

MUVS

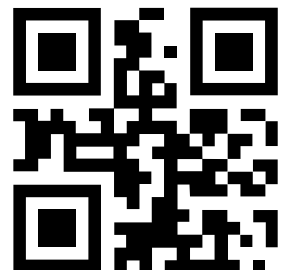
**MUSEUM FÜR VERHÜTUNG UND
SCHWANGERSCHAFTSABBRUCH**

Text of the Audioguide

Mariahilfergürtel 37, 1150 Wien
info@muvs.org
0699 178 178 04

Museum Opening hours
Wed to Sun 14:00 - 18:00 p.m.

www.muvs.org



guide-en.muvs.org

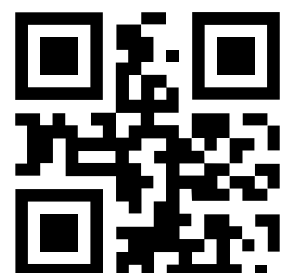
Contraception Room: Overview

1. Panel: **Sigmund Freud.
Sexuality in the Etiology of the Neuroses.
Birth Control. Pearl Index.**
2. Panel: **Knaus & Ogino: The discovery of safe and unsafe days.**
3. Panel: **Vaginal douching.**
4. Panel: **Locally applied methods.**
5. Panel: **Condoms.**
6. Panel: **Futile efforts.**
7. Panel: **Stem pessaries and IUDs.**
8. Panel: **The pill & co.
Contraception patch, Contraception ring,
Hormone implant, 3-month injectable.**
9. Panel: **Female and male sterilisation**
10. Panel: **Emergency contraception.
Future methods for women and men.**
11. Panel: **Am I pregnant?
Frog test.**

Audio tour contraception

You can listen to our audio guide by calling
Tel: +43 (0)1/236 300 02 + panel number

or listen on the web
<http://guide-en.muvs.org>



Introduction to the contraception room.

The monitor in the middle of the room offers a short movie of a cross-section through the bodies of a couple. This couple was scanned during intercourse by a research team at the University of Groningen (The Netherlands). In order to have sex in the very tight tube of the Magnet Resonance Imaging (MRI), the man had to take Viagra.

Above the screen you'll see the line „The result of sexual intercourse is usually a child.“, quoted from the book „Love without unwanted children“ from 1914.

We started the museum because contraception still is a widely discussed topic. Young women in particular are frequently demanding a contraceptive method that's both safe and natural at the same time. But „safe“ and „natural“ are mutually contradictory as far as fertility and contraception are concerned! In the course of our tour, you'll see and understand the problem yourself. The museum aims to provide a better understanding of the meaning of fertility, how it works, and how to regulate it.

Under „natural“ circumstances, a woman will have approximately 15 pregnancies in her lifetime, resulting in about ten births. Approximately seven of those births would survive childhood.

If a person understandably does not want that many children, he or she must actively – in other words artificially - limit their fertility. Since ancient times humanity has tried to do this but lacked efficient means. In fact, efforts were futile or dangerous. Only recently have we developed methods for safe and reliable contraception.

Contraception: 1. Panel

Sigmund Freud. Sexuality in the Etiology of the Neuroses, 1898 Birth Control. Pearl Index.

Our introduction panel shows Freud's vision from 1898:

"It would be one of the greatest triumphs of humanity... if the act responsible for procreation could be raised to the level of a voluntary and intentional behaviour in order to separate it from the imperative to satisfy a natural urge." In his time, it was impossible to separate these two forces, although visionaries were already dreaming of it.

Three obstacles stood in the way of realizing this vision:

- 1) The law prohibited abortion and contraception. It was even forbidden to produce and deliver contraceptives. This constricted research as well.
- 2) Knowledge was lacking: People did not know about their fertility, their sexuality, and how to control the number and spacing of their offspring. It took until 1972 to publish a modern book on sexual enlightenment. Surprisingly, it was published by Beate Uhse, who became widely popular with her sex-shops. But few people know that she was an outstanding figure in other ways. For example, she was the first female pilot of the Third Reich. Later, she turned to sexuality, fertility, and contraception. Her book, now over 35 years old, is still much better in its clear and fact-based style and pictures than most newer ones.
- 3) The third obstacle was the lack of modern technology: For example, the simple contraception sponge was widely used but unreliable, while the modern Pill was the first contraceptive that effectively controlled fertility.

