

CHAPTER II

A SOCIOLOGICAL VIEW

The Frequency of Illegal Abortion in the United States

The question of the frequency of illegal abortion is interesting not only in its own right, but also because of the light it throws upon the grounds of claims often made by those favoring relaxation of existing abortion laws and upon the extreme difficulty of gaining any accurate knowledge of the sociological facts concerning abortion.

Dr. A. J. Rongy, in a pioneering pro-abortion tract published in 1933, estimated that there were nearly 2,000,000 abortions per year in the United States.¹ He offered no evidence for the estimate, but argued that "no one denies" that abortion is increasing in cities and that women who have over three children have repeated abortions, often many of them in one year.

Dr. Frederick J. Taussig, in a study published in 1936, cut Dr. Rongy's estimate by almost two-thirds when he concluded that there were a total of 681,600 abortions annually in the United States, which then had a population of 120,000,000.² How did Dr. Taussig arrive at this figure? He deduced it from the results of four studies. The first was prior to 1910, and included 600 patients whose histories Taussig had obtained; the second was of the same vintage and depended on another physician's series of 250 patients. But Taussig recognized that these were very small groups, so he added a third study, which he treated as definitive. This was an analysis of 10,000 case histories from a New York birth control clinic, reported by M. E. Kopp in *Birth Control in Practice*, published in 1934. Kopp's figures revealed a ratio of one abortion to every 2.5 confinements.

Taussig felt certain that this figure was accurate for the urban population; he explained that women in this clinical situation could be expected to tell the whole truth. But he thought the figure perhaps too high for rural areas. For these he relied on a study made by Dr. E. D. Plass, who had sent a questionnaire to Iowa physicians asking them to give "their estimate" of the ratio. Plass reported the result to Taussig: one abortion to five confinements, just one-half the city ratio.

With these constants, Taussig confidently calculated the number of urban and rural abortions by allocating all reported births to urban and rural populations according to the proportion of the Federal Census. Taussig did not state explicitly in the pages where he worked out this calculation that the figure he reached would include *all* abortions—spontaneous, induced according to legal provisions, and induced illegally. Elsewhere in the book,³ he stated that 25–30 percent are spontaneous, 10–15 percent therapeutic, and 60–65 percent illegally induced. Again, Taussig was indebted to Kopp, who found 69 percent illegally induced, and to Plass, who put 61 percent in that category.⁴

Taussig's conclusion is important, not because it throws any light on the frequency of illegal abortion, but because it continues to be cited directly or indirectly as an authoritative statistic. For example, Bates and Zawadzki base their serious study on the claim that "four major independent studies made in the last quarter century" reach a surprisingly similar result: one million criminal abortions per year in the U.S. The four studies? Taussig, Kopp, Stix, and the Kinsey figures.⁵ The last we shall discuss below.

The first three are all more than a quarter century prior to Bates' and Zawadzki's date of copyright. Taussig and Kopp are certainly not independent. Stix also was a birth control clinic study, and the author herself was coauthor of an article three years later in which it was pointed out that the sample was by no means representative of clinic patients in other cities, or of married women generally.⁶ What indicates almost unbelievable sloppiness, however, is that Bates and Zawadzki, simply by adjusting for the intervening population increase, apparently projected Taussig's total figure of 681,600 abortions annually, which was intended to include 35–40 percent non-criminal abortions, into "about one million" *criminal* abortions.

More serious than Bates and Zawadzki's carelessness is that of Glanville Williams. In a study that has greatly influenced the effort to modify abortion laws, he makes use of Taussig's conclusion to indicate the possible upper limits of the total of abortions in the United States.⁷ Williams first cites Raymond Pearl's study, which he qualifies as "authoritative," and P. K. Whelpton's report of the Indianapolis study, which he qualifies as "careful."⁸ But these studies revealed induced abortions at no more than 1.9 percent of pregnancies—about one for each fifty live births, one-tenth or one-twentieth of Taussig's total figure. Estimating 1.5 percent on a 1940 pregnancy rate of 2,750,000, Williams arrives at a figure of only 41,000.

So Williams refers to Taussig's figure, saying that "many accept" it as a "conservative one." Williams somehow confuses the percentage Taussig considers criminal; Williams says "a minimum of 30 percent," while, as we have seen, Taussig actually thought it was at least 60 percent. Then, assuming that abortions kept pace with population and that the rate did not decline "since 1935," Williams decides that illegal abortions "must now" approach 365,000 per year. For confirmation, he cites Russell S. Fisher. But when we refer to this author we find that he has provided no independent basis for his conclu-

sions; he depends mainly on Taussig.⁹ Fisher does mention "other authorities" that give a more conservative figure, but these authorities do not include the studies of Pearl and Whelpton that Williams cites.

