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**This  
Month**

**ABORTION:  
CRIME AND SOCIAL FAILURE**

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# Abortion: *Crime and*

# *Social Failure*

\*As long as a baby is an "economic liability" and a "threat" to the standard of living, women will patronize the criminal abortionist and the law will remain powerless.

*By Edith Efron*

THESE IS NO RECONVERSION problem in the abortion mills of America. This fifty-million-dollar racket continues unabated, and all attempts to squash it have ended in appalling failure. Instead of eliminating the racket, the statutes have succeeded in driving it firmly underground, where it flourishes more exuberantly than ever before—supported by unspoken public approval and the abysmal ignorance of the nation as to the nature and roots of the problem.

It is an astonishing situation. The state has stacked penalty upon penalty for those who participate in such an operation. The Hippocratic oath formally denies physicians the right to perform it. The Church attacks abortion as a crime against life itself. Yet between 300,000 and 500,000 American women have illegal abortions every year—and one in every hundred dies in the process. At least one-fifth of the maternal mortality rate can be directly attributed to abortions, although such death certificates usually read "car-

diac failure," "shock" or "broncho-pneumonia" instead of "puerperal septicemia."

Most people have heard at least one brutal tale of the abortion chamber. The nervous doctor, operating in a shaded room, his instruments clinking quietly as he works, is a picture many can recognize. The midwife, operating in a brownstone basement, one ear to the doorbell, is another. Since most of the "experts" — physicians who perform that dangerous operation well — are slowly ceasing to do this work, the field has been thrown open to the incompetents.

Police files in all cities show that a great number of the individuals pulled in for performing abortions are former tradesmen, clerks, mechanics. Wearing masks, to avoid later identification, and occasionally using force to still the cries of a frightened patient—these abortionists operate in a psychological atmosphere reminiscent of a medieval torture chamber.

Their medical record is bad. Sani-

tary regulations are infrequently observed. And worse yet, the pointed curette — a long-handled, spoon-shaped instrument to "scrape the surface and the sides of the uterus to remove the fetus"—is a barbarous weapon when handled without care and skill. The operation must, of course, be a rush job. The patient is usually denied an anesthetic, "so that she can get out under her own steam," for if she hemorrhages—or dies—it is preferable that she do so in her own home.

Even under the best of circumstances, when the abortion is performed by a competent gynecologist under antiseptic conditions — the dangers are rife. The all-important thought in the mind of the jittery doctor is to get the operation over quickly, and send the patient home. In both cases, whether the operation is skilled or unskilled, the necessary secrecy prevents any post-operative care—care which is an absolute essential for the success of any operation.

The costs of abortions—which total annually a respectable E-Bond issue—are high. The upper middle-class woman can usually find a fairly competent physician to perform this task—for which she pays from \$100 to \$500. The poorer woman turns to the cheap practitioner, who treats her under hideous conditions—and charges her between \$35 and \$75, which she can ill afford.

WHY, despite the triple dangers of death, disease and disgrace, do so many women continue to enter the criminal abortion "factories?" A common misconception is that abortion is the penalty for immorality, for sexual activity outside the marital state. This is a convenient fiction with no basis in fact. Only ten per cent of criminal abortions in this country are preformed on unmarried women.

One well-known woman judge has commented: "She is the girl to whom society says: 'If you have the abortion, you'll go to hell.' On the other hand, 'If you have the baby, we'll make it hellish for both of you.' " The girl who is unwilling to be punished in this fashion usually knows no other way—she seeks help from the illegal abortionist. And just so long as society persists in branding the illegitimate child, this part of the abortion problem will continue.

The ninety per cent, however—the bulk of the abortion clientele—consists of married women only, women who are not afraid of any social stigma in bearing a child. These women, regardless of rumor, are not distinguished by any racial, religious or national characteristics. Their reasons for seeking an abortion are mostly economic. Where there is poverty and unemployment, and the task of maintaining another child would be intolerable—there

are, and will be, abortions.

The economic motive, furthermore, is not always the simple question of basic necessities. Statistics show clearly that the number of children actually declines with a rising income—from 4.2 children for families with an income under \$1,000, to 2.9 children for those with an income of \$9,000 and over.

The baby today, is part of the family budget—a budget which includes rent, food, clothing, insurance policies, a telephone, a refrigerator, a radio, an automobile. With the modern couple, most of these commodities have an automatic priority over offspring. The concept of being able to “afford” a baby, is distinctly a modern, urban one. A child is an economic liability in the average family for almost two decades. Plans for a baby, furthermore, include provision for its rearing and education in accordance with the standards of the parents’ social and educational group. This, too, requires cash.

It is therefore logical that criminal abortion should decrease wherever educational and social standards are lower. Larger cities with relatively higher standards of living have higher abortion rates—one out of every twelve confinements—as compared to the rates in smaller cities and rural areas—one out of every eighteen). The element which cuts down the birthrate—and leads

inevitably to abortion—is that socio-economic factor which we call the standard of living.

**W**HETHER logical or illogical, justified or unjustified, abortions remain a dangerous business—not only under the law, but in medical terms. Quite apart from the moral aspect, this operation is still undesirable from the scientific point of view.