Besides these three important obstacles, there was a conflict between the wishes of the individual and these of the ruling authority. Those in power encouraged as many children as possible, mostly because of military considerations. In contrast, individuals were more interested in their own survival and quality of life. But as we all know, the ruling authority is frequently stronger than a single individual's will.

You've just completed a quick journey through the last 100 years' development.

The panel at the bottom shows the safety and reliability of various methods of contraception. You can see a difference in safety between perfect use and typical use: Some methods need a lot of practice to be used correctly, while others work perfectly as soon as they're applied.

Knaus & Ogino: The discovery of safe and unsafe days.

To prevent contraception, you first need to know which days are safe or unsafe. Evidence on this did not exist before the 1920s. Before Austrian Hermann Knaus and Japanese Ogino discovered the (only) fertile days right in the middle of the female cycle, there was much speculation. As late as 1900, even the American Society of Gynaecologists stated a woman could become pregnant during her entire cycle.

Knaus' and Ogino's discovery was the first true breakthrough in contraception. Even today's contraception calculators rely on Knaus' and Ogino's discovery. A number of calculation devices were developed, for example, a device resembling a slide-rule but made of cardboard. Later, more body signals were discovered to help identify safe and unsafe days. In our panel you can see the „CD-Indicator“ (conception day indicator), which was developed by a Viennese man who became very prosperous as a result.

Today it is difficult to realize just how much the discovery of fertile and infertile days influenced radical changes in society. A glimpse of it can be caught from an old-fashioned book cover: „Woman you are free!“

By calculating their fertile days, women could understand their cycle and control their own fertility for the first time ever – at least partly. Today, we are well aware how unreliable it actually is to calculate one's safe days. Within the cycle, the date of ovulation can shift; furthermore, sperm can survive in the fallopian tube for five days. Even so, it was an important first step. The next step was the development of the „Pill,“ which you will see later.

Vaginal douching, vaginal powder blower and bidet.

Widely used but not recommendable was vaginal douching. Many women owned a „Mutter-spritze,“ which they used immediately after sexual intercourse in a desperate try to wash the sperm out. Today we know how fast sperm enters the uterus, where it cannot be reached by any vaginal douching.

Even so, vaginal douching was one of the very few methods of contraception at that time. Our museum owns approximately 40 different vaginal douching devices.

Used nearly as much was the bidet. As a child, most of you will have asked your parents or grandparents what the bidet was for. Most people were told it was for rinsing one's feet or for doing laundry. That's not true: The bidet's only purpose was for contraception. Until the 1960s, bidets had a kind of fountain at the front. When a woman sat down on the bidet, the water jet was aimed for her vagina so she could douche after intercourse. Since bidets need piped water, which was only available in homes of the wealthy, access to this device was limited.

After the Pill's introduction, bidets fell out of favour. Today's bidets lack this little fountain. Interestingly, the bidet's original purpose is still taboo and rarely known.

Locally applied methods.

The oldest method of contraception is to create a barrier between the uterus and the sperm. You can even find this idea in old Egyptian papyri. For example, crocodile dung mixed with crushed plants was said to prevent pregnancy if inserted into the vagina before intercourse. If you can't get crocodile dung, you might try elephant dung instead, since both are chemically acidic. It was known in ancient times that sperm are very sensitive against acidic environment and die quickly. This was the reason for using lemon juice or vinegar to soak sponges or tissue, which were inserted before intercourse to demobilise sperm. However, this method is unreliable and even unsafe, because these materials cannot be put precisely in front of the vagina's entrance, nor will they stay in place during intercourse. Because of this, they might come into contact with the cervix and can even move into the uterus.

Modern methods using the same principle are creams, ointments, and foam, which are still in use. Naturally grown sponges became replaced by spermicide-soaked synthetic sponges for single use.

More modern methods include diaphragms, which today can be produced with no seams due to technological progress. Here, we proudly display the first seamless diaphragm „Ramses“. To realize how extensively diaphragms cover the cervix you have to risk a glance into our body model.