To complete his argument, Williams also mentions that John H. Amen estimated a total of "more than 100,000 criminal abortions performed in New York City alone, during the three-year period 1936-9." When we pursue this reference, we find Amen himself not estimating, but simply assuming "an estimated total of more than 100,000 criminal abortions performed annually in New York City alone."¹⁰ Unfortunately, Amen does not say who made this estimate or on what evidence it was based, but we will offer a possible explanation for it in due course.

At the 1942 conference, the *Abortion Problem*, the Chief Statistician for Vital Statistics of the U.S. Census Bureau spoke on this topic. He simply averaged available studies, including a number from birth control clinics, to arrive at ratios of 1:5.6 for urban confinements and 1:9.4 for rural confinements, which produced a total of 332,329 abortions on a 1940 birth-rate of 2,336,604.¹¹ But this conclusion included all sorts of abortions, and no attempt was made to distinguish the proportion of spontaneous and of induced abortions.

At the same conference, in the very next paper, P. K. Whelpton presented the results of a sociological study conducted during 1941-1942 among 1,980 women in Indianapolis.¹² Whelpton's report is interesting because it shows some of the difficulties of drawing conclusions from data, even if the data are carefully assembled. If respondents were believed on the question whether an abortion were illegally induced or not, only one percent of pregnancies terminated in this manner; this excluded reported self-induced abortions by drugs, since the researchers, not believing the drugs really effective, assumed that these women were not pregnant. If all reported induced abortions were included, and also those the researchers felt were falsely classified by the respondents as spontaneous were reclassified as induced, the figure of 2.9 percent could be reached.

In making his presentation to the conference, Dunn criticized Taussig's figures, and pointed out in particular that Kopp's 10,000 birth control clinic patients could hardly be typical of the urban population of the U.S.¹³ Taussig was present at the conference and was given first opportunity to speak in the discussion following these two papers. He began by apologizing for the "meager information" contained in his book on this question. Explaining that there were at the time "the wildest estimates as to the number of abortions and the number of abortion deaths both in Europe and in this country," he said he had trimmed his estimates. Still Taussig felt that Dunn's figure of "350,000 to 400,000" abortions might be too low, and he argued that P. K. Whelpton's sample was biased.¹⁴ In fact, Dunn's figure was only 332,329, and Whelpton defended the validity of his study.¹⁵ No agreement came in the discussion, and there is no report of a direct comment by Dunn on Whelpton's results. Such

a comment would have been interesting, since Whelpton's statistics, if projected, would have given a figure very much less than the earlier studies on which Dunn had relied.

A brief paper, published four years previously in 1938, must be mentioned because of the endorsement it receives in the next major study to be discussed. This paper, by Dorothy G. Wiehl, merely summarized data from other studies on the frequency of abortion.¹⁶ Here the birth control clinic samples were criticized as non-representative, and the conclusion was reached that all abortions were probably eighteen per hundred births, and that abortions were most probably induced at a rate of 4 percent or 5 percent of the pregnancies of married, white women in the general urban population.

In 1954 a mortality study was published by the United Nations; the section on abortion statistics was written by Christopher Tietze, whose studies are usually received respectfully in planned parenthood and pro-abortion circles.¹⁷ Recognizing the difficulties, Tietze thought it impossible to produce a reasonable estimate of the number of illegal abortions in the U. S. with the available data. He pointed out that each source of information has its difficulties, and although he cited other studies he referred to Wiehl's summary, saying: "Later studies have produced no evidence either to confirm or to modify her estimate." He noted also that in rural areas and among Negroes the abortion-rate probably was lower than in the urban, white group covered by the studies Wiehl summarized. Finally, he considered it a fair assumption that the abortion-rate in the post-World War II era would be lower than in the depression days of the 1930s.¹⁸

This report also provides the probable explanation of the figure of over 100,000 abortions per year in New York City alone. Tietze warns that the greatest care is necessary in dealing with abortion figures. He mentions Rongy's guess of 2,000,000 as one example. Another is the New York case. In 1893, someone noted that twelve or thirteen cases of induced abortion were reported in a two-month period. Having heard the opinion that only one case in a thousand is detected, an estimate of 80,000 annually was concocted and published in *Medical Record*, June 3, 1893. Tietze observed that this estimate has been quoted for years in both American and foreign literature.¹⁹ Since John H. Amen indicated no basis for his estimate of over 100,000 per year in New York City alone, we cannot be sure he arrived at it by raising the estimate of 80,000 to take account of increasing population, but it is plausible to suppose that this was the case.

