.

The importance of giving specific contraceptive advice in cases in which pregnancy is contraindicated is readily apparent. The mother with tuberculosis or heart disease, who is told to have no more children, is forced to accept the commercially distributed contraceptive which is

<sup>2</sup> Report of the Committee to Study Contraceptive Practices and Related Problems. *Journal of the American Medical Association*, June 26, 1937, cviii, No. 26, p. 2217.

<sup>3</sup> Pringle, Henry F.: What Do the Women of America Think about Birth Control? *Ladies' Home Journal*, March, 1938, p. 14.

<sup>4</sup> The Accident of Birth. *Fortune*, February, 1938, p. 83.

<sup>5</sup> The Business of Birth Control. *Journal of the American Medical Association*, February 12, 1938, cx, No. 7, p. 513.

easiest of access, regardless of its quality or effectiveness, unless her physician prescribes one for her. The patients of private physicians usually receive this service. Unless contraception is accepted as a recognized public health procedure and all physicians are trained in techniques of contraception, the service is not readily available to couples who cannot afford to consult a specially trained private physician. In many cases these are the families in which the combined pressure of inadequate income, malnutrition, illness, and many children makes the need most acute.

Physicians and public health nurses realize the acuteness of the need. Representatives of both groups, meeting with the American Eugenics Society,<sup>6</sup> agreed that an ideal maternal health service should include marriage counselling, the treatment of sterility, and the prescription of contraception "for the health benefit of mother and children . . . through government agencies of medical service, when necessary."<sup>7</sup> About fifty city and county health departments have already recognized the need for publicly supported contraceptive clinics, and the number of such clinics under the direct supervision of local health authorities is increasing.

The ready availability of medically supervised contraceptive services should be an important factor in reducing maternal morbidity and mortality, both from diseases which pregnancy makes more dangerous, and from abortion. Dr. C.-E. A. Winslow summarizes the situation admirably in a recent issue of the *Birth Control Review*. He concludes that: "It must be a clear and obvious health responsibility of every intelligently governed community in the future to provide marital counsel, including contraceptive instruction where indicated, to all those who are not in a position to obtain such counsel through a properly informed family physician or specialist."<sup>8</sup>

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<sup>6</sup> Conferences on the Relation of Eugenics to the Fields of Recreation, Nursing, Education and Medicine. New York City, American Eugenics Society, May, 1937, pp. 16-19, 29-37.

<sup>7</sup> Emerson, Haven: Eugenics in Relation to Medicine. *Marriage Hygiene*, August, 1937, iv, No. 1, p. 11.

<sup>8</sup> Winslow, C.-E. A.: Birth Control as a Public Health Problem. *Birth Control Review*, December-January, 1937-1938, xxii, Nos. 3 and 4, p. 33.