Another development were cervical caps. They covered the cervix like a thimble to seal it. Some pessaries were made of silver and were in use for 100 years or longer. Usually, pessaries were inserted after the menstrual period and removed a few days before the next one.

Condoms.

Another widely used method was the condom, truly natural of course. Few people know that the first condoms were made of fish bladders, in our region mostly from the sturgeon. Here you can see a true sturgeon condom that was reproduced for the museum by a specialised fish preservationist. It took considerable effort and research to obtain a correctly-sized sturgeon's bladder and find someone who could produce a condom based on an historical description.

Another condom on display is made from a sheep's coecum. These were produced in great numbers and widely used. Since there is only 1 coecum per sheep you could only get 1 condom per sheep. Three-month-old sheep are best for producing condoms since their appendix is the optimal size. You can still buy these condoms in the United States. They cannot be sold in Europe because they don't meet the EU's specifications.

Early condoms – whether made from sheep or rubber – were expensive and therefore had to be used repeatedly. Men had their personal condom plus their own condom drying rack. After use a condom had to be rinsed, dried, powdered and rolled up. Then the man was prepared.

Thanks to vulcanisation, rubber condoms became thinner. It was the American Charles Goodyear, well-known for his tires, who discovered how to produce thinner, more durable condoms. He achieved these qualities by heating the rubber-milk harvested from the latex tree and adding sulphur, which gave the condoms elasticity.

By improving vulcanisation, condoms became thinner, longer-lasting, and cheaper. They became a disposable product and were widely used until the Pill was developed. When AIDS became an issue, condoms experienced a renaissance.

Futile efforts.

Besides these more or less useful methods, a vast number of futile efforts have come and gone. They demonstrate the desperation of people who have tried every conceivable solution to control the number of their offspring. You can feel their misery by viewing the wax model of a cucumber that was produced in Salzburg province. It bears the words: „Please, Good Lord, no more than seven!“ Such wax cucumbers were common wedding presents. But despite these invocations, controlling fertility is not God’s task, but ours.

You can see a variety of all possible objects and methods – none of these made sense, nor were any of them effective. It’s easy for us modern people to smile, since these attempts are tragic and funny at the same time. But consider how desperate people must have been to resort to such things. One method was vaginal douching with Coca Cola. How was it done? You open the bottle, press your thumb over the top and shake it vigorously. Then you insert the neck of the bottle into your vagina. Thanks to the carbonic acid, the fluid spurts forcefully inside you. Unfortunately, just like rinsing, it’s neither effective nor comfortable. Coca Cola does not kill sperm either – quite the contrary: the sweet fluid tends to nourish them. The only effect you will observe is heavy burning and itching.

In the middle of the room: cross-section through the bodies of a couple having intercourse
This was already explained at the beginning of our tour.

Stem pessaries and IUDs.

How did the coil get its name? Back in the 1960's, New York doctor Lazar Margulies developed a so-called „intrauterine pessary“ in the shape of a spiral. It was cumbersome and painful and therefore was never introduced into the market. But its spiral shape remained in everybody's memory. When translating the English term „intrauterine pessary“ or „intrauterine device“ into German or many other languages, the original meaning of the spiral is usually adopted. The word „pessary“ comes from a Greek word meaning oval-shaped stone. In 1900, pessaries were not totally inside the uterus, but partly outside of it. These stem pessaries were mushroom-shaped with only the stem inserted into the cervix. In spite of their wide usage at the turn of the 20th century, they did not enjoy long-lasting success.

Approximately 100 years ago, German Ernst Gräfenberg and fellow gynaecologist Richard Richter discovered that the external „mushroom-head“ of this device is not necessary at all. As a result, the two of them developed intrauterine rings made from silk thread and an intrauterine steel spring, respectively. One can read in their papers how effective their developments were, with few side-effects. Dr. Gräfenberg is well-known to everybody now because one of his discoveries was the G-spot.

Due to a lack of adequate materials, the next decades saw no advancement in IUDs. A few trials with metal coils didn't pan out.