At the time the U.N. report was prepared, the Kinsey materials concerning abortion were not yet published. Since we can draw some conclusions from this study, we should give a brief, general description of it.²⁰ It was not finally prepared by Kinsey himself, since he died while preliminary work was going forward, but it did benefit from the advice of Christopher Tietze.²¹ The report consists of a study of 5,293 white non-prison women, supplemented by additional, distinct studies of 572 Negro non-prison women, 309 Negro female

prisoners, and 900 white female prisoners. One chapter draws on all the materials for a general discussion of some aspects of induced abortion, and an appendix draws on extrinsic sources for a consideration of abortion in other countries.

The basic study of white non-prison females is based on a sample admittedly not representative of the population as a whole in several ways: 1) almost all the women were urban, 2) the educational level was relatively high, 3) the proportion of single women was relatively high, 4) the proportion of women who had been separated, divorced, or widowed was relatively high, 5) the proportion of Catholics (11 percent) is relatively low, 6) the proportion of Jews is relatively high, and 7) "the majority of the groups was, almost necessarily, made up of persons who had some interest in, and comprehended the value of, sex research."²² The last point—the sexual sophistication of the women who would submit to searching personal questions—perhaps has the greatest effect on the validity not only of this study but of all the Kinsey material; however, the effect of this factor obviously is incalculable.

Anyone looking at this study hoping to find a basis for projecting to the entire population will be disappointed. Of 4,248 conceptions in this group, 999 are reported as ending in illegal induced abortion, 68 in legal induced abortion, and 667 in spontaneous abortion. There were 2,434 live births and 80 pregnancies at the time of interview.²³

Now since there were 4,027,490 live births in the U.S. in 1964—the total in provisional vital statistics for 1965 was below 4,000,000—it would be tempting to use this figure to project a total of around 1,600,000 induced abortions. However, if we consider the proportion of *legally induced abortions* to live births we immediately see a reason to be suspicious of any such projection based on the Kinsey materials. For the ratio of 68 induced abortions to 2,434 live births is about 1:36. In about the same period as that from which the Kinsey material is drawn, we find the following hospital figures:²⁴

Bellevue, New York 1935–1949 1:76

University of Virginia 1941–1952 1:120

Iowa University 1926–1950 1:176

Los Angeles County 1931–1950 1:285

Dr. Gebhard and his colleagues in their study based on the Kinsey material cite the first and last of these figures, and admit that their sample is not representative in this respect.²⁵ If it is equally non-representative in regard to illegal abortions, the projected figure of 1,600,000 would have to be reduced by about 75 percent—to around 400,000—working from the mean of the four hospital ratios.

Yet simply to assert that the Kinsey study shows the annual rate of illegal abortions to be 400,000 would be a serious error, and to see why it is necessary to consider carefully the report of a committee, led by Christopher Tietze, that

is included in the proceedings of the 1955 Planned Parenthood Federation meeting on abortion.²⁶

This committee report noted the non-representative character of the Kinsey material, and concluded that these data “do not provide an adequate basis for reliable estimates of the incidence of induced abortion in the urban white population of the United States, much less in the total population.” The committee compared the high rates suggested by the Kinsey material with the low rates indicated by the Indianapolis study²⁷ and a study in New York City,²⁸ and noted that the three studies refer to approximately the same period, pre-World War II, and are concerned with groups somewhat similar to one another. Why then the difference? The committee suggested that the respondents in Indianapolis and New York may have been lying and/or the Kinsey sample may not have been “representative of urban white women of equal educational and socioeconomic status with respect to the incidence of induced abortions.” Note that the committee was not merely observing that the Kinsey material was not representative of the population as a whole; it was entertaining the further hypothesis that it may not have been representative of the group it seems to sample most adequately.

To what conclusion did this consideration lead the distinguished members of the committee? They decided that if the probable trend of abortion since depression days were considered, plausible estimates of induced abortions in the United States might be as low as 200,000 or as high as 1,200,000, depending on how one evaluated the data. Then they concluded: “There is no objective basis for the selection of a particular figure between these two estimates as an approximation of the actual frequency.”

Now this conclusion is astounding. If there is no objective evidence for a figure *between* the two limits, what is the objective basis for these limits rather than for others—e.g., 100,000 and 4,000,000? The answer, so far as the upper limit of 1,200,000 is concerned, is obvious—it is based on the Kinsey material, despite all its admitted limitations and difficulties. In an appendix to the same volume Christopher Tietze explained the ways in which the Kinsey material diverges from the *urban, white* population.²⁹ Some of these differences have been mentioned above.