The most important scientific experiment on record is the ten-year legalized abortion period in Soviet Russia. It is well known that this was finally stopped, but few know why. The Russian experiment was enormously successful—superficially. Their mortality rate was as low as one in 19,000! Ours is one in 100. The Russian surgeons were skilled gynecologists who knew their business. The operations were well done. And yet, over and over again, complications arose—immediately, and at later dates.

These complications covered a wide range: in the “immediate” group, women suddenly developed hemorrhages, infections, peritonitis, thrombophlebitis, pelvic abscesses, profound anemias, retinal blindness, tumors. Longer range effects included a high sterility rate, later miscarriages, malformations of the placenta, difficult childbirths, chronic pelvic infections, menstrual disturbances, ovarian cysts. Psychic

results were also noted: neuroses, irritability, depression, sexual anesthesia, inferiority feelings, obsessions, phobias.

So, despite the low mortality rate, the Russian government decided to stop its abortion program, because the health of Soviet women was rapidly deteriorating.

The conclusion to be drawn from this ten-year experiment seems to be, then, that abortions *per se* are unsound medical practice, and, save in cases of life and death, should not be allowed.

**H**ow then can clandestine abortions be fought?

First, and probably most important, is the widespread dissemination of birth control information. There is little doubt that there is a fairly high correlation between knowledge of birth control techniques and avoidance of the criminal abortionists.

Although only two states—Connecticut and Massachusetts—do not allow such education to take place within their borders, the level of ignorance in the forty-six remaining states is almost as high. Millions of men and women have no idea that such controls exist. Millions more distrust them, are afraid of them. Further millions consider them immoral. It is a fact that a large part of the abortion chamber clientele is drawn from these groups.

Unfortunately, even where birth-control clinics have been established, it is often rough going. Not too long ago, in Albany, for example, a general hospital supported by community funds maintained a birth-control clinic for its medical patients. After seven long years of fighting the clinic, the Bishop of Albany finally succeeded in having it closed. This example, according to medical authorities, can be multiplied by the thousands—to obtain the national picture.

The second — and the longest-range phase of the campaign to end criminal abortions—is that which applies to sexual education in this country. Like the Venereal Disease problem ten years ago, abortions today are still veiled in deepest secrecy because they pertain directly to the sexual life of the human being—a dread subject. This secrecy is intensified by the legal bans, as well as the cultural mores.

Millions of youngsters grow up in the traditional belief that sexual expression is immoral, filthy, unhealthy — and, indeed, unnatural! Healthy sex education is still almost nil. It is the rare parent who is competent to deal with this phase of his child's development.

Needless to say, the school does not do much better. For all the biology and hygiene courses, teachers are not equipped to give proper and intelligent sex information.

Only recently, in very sophisticated circles, have young people been going to a physician for twenty minutes worth of sex information before getting married—decidedly too little and too late.

Thus, most of us are generally incapable of understanding our sexual problems, of viewing them objectively. Abortions—just as much as neuroses and emotional afflictions—are a by-product of ignorance. But unlike the others, they involve an operation and a doctor. Hence the illegal racket. If a broad program of public education were attempted, one which would coincide with a sturdy research program by scientists, the abortion menace could probably be beaten within five years. If that were done, we would have a public capable of controlling its birthrate effectively, with little recourse to the operation table. And too—if an operation table did come into the picture—it would be in a sanitary hospital, not in a filthy basement.

Those who feel—and many do—that this is a problem to be handled by the law alone are doomed to disappointment. The law has proven itself incapable of tackling the abortion racket.

For every abortionist arrested—and singularly few are thus disposed of—two have sprung up to take his place. Whether the abortionists be grocery boys, or im-

pooverished young doctors—their trade goes on. Even the great New York exposé a few years ago accomplished little. A fabulous abortion ring was uncovered, and an Extraordinary Grand Jury contemplated the facts. Result: a few malefactors convicted, a few legal loopholes stopped up. But basically, the problem has remained unsolved. John Arlan Amen, who conducted that investigation, later commented:

“So long as there is a widespread public feeling that under certain circumstances an induced abortion should be permissible or justified, there will be a large market for the services of the criminal abortionist. This practice will remain a profitable field of activity. The enormous number of abortions performed and the secrecy naturally surrounding them will impose an insurmountable burden upon the state’s investigative and enforcement agencies.”

The victims of the abortionist do not cooperate with the law because they require his services, legal or illegal. Thus, a district attorney’s office can rarely get evidence. The patient who is as liable under the law to conviction as the practitioner rarely testifies against him; she has the constitutional right to refuse to incriminate herself. Besides, she might need him again!

Criminal abortion is a problem with deep medical, social and economic implications. The law in

these matters is still medieval, and the abortion racket is not a medieval problem. It calls for a vigorous battle by a well-informed public. And so long as we maintain the absurd delusion that the law can act as a guardian of the sexual

purity of the community, so long as we allow the cop on the corner to do the work of the sociologist, the jury to sub for the economist, and an ancient code book to dominate the medical profession — we will continue to lose that battle.