In the 1960's, plastic arrived on the scene and drove the invention of a huge variety of plastic coils. There were so many types, they can't all be displayed here. One of the more effective ones was the so called Lippes Loop – named after its developer Jack Lippes.

The most fundamental revolution was Chilean gynaecologist Jaime Zipper's observation how sensitive sperm is to copper. Today, thanks to his findings, every IUD is wrapped with a fine copper thread, since in the presence of copper sperm cannot fertilize. An extra benefit of this method is that it prevents pregnancy not only in the uterus but in the fallopian tube as well.

Using a fine copper thread in IUDs became common in the 1970s. In our display you can also see modern IUDs, which are effective and have very few side effects. You also can see an IUD with added hormones, which came onto the market a few years ago.

Beneath our display of IUDs, there are holes you can reach into. Inside you can touch three models of a woman's cervix: the first one represents a woman who has never given birth, and the second a woman who has had a baby. In the third one, you can discover how it feels to touch the removal thread of an IUD in place.

The pill & co. Contraception patch, Contraception ring, Hormone implant, 3-month injectable.

The second true revolution in humanity's fight to control fertility was the development and invention of the Pill. Its development took a very long time because we first had to discover and understand the role of hormones in the human body. Only then was it possible to envision how one could harness them to influence ovulation.

It was Austrian researcher Ludwig Haberlandt, who in 1920 used rabbits to show that immediately after ovulation the ovaries produce a hormone that blocks further ovulations. He was the first one to demonstrate that after adding this hormone, a female will not ovulate and so cannot become pregnant. Unfortunately Haberlandt was ahead of his time – in his thoughts as well as in their feasibility. No company would adopt his idea.

For a long time, nobody was prepared to grant the enormous sum of money necessary for the further development of Haberlandt's research. It took another thirty or so years, as well as Margaret Sanger, one of the pioneers of birth control and family planning in the USA. Together with a wealthy friend of hers, she asked hormone researcher Gregory Pincus to develop a contraceptive for women. She asked the question every researcher dreams of: „We'll give you the money. How much do you need?“ Soon after he received a cheque.

Pincus succeeded in developing the Pill using the ideas of Haberlandt and others. In the end it cost considerably more than the price he had originally set, but finally in 1960 Enovid® was the first contraception pill on the market. For the first time ever, women were able to effectively control their fertility.

The first Pill in Western Germany was Anovlar®, the first one in Eastern Germany was Ovoston®. Both of them are very similar to Enovid®. The basic principle of the Pill has not changed until now. The only adaptations have been a reduction in the hormone amounts and the type of hormone used.

After having developed the Pill, research did not stop. In the museum, you can see a hormone implant, placed under the skin of the upper arm. Eventually, the original 6 implants were reduced to 2 and then to only 1 rod.

Another example of a further development of the Pill's principle is the vaginal ring. It releases hormones in a similar way to the Pill. The hormone patch and the 3-month-injectable method are also developments based on the original principle.

When the Pill conquered the market, it not only caused a medical revolution but a social revolution as well, leading to a major shift in our sexual moral values. Take a look at that time's publications. For example you could read in the popular women's magazine – „Konstanze“ - a discussion on whether unwed ladies should have access to the Pill at all. The simple existence of the Pill stirred up great anxiety about women's freedom: „When women

do not fear their fertility, then..." This fear can be seen in a magazine cover from the 1960's that shows an attractive woman passing by a group of men, and asks: „Is the pill changing Germany's morals?"

To understand the power of this revolution one must realize that before sexuality was inseparably connected with fertility. When a woman and a man had sex, she often became pregnant. It was only the Pill that turned Freud's 100-year-old vision into reality. Understandably, this created much social upheaval.

Female and male sterilisation.

Another contraceptive method, for both women and men, is the so-called „final step“, the sterilisation. In the museum we show how frequent it is done in different countries. In most countries, more females than males undergo sterilisation – in females it is done by disconnecting the fallopian tube. Since it is women who become pregnant, it's understandable that they prefer to take the problem into their own hands. But in a few countries, it's mostly men who opt for sterilisation, for example, New Zealand and England. It is not uncommon in Austria as well, but men do not talk about it. Women are more open about these things and learn from their friends.