Reviewing this volume for the *Milbank Memorial Fund Quarterly*, a journal that has published many studies on abortion, Robert G. Potter, Jr. remarks:

The appropriateness of the upper limit is placed in doubt by an appendix in which Tietze analyzes the representativeness of the ISR [Kinsey] respondents in relation to estimates of 1945 distributions for urban white women in the United States. Tietze concludes that ISR respondents are usefully representative but his tables contradict this conclusion by showing not only gross differences with respect to age, education, and marital status, but also and more important, tangible differences with respect to age-specific marital fertility.³⁰

What this last point means is that age group for age group the married women in the Kinsey material consistently had fewer babies than women in the population as a whole, even after adjustments are made to account for educational level and social status—which we shall see are potent factors. One may reasonably suspect that some of the difference is made up by illegal abortions.

Why did the committee sign a statement incorporating an upper limit that was found questionable even by as sympathetic a reviewer as Potter? Perhaps the reason is to be found in the concluding statement signed by most of the conference participants.³¹ Here it is pointed out that abortion laws “do not receive public sanction and observance” and illegal abortion is presented as “a problem in epidemiology” comparable to venereal disease in pre-antibiotic days. The statement barely falls short of being a manifesto; it outlines the ground strategy for the campaign that has been conducted since 1955 to relax the anti-abortion laws. The high estimate of illegal abortions has been a major weapon in this campaign.

Thus Dr. Alan F. Guttmacher, who signed the 1955 report, used the Kinsey figures to suggest at a 1964 conference that there are “a million illegal abortions per year” in the U. S. He qualifies this figure as a mere guess, but suggests it may err on the low side. What evidence does he offer? He says “those of us who have practiced obstetrics and gynecology feel that it may be an underestimation rather than an overestimation, because we are constantly approached for advice on the problem.”³² Dr. Guttmacher might as well conclude that hospitals are unhealthful places because many people die there, as to conclude that abortions are frequent because he is constantly asked about them. With this sort of argument we are back to Dr. Rongy again; a whole generation’s work has yielded no progress.

What can we conclude? There is no reasonable basis for asserting that there are 1,200,000 abortions per year in the United States. Apart from the peculiar bias of the Kinsey sample pointed out by Potter in his review, there are the admitted respects in which this material was not a representative sample of the population as a whole. We shall consider some of these factors below, and find that they introduce distortions in the direction of a high rate of abortions in the Kinsey material.

In popular arguments, however, we constantly hear the figure: “around one million per year.” For rhetorical purposes it is a good, round number; it is matched only by the rhetoric of “experts estimate as many as 1,200,000 illegal abortions per year in the United States”—phrasing reminiscent of an advertisement for an oil additive that promises “up to ten additional miles per gallon.”

One opposed to legalized abortion naturally would like to minimize the dimensions of the problem. The Kinsey material may well have approximated more nearly the clientele of the birth control clinics than the population as a whole. If so, the lower limit is more plausible. It would be interesting to begin with Wiehl’s conclusion that 4–5 percent of the pregnancies of married white

women end in abortion. The Kinsey figure is three or four times as high—621 induced abortions (including an unstated number of legal ones) out of 3,720 pregnancies.³³ Cutting the upper limit of 1,200,000 suggested by the statistical committee of the Planned Parenthood conference on the basis of the Kinsey material by one-third would produce a range of 200,000 to 400,000 induced abortions per year in the United States.

But this procedure would be quite arbitrary. We cannot be certain that respondents to the Kinsey interviews were atypical to this extent, and we cannot be certain that the campaign to relax the laws against abortion has not had as its byproduct a substantial increase in the number of illegal abortions. Probably the generation of the "new morality" is better represented by the birth control clinic clientele and the sexual sophisticates interviewed by Kinsey's research team than the preceding generation would have been. And certainly the advocates of relaxed abortion laws are bringing this practice to the attention of people who might not have seriously considered it thirty years ago. What is more important, they are providing abortion with an aura of respectability it never used to enjoy.

One further point, to which we will return in the next chapter, is that if some of the newer methods of birth control that are usually considered contraceptive are counted as in fact abortifacient, there may well be hundreds of thousands or even millions of women undergoing unnoticed, frequent early abortions.