What are the various methods of sterilisation? In the female, the fallopian tube can be blocked by either a clip, a tiny ring made from silicone, or a fine spiral that is inserted into the tube. In the male, the spermatic duct is cut surgically. In our display you can see how this method works: Before and after there is only a tiny difference: the ejaculation is reduced in volume by 2 or 3 percent. Neither the man nor his partner can feel any difference. You can only tell by using a microscope. The sperm simply stays in the spermatic duct or in the testicles and becomes absorbed.

Emergency contraception. Future methods for women and men.

In case contraception doesn't work or is not used at all, there is one method of emergency help: The morning-after pill. If taken in time it inhibits ovulation. When it was new on the market it contained a relatively high amount of hormones and a large number of pills had to be taken. Nowadays it contains only a small dose of a single hormone. The morning-after pill is actually effective up to 72 hours after intercourse, but if ovulation has already happened, it does not work.

Future methods for woman and man

Even today, with our variety of contraceptive methods, development does not stop. One approach, which is a popular topic, is the „man's pill“. It's unlikely to become a success mostly for psychological rather than medical reasons: When women forget to take the Pill, they themselves have to carry the consequences – becoming pregnant. But men might also forget to take their pill now and then – sometimes not accidentally. How many women are willing to depend on a man's memory to take his pill?

This is why research into male contraception is not primarily for a Pill but for long-acting methods such as an implant or one injectable a month or every three months.

New methods for female contraception are also being researched: One of these is a hormone spray applied to one's skin, which is a very efficient transport vehicle. Another is a vaginal ring that can be kept in place for a whole year. A week after the woman removes it, she gets her bleeding, then she can reuse the ring. It's not necessary to remove it each month. Another method is using the nasal mucosa, the sensitive skin inside the nose, as a transporter for a nasal spray. Since the nasal mucosa is well supplied with blood, it works perfectly.

In the USA market, there is a new pill available already that you can take for three months without a break, giving you only four bleedings a year. This new pill will soon be marketed in Europe as well. Another research approach is a special vaginal suppository, a barrier method containing spermicide that not only prevents pregnancy but protects against sexually transmitted diseases as well.

Contraception: 11. Panel:

Am I pregnant? Frog test.

The question „Am I pregnant?“ is nothing new. As soon as hormones were discovered in the 20th century, animal tests were used for diagnosing pregnancy. A potentially pregnant woman's urine was injected into the animal. If the urine contained a pregnancy hormone, the animal would produce eggs. At first, rabbits, rats and mice were used. But these animals were not optimal, since you had to kill the animal to inspect its inner organs. One also had to wait a few days to see the result. But in the 1940s Dr. Carlos Galli-Mainini from Argentina found an animal that was much more suitable for this purpose – frogs. Frogs start to produce eggs very quickly, no more than three hours after having received a pregnant woman's urine.

Beginning in the 1940s the frog pregnancy test was offered all over the world. The most frequently used species was the claw-footed frog from South Africa. Due to the demand, these frogs were caught and sold in very high numbers. This trade even financed entire family planning associations, such as the British Family Planning Society, which bought 500 to 600 frogs and offered pregnancy tests countrywide. For a long while the procedure was very successful, but then a cold weather period killed more than half of the British frogs. They could no longer satisfy the demand for pregnancy tests, which themselves did not decline during cold periods– maybe even the contrary!

Problems arose in South Africa too, for example, during floods no frogs could be delivered. Alternatives needed to be found. In the 1960's chemical tests were developed and introduced. To demonstrate their accuracy and reliability, they referred to the frog test. When the Schering company marketed its first chemical test, its advertisements said: „Simpler than the frog test but just as reliable“.

Vienna also had many diagnostic labs where frog pregnancy tests were conducted frequently. Additionally, the gynaecological department of every hospital had a frog husbandry section, which was the junior doctors' responsibility while the senior doctors tended the pregnant women. We were able to find a retired doctor and a former technical assistant who had personal experience with the frog test. You can listen to their stories on a video in the museum.