The only acceptable conclusion concerning the incidence of illegal abortions in the United States, therefore, seems to be that which Christopher Tietze stated in the U.N. report of 1954—available data do not give reasonable support to any estimate. The committee chaired by Tietze that subscribed to the estimate of an annual rate of 200,000 to 1,200,000 induced abortions in the United States would have displayed more scientific objectivity and caution if it had refused to endorse this indication of limits that are hardly better grounded than any figure between or outside them. They might simply have rested on their own statement concerning the Kinsey data, that they "do not provide an adequate basis for reliable estimates of the incidence of induced abortion in the urban white population of the United States, much less in the total population."³⁴

The Frequency of Illegal Abortion in Other Countries

Glanville Williams states that there are tens of thousands of illegal abortions in England each year, and adds: "For the benefit of English readers, who will be prone to disbelief, I must try to substantiate this figure."³⁵ First he quotes Professor David Glass, who thought in 1940 it "not at all improbable that there are each year about 100,000 illegal operations in England and Wales." A recent study written by a British barrister, Bernard M. Dickens,

in favor of abortion law relaxation, also quotes Glass, but adds: "Unfortunately Dr. Glass does not provide the basis of his conclusions."³⁶

Williams next refers to a British government inter-departmental committee of 1939, which estimated that there were 110,000 to 150,000 abortions each year, "and that two-fifths of these were criminal."³⁷ Dickens, however, says "this includes lawfully procured abortions,"³⁸ and he proceeds to consider at length whether the abortions induced legally might be a significant proportion of all those induced.

Williams also refers to Dr. Keith Simpson, who "like Professor Glass," thinks this to be an understatement.³⁹ Williams correctly cites Simpson,⁴⁰ who like Glass gives no evidence whatsoever for his surmise. Williams also cites Dr. Eustace Chesser whose "most conservative estimate is that the figure cannot be less than a quarter of a million every year."⁴¹ Again the citation is correct, even word for word,⁴² but what is perhaps more interesting is that Chesser had been recruited the previous year to write a pamphlet for the Abortion Law Reform Association, a pressure group that grew out of the birth control movement in England in the 1920s.⁴³

Williams also questions the proportion (60 percent) of abortions considered by the 1939 committee to be spontaneous; for this he cites a hospital study: "A. Davis found that of 2,665 cases of abortion admitted to hospital, only 10 percent were spontaneous; the rest must have been criminal."⁴⁴ In this case Williams has gone beyond the evidence. Davis reports on cases admitted to two London hospitals. In his report he summarizes the proportion of induced abortions indicated by various other studies, doubts the veracity of the respondents and the competence of the inquirers, and concludes: "My own impression is that the great majority—perhaps 90 percent—are induced in one way or another."⁴⁵ Thus Davis' *impression* and *perhaps* are transmuted by Williams into a *finding*.

Williams caps his argument concerning the high rate of abortion in Britain with the statement that Marie Stopes reported "she had over 10,000 people who wrote to her asking her to perform abortion."⁴⁶ Even if the figure is accurate, it can prove nothing, since Marie Stopes, the Margaret Sanger of England, enjoyed a long career preaching the gospel of birth control. Here we are back with Dr. Guttmacher's impression, based on the frequency with which *he* is asked about abortion.

In contrast with these high estimates, C. B. Goodhart, in an article in *The Eugenics Review*, argues persuasively that the total must be much lower. He begins from reported abortion deaths and concludes either the death-rate from criminal abortion is extremely low, "or else, and surely more probably, that their numbers have been much exaggerated." Goodhart suggests that 10,000 per year in Great Britain may be no further from the truth than widely accepted figures five or ten times as high.⁴⁷ Using a somewhat similar method, the Council of the Royal College of Obstetricians and Gynaecologists published its estimate in 1966. Their conclusion was that only 14,660 women who

had self-induced or criminally induced abortions were treated in National Health Service hospitals in 1962, and that a large proportion of such cases must have been so treated. They emphatically reject the estimate of 100,000 as much too high, on grounds similar to Goodhart's.⁴⁸ Thus, this respected group considered much too high a figure less than two-fifths of Dr. Chesser's "most conservative estimate." Obviously, either the Council of the Royal College or Dr. Chesser was badly mistaken.

Dickens—who wrote before the statement of the Council of the Royal College—presents some considerations against Goodhart's conclusion. And Dickens himself makes a candid statement: "It is clear that any estimate of the extent of breach of the law is uncertain, even if based upon fairly reliable statistics."⁴⁹ I can accept this as a statement of my own view. Unfortunately most of those who supported the relaxation of anti-abortion legislation in England and almost all of their counterparts in the United States have neither been as objective nor as candid as Mr. Dickens.

With this basis of study of the frequency of illegal abortion in the United States and Britain, no one should be surprised to see figures given for Germany and France that are as groundless as any suggested for the English-speaking countries. For example, in a symposium article in a respected law review, two Austrian physicians state that in Germany, with a population of 80,000,000, there are 1,000,000 illegal abortions per year, and that in Paris in 1960 there were 150,000 abortions to 95,000 live births.⁵⁰ When Abraham Stone suggested at the 1955 Planned Parenthood abortion conference that the rate of abortions in Germany was increasing since 1945 and approaching a ratio of one abortion to every live birth, Christopher Tietze replied by criticizing the estimates:

I don't think—and I say this in all seriousness—that *any* of the figures that were used in Germany during the interwar period were any good at all, and I think that those which have been put out recently as over-all estimates are even less reliable.⁵¹

Dr. Tietze did not deny that there are many illegal abortions; he simply deplored the unfounded exaggerations put out by some West Germans.

As to Paris, the figure of 150,000 abortions to 95,000 live births is not supported in the source cited by a shred of direct evidence. In fact, we are not even told who concocted the figure, because the French indefinite subject is used: "Pour Paris seulement *on a cité* les chiffres . . ."⁵²

Of course illegal abortion is by its very nature difficult to investigate. But this is no excuse for building a case on unsubstantiated guesswork. If a sufficiently serious attitude were taken toward the truth of the question, an organization with adequate money and prestige could pre-select a representative sample of the population, train effective interviewers, and then persuade the pre-selected sample to respond in detail. The results would still be questionable, but they would be better founded than existing estimates.

One survey of this kind, on a rather small scale, was conducted in Santiago, Chile. A team of 35 social workers contributed by the Chilean National Health Service interviewed a representative group of 1,890 women. Responses indicated 762 induced abortions and 3,267 live births in the period 1952-1961; a rate of 23.3 induced abortions per hundred live births. The statistics would not be valid for Chile as a whole, but could be projected to urban Santiago from which the sample was drawn, with the conclusion that there would be around 24,930 induced abortions there in 1962. Multiplying the ratio of abortions to live births by the 1962 total of live births yielded 17,483 induced abortions in 1962. A calculation based on hospital admissions fell between these two.⁵³

With methods like this, one could conclude with some confidence—not that the number was actually one of those given, of course, but at least that it was in the range of 12,500 to 30,000. This is still quite a range, but it is better than the range of ill-founded guesses we must contend with when considering illegal abortion in Britain and America.

Although precise numbers of illegal abortions cannot be determined anywhere, trends may appear with greater precision from hospital records in places where accurate reporting by uniform standards and careful compilation of data are the rule. This is the case in some of the Scandinavian countries, for example, and it has led to some of the most surprising and important observations concerning the frequency of illegal abortions.

In Sweden and Denmark, laws against abortion were relaxed in the 1930s to permit it not only for strict medical reasons, but also for a number of other causes similar to those commonly proposed in current attempts to loosen state laws in the United States. One reason why these changes were made was that illegal abortion had been recognized as a problem, and it was hoped to solve it in this manner.

After Denmark's enactment of its relaxation in 1937, legal abortions of course increased, but, according to widely accepted studies, so did illegal ones.⁵⁴ A recent study seems to show that illegal abortions still are three to four times as common as legal ones, though perhaps they have declined slightly over the past ten years.⁵⁵

Gebhard and his colleagues noted evidence of the situation in Denmark⁵⁶ and also summed up studies that indicated the same trend in Sweden. Concern led to studies, hoping to find that illegal abortions were declining, but: "So far, 'noteworthy' results of these investigations do not show any clear-cut evidence of a 'noteworthy' reduction in illegal abortion, and it has been claimed by some that the number has been actually increasing."⁵⁷ One explanation offered is that the legalization of abortion for some reasons led to abortion mindedness; some believe that those now obtaining legalized abortions are new users of this technique, quite distinct from those who normally procure illegal abortion.

The Council of the Royal College of Obstetricians and Gynaecologists noted the anomalous situation in which measures designed to limit illegal abortion had the opposite effect:

Yet there is evidence to show that, except in those countries where abortion on demand and without inquiry is permissible, the legalization of abortion often resulted in no reduction and sometimes in a considerable increase in the number of illegal abortions.⁵⁸

Dr. Guttmacher has also noted that Scandinavian evidence indicates a partially permissive program is questionably effective in reducing the frequency of illegal abortions. He adds: "Unless legal abortion is done whenever demanded, without restriction, it is impossible to eliminate criminal abortion."⁵⁹

Even this estimate of the problem of illegal abortion may be optimistic, however, as appears when we consider what has happened in Eastern Europe, where the situation Dr. Guttmacher describes has nearly come to pass. One of the reasons was the hope to eliminate illegal abortions. An East German physician, Dr. K.-H. Mehlan, reporting enthusiastically on the results, points out that in Czechoslovakia, where abortion was legalized in 1957, the number of deaths due to illegal abortions fell from 53 in 1956 to 11 in 1962. In Poland (legalization 1956) from 76 in 1956 to 26 in 1959. And in Hungary (legalization 1956) from 83 in 1956 to 24 in 1964. He adds that probably other consequences of illegal abortion also have been reduced.⁶⁰