Abortion Room: Overview

1. Panel: **Illegal abortion**
Abortionists, suicide, infanticide
2. Panel: **Frequency of illegal abortions**
3. Panel: **Methods of illegal abortions**
- 4.- 6. Panel: **History of abortion regulations from 400 BC to 1975**
Who decides over fertility?
7. Panel: **Legal abortion**
Pioneers of family planning
8. Panel: **Women survive thanks to legalization**
Access to legal abortion: Where and when?
9. Panel: **Female mortality**
Abortion tourism
10. Panel: **Documenting success: from infanticide to contraception**
Development of methods

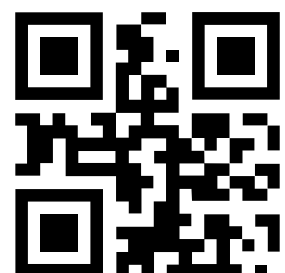
Audio tour contraception

You can listen to our audio guide by calling

Tel: +43 (0)1/236 300 03 + panel number

or listen on the web

<http://guide-en.muvs.org>



Abortion : 1. Panel

Illegal abortion. Abortionists, suicide, infanticide.

In German and some other languages, an abortionist is called an "Angel maker". This is because abortionists not only provided abortions but also sent the souls of fetuses straight to heaven. People learned how to do abortions in ancient times, but these were very dangerous then. It was safer for women to give birth first and then abandon or kill the baby.

Author Ödon von Horvath's "Stories from the Viennese Woods" explains explicitly how this was done: To get rid of an unwanted baby it was starved or put outside to freeze; in winter some were even left in front of an open window. No wonder these children died quickly.

The frequency of such "problem solving strategies" can be seen in a register of deaths from a rural area: "... from 1859 on, many foster children from Vienna, Graz and other towns can be found in this register. Even families with many of their own children took foster children in, mostly to earn extra income... These usually illegitimate children seem to have been of very poor health since many of them died immediately after arrival." At our museum you can listen to an old Viennese song commenting on the abortionist's work.

Professional abortionists began to practice about 100 years ago. They even advertised in newspapers, offering their services in ambiguous terms. You can find these ads today in countries where abortions are still illegal. For example, in Polish newspapers doctors offer "Safe procedures" or "All services". Everybody knows what is meant but doctors are not prosecuted because of these hidden codes.

Frequency of illegal abortions.

Abortions happen whether they are legal or illegal. But how can we know for sure the number of abortions performed in times of suppression? In other words, how big or small is the ban's efficiency? Don't look for statistics on illegal abortions since there aren't any. But indirect deductions can be drawn. See our collection of news reports that testify that abortion was a daily business. When someone died from it or somebody was charged, abortions were covered in the papers. In 1970, estimates give 100.000 as the number of abortions per year in Austria. In a 1973 newspaper survey 1 in 5 women admitted having had an abortion. How many did not admit it?

Illegal abortions were medically unsafe and caused severe damage or worse - the woman's death. From the numbers of such events (bleedings or so called "spontaneous abortions") one can deduce a very high number of interventions. Usually an induced abortion was called a spontaneous one, even though it was done by the woman herself or by somebody else. For example, see our figures from Berlin or watch the film "Cyanali" from 1930. Another important source is the ground-breaking Swiss film "Frauennot" (Women's Misery) from 1929, which was directed by the well-known filmmaker Sergei Eisenstein and speaks about 2 million abortions in Europe.

The evidence shown by these examples testifies that banning abortions does not reduce their numbers.

Methods of illegal abortions.

How were secret abortions done? Since they were forbidden and prosecuted, specialized instruments could not be developed or sold. No training could be done and no knowledge exchange was possible. On the contrary, abortions had to be done secretly and that made them dangerous. See the instruments and devices that have been used by doctors and other helpers.

To avoid police raids, the instruments had to look as inconspicuous as possible. This is why knitting needles and bicycle spokes were often used. From the cross-section of a body in our museum, you can see how the knitting needle method worked – or rather didn't work, because it posed a serious danger. The uterus tends to bend towards the front or back, so when you push a long, sharp tool upwards, it's easy to perforate or miss the uterus. Both errors can cause bleeding or inflammation. Both can quickly progress towards blood poisoning (sepsis) and cause the woman's death in two or three days. Besides using sharp tools of every kind, soap was often inserted into the uterus, either in grated or liquid form. Soap is very toxic when ingested internally, and many women died from it.