Perhaps we may be excused for not showing enthusiasm over this program which has "succeeded," when we consider the residue of illegal abortion together with the fact that in the same years legal abortions increased in Czechoslovakia from 3,100 to 89,800; in Poland from 18,900 to 79,000; and in Hungary from 82,500 to 184,400.⁶¹ The Hungarian program was such a success that in the last year mentioned (1964), provisional figures indicated 79 legal abortions for each 1,000 women 15-49 years of age, and a total of 140 legal abortions for every 100 live births.⁶² Yet deaths from illegal abortion remained more than one-quarter what they had been when abortion was legalized.

Furthermore, it is questionable whether the indicated decline in abortion-deaths actually is due to a decline of illegal abortions or to other factors, such as improved hospital care.

With many pregnancies that would normally abort by themselves being aborted beforehand by induction, the rate of hospitalizations for all abortions other than legal ones should have fallen drastically if legalizing abortion had actually reduced illegal abortion. In fact, the number of hospitalizations for all abortions other than legal ones has not changed greatly. In Czechoslovakia it was 30,200 in 1957 and 26,000 in 1961, when legal abortions already reached 94,300. In Hungary the corresponding figures were 41,100 hospital admissions (1956) and 33,700 (1961) when legal abortions reached 170,000.⁶³ The Council

of the Royal College of Obstetricians and Gynaecologists cites these figures as evidence to show that when abortion is legalized "the total effect is that women are increasingly ready to have pregnancies terminated and potential criminal abortionists are less reluctant to help."⁶⁴ Dr. Mehlan himself informed the 1962 Conference of the International Planned Parenthood Federation in Warsaw about the effects of legalized abortion in Eastern Europe:

A study of the medical literature of the last years proves that after five years' experience with legalization of abortion all authors hold a very reserved view concerning the reduction of criminal abortions in these countries.

He notes that in East Germany, during the first period of abortion:

An increase of legal abortions was connected with a simultaneous increase of criminal abortions. The same fact was observed by Harms during the first period of abortion in the Soviet Union. From their investigations and noting the experiences in Sweden and Denmark, both authors come to the conclusion that legal abortion is an inadequate means of fighting criminal abortion.

Dr. Mehlan notes that despite mounting numbers of legal abortions the numbers of "other abortions" have "remained virtually constant" in Hungary, Czechoslovakia, Poland, Bulgaria and Japan. He admits that some studies suggest that the rate of criminal abortion has not been greatly reduced. For example, one Hungarian placed the 1959 illegal abortion-rate at 80 percent of the generally assumed pre-1953 level, and Czechoslovakian studies indicated that illegal abortion had been reduced only by "approximately 50 percent," or even less. Mehlan himself tries to be hopeful. He assumes that the rate of conceptions has not increased, and argues on this assumption that since legal abortions increased more than births decreased there *must have been* a decrease in illegal abortions. With his conclusion established by a priori reasoning, Mehlan proceeds to explain the stationary statistics of "other abortions" as the result of an increase in the rate of illegally aborted patients admitted to hospitals. But apparently realizing that this supposition is questionable, Mehlan hedges:

The number of cases formerly hidden and treated outside a hospital decreased. The fact that pregnancies or abortions still continue to be hidden must be considered to be the outcome of a wrong attitude in previous times which has not been completely overcome. The non-prosecution of a woman will doubtless contribute to a further limitation of criminal abortion.⁶⁵

Other speakers at the conference were more direct. For example, speaking for Croatia, Dr. J. Herak-Szabo stated:

Illegal abortion is becoming relatively more frequent, the statistics indicating 15,228 cases in 1960, and 15,186 cases in 1961. In 1960, 73 percent of these cases occurred in workers and employees, while 27 percent concerned other categories; the corresponding percentages in 1961 were 68 and 32 percent. An increased number of artificial abortions reflects the free application of the bill on abortions. Nevertheless, many women still end pregnancies in secret, hence the frequency

of illegal abortions. It is believed that the number of illegal abortions must be much larger than that indicated by the statistics.⁶⁶

E. Laudanska of Poland both claimed that legalization had "caused a considerable decrease in the number of criminal abortions," and blamed "our opponents' propaganda activities" for

the fact that the decrease in the number of secret abortions, initiated outside hospital, is relatively low (from 85,374 to 72,185) on the national level, with a distinct difference in favour of big cities or industrial centres, like Łódź, where most of the patients are industrial or white-collar workers.⁶⁷

In other words, hard evidence did not support the view that legalized abortion had greatly decreased criminal abortions in Eastern Europe, but those who were committed to legal abortion continued to hope that legalized abortion would reduce criminal abortions if only economic pressures could overcome social sanctions against abortion as such.

In sum, the reports at Warsaw showed that experience indicated legalization was not going well, but those committed to it continued to try to reassure one another that there would be a change for the better. In a religious believer, such stubbornness in the face of facts would probably be called "dogmatism."

Abortionists

When we wonder who performs illegal abortions, we are likely to imagine poor, desperate women aborting themselves or being aborted by bloody butchers completely without medical skill or training. The image is misleading. Probably most illegal abortions are performed by physicians.

In the report, based on the Kinsey materials, which Dr. Gebhard and his colleagues prepared, white non-prison women reported 8–10 percent self-induced, 84–87 percent induced by a "physician," and 5–6 percent by others. The Negro and prison groups of women reported 30 percent of abortions self-induced. Other studies—all referring to the period before World War II—are cited indicating that in every case the majority of illegal abortions was the work of physicians, midwives, or other professional abortionists.⁶⁸

The Kinsey sample also included some abortionists, of whom it was concluded: "In the limited number of professional abortion specialists interviewed we have been impressed with their technical ability and the low number of deaths and ill effects resulting from their operations." One reported performing 30,000 abortions without a single death.⁶⁹

The pre-World War II prices of abortion also can be gauged from the Kinsey materials. The median cost for the white non-prison sample was 83 dollars; the median for the Negro and prison samples was about 45 dollars. The price tended to increase with the woman's age, with her educational level, and with the general level of prosperity. Husbands generally knew about their wives' abortions and paid knowingly for them; unmarried fathers sometimes refused to pay or were not even told about the pregnancy.⁷⁰

In their book on criminal abortion, Jerome Bates and Edward Zawadzki have included extensive information on criminal abortionists. Their sample is not representative, of course, because they studied 111 persons convicted of abortion during the period 1925–1950 in New York County. Naturally, the more skillful abortionist is less likely to be convicted, and the professional undoubtedly does a great many more abortions than the part-time worker. Even so, these 111 abortionists included 31 M.D.s, 3 chiropractors, 25 midwives, 5 practical nurses, and 2 registered nurses.⁷¹ The large number of midwives is explained by the fact that this profession was being terminated, and some women turned from it to illegal abortion but without great skill.⁷² All the convictions of midwives arose from customers who had become feverish and been forced into hospitals.⁷³

The trained medical men often were involved in organizations known as “mills” or “rings.” Mills or rings are conspiracies, established on a relatively permanent basis, including one or more physicians, surgical assistants, a secretary, a business manager, transportation service, contact persons, and so on. Other physicians and druggists send most of the customers. One abortionist performed as many as 45 operations on a busy day; estimates for the experts run 4,000 to 5,000 per year. Prices for this service varied greatly, and often were charged on the basis of what-the-traffic-would-bear. However, the skilled professional had high overhead costs for staff and for bribery. Even so, on a modest fee scale the professional can make many times what he could earn in legitimate practice, and can retain much of his income without taxes.⁷⁴

A considerable range of persons committing illegal abortion is thus revealed. Those on the highest rung of the ladder operate under cover of “medical ethics” to obtain semi-legality. An example is the often-reported case of Dr. G. Lotrell Timanus of Baltimore.⁷⁵ In about twenty years he performed over 5,000 abortions, always on referral from another physician. He claimed that 353 doctors had referred patients. In the early days he charged 25–100 dollars, then 150–200 dollars, and finally 400–3,000 dollars for each abortion. Timanus was invited to participate in the 1955 Planned Parenthood conference on abortion, although he had been convicted of criminal abortion, and he even signed the closing statement of that conference along with other professional persons such as Dr. Guttmacher, Dr. John Rock, and Dr. Tietze. Timanus’ case is described with respect and obvious admiration in a journalistic pro-abortion book by Lawrence Lader, who includes the interesting information that Timanus’ punishment was a five-thousand-dollar fine and four and one-half months in jail.⁷⁶ *CBS Reports* treated Timanus as a respectable authority on its program “Abortion and the Law,” broadcast April 5, 1965.

In Great Britain, a considerable semi-legal business in abortion has been carried on by licensed physicians, working openly, using consultation with compliant colleagues as legal cover, and using small private hospitals or nursing homes to keep this practice quiet. Paul