See our collection of thorns and twigs used in Uganda for abortions. When such a twig gets inserted into the uterus it provokes an abortion. We received our collection from a hospital emergency room. Unfortunately, Africa and South America have kept the old colonial laws forbidding abortion.

Where abortion is illegal, it is usually performed later in pregnancy, as late as 20 or 24 weeks. Why does this happen? Women tend to ignore their condition as long as possible, knowing it will be very difficult to find help. When they cannot hide it any longer, they need additional time to find a solution or just to gather their courage. The abortion is initiated by puncturing the amniotic sac with a sharp instrument; the amniotic fluid leaks out and deprives the foetus of its environment for survival. One or two days later, labour expels the dead foetus. If everything goes well, the abortion does not cause any problems. But poor technique can cause complications, in strong contrast to modern abortion under legal conditions, which is extremely safe. Complications have vanished because with legal acceptance, abortions can be provided using state-of-the-art medical expertise and technology.

Please see our collection of substances and methods that have been used to induce abortion. In 1925, German doctor E. Hofmann researched books and reports to record every substance, procedure and instrument ever used for abortion. His collection added up to a voluminous book! You can see that virtually every means imaginable was tried. But keep in mind what Dr. Hofmann summarized at the time: No abortion method was both effective and safe at the same time. Why do people use such obviously dangerous or useless things? Let's look at our next panel for the answer.

History of abortion regulations from 400 BC to 1975. Who decides over fertility?

In modern times, Empress Maria Theresia included an abortion ban into her “corpus iuris” (compilation of laws). To provide the monarch with soldiers was one of the most important motives for the ban, which endured (in Austria and many other European countries) well into the 1970s. As a testimonial, see the letter from 1916, addressed by the Austro-Hungarian Ministry of War to the Ministry of Interior Affairs: “Confronted with severe losses of most valuable human material” caused by the war, more offspring were urgently needed. Therefore, the Ministry of Interior Affairs forbade contraception and abortion, and enforced the regulation. To speak so openly meant that the problem of abortion must have been enormous; but even when it was not mentioned explicitly in other circumstances, producing “cannon fodder” was always a prominent motive for banning abortion.

The panels between the windows of the abortion room represent legal developments. Below the time scale, we invite you to read individual case studies. Each case table consists of a description of the facts of the case plus one historical document. Our researcher has been searching archives for over a year to find legal cases related to abortion from the last 100 years. We chose these cases as typical, authentic stories to illustrate how the legal situation influenced individual lives.

How was abortion prosecuted? The woman was often sentenced to prison. The abortionists, mostly midwives, were banned from ever again carrying on with their profession. Since these women were often the sole breadwinner for their family, the job loss had serious financial impacts. Some of the sentenced midwives desperately tried to find any kind of job – but in vain! We could not find a single case where any was pardoned.

To bring abortionists to court, they first had to be located. Police had to be trained to recognize abortionists. We show a wall chart presenting instruments to look for in a house search. This wall chart was prepared by a Swiss police headquarters to train their staff.

Let me mention one of the many case stories we show to our visitors. In 1971, a sixteen year old Viennese girl became pregnant. Her mother found someone to perform the abortion. He inserted a red plastic catheter into her uterus. When the girl developed an infection (sepsis), she was brought into the hospital. Although her case was an emergency, the doctors forced her to tell every detail to the police before helping her. Frightened to death, she disclosed everything. She survived and found herself in a large ward with 20 women who also had had an illegal abortion. The only difference was that they had been able to remove the “corpus delicti” (abortion instrument) before entering the hospital and so escaped suspicion. The young girl and her mother were each sentenced to two months of prison, with the additional punishment of one fasting day per month.

Until 1975, every gynecology department had its own “septic ward” for women. But after 1975, no more women presented with sepsis. What had changed? Abortion was legalized in 1975, and all the women who had stayed in that ward before had had an illegal abortion.

Abortion: 7. Panel

Legal abortion. Pioneers of family planning.

The horror ended in 1975 when abortion was legalized. Legalization was achieved thanks to many people and institutions that had worked very hard for it. Let us mention two Austrian names: Ms. Dohnal, former Minister for Women's Affairs, and Dr. Rockenschaub, former head of the Semmelweiß Gynecological Clinic. We also present pictures and short bios of other pioneers from different periods and regions.

Below this panel you see a prominent member of the Catholic Church. He was a leader in the church's battle against providing the "morning after pill" to women who were raped in the Kosovo war. The church's argument was, one must not add one crime to another crime.

Abortion: 8. Panel

Women survive thanks to legalization. Access to legal abortion: Years and countries.

This panel follows the path to legalization. From our time scale you can see that the Soviet Union was the first country to legalize abortion in 1920. As early as 1926, the Viennese newspaper "Arbeiterzeitung" (Workers' Journal) commented on the positive results of the legalization, namely the dramatic reduction of deaths in women. Please keep in mind that this was already understood in 1926! Yet we still had to wait another 50 years till Austria legalized abortion.

Today, abortion is legal in all of Europe except for Ireland, Poland, and Malta (plus the Vatican and San Marino of course). Most European countries liberalized their laws between 1970 and 1980. It was triggered by initiatives like the 1971 Stern magazine cover "We had an abortion". A large number of more or less prominent women confessed to having had an abortion. Shortly after, a number of doctors also wrote "We confess we did abortions". Fortunately, these confessions did not lead to arrest because the time was ripe - they started a discussion in society that finally brought about legalization.

Female mortality. Abortion tourism.

Let's look at some modern statistics. Thanks to legalization, the USA and GB have seen a sharp decrease in female mortality. Witness the tragic Romanian experiment that had the opposite result: In 1969, dictator Ceausescu wanted to build a large empire, for which he needed many people. What is every politician's first idea for how to do that? Ban abortion! The result was dramatic: Female mortality skyrocketed upwards. When Ceausescu's regime finally ended, abortion was legalized again and female mortality plummeted. Our figures compare the risks of legal abortion with both illegal abortion and birth and show that legal abortion is by far the safest. Austrian pioneer Dr. Rockenschaub dared to say so in 1974, but this only produced headlines and a riot in Austria. Even so, he added that abortion will always be done, even when illegal. Women either find somebody in their own country or travel to another country. Abortion tourism is nothing new. A recent example is Great Britain which is visited year after year by 7000 women from Ireland. Before abortion was legalized in Austria, our women went to then-Yugoslavia and Hungary.

The Netherlands have been and still are many women's travel destination. 100 to 200 women from Austria travel every year to the Netherlands to get a late abortion (over 12 weeks), which usually cannot be done here.

Abortion: 10. Panel

Documenting success: From infanticide to contraception. Development of methods.

The abortion procedure is a medical treatment that is always being refined and developed through research and professional practice. It has been much improved compared to 100 years ago and will continue to improve. Our museum tells the success story. Originally, infanticide was the best means in terms of the woman's health and safety. The next step was/is illegal abortion, often very late abortions up to 20 or 24 weeks. Today, we provide surgical abortion by week 8 or abortion with drugs by week 6. But the best way to avoid unwanted pregnancy is contraception.

The next panel shows how to perform an abortion. In former times, the cervix was widely dilated (opened) using a curette – a spoonlike instrument mostly made from metal. Today, a tiny vacuum pump made from plastic is introduced into the uterus to extract the pregnancy. In our panel you can see the modern instruments used for an abortion. There's only two of them: a stud to dilate and a plastic pipe to extract.

Advancing to the 1980s, we show the development of pharmaceutical abortion, or "mifepristone". In 1988, it came to the French market, followed by many other countries. In Austria it arrived in 1999.

Below this we show a speculum to give our visitors an insight into the cervix, the entry point to the uterus.

Since abortion always was and is a topic of social importance, much literature dealt with it. In our next panel you can read many historic documents and quotations from books.

Finally we come to the current situation. Today, women's safety and health are guaranteed in the difficult situation of an unwanted pregnancy. When abortion is provided under safe conditions, it is a very safe procedure that does not at all endanger the life or future fertility of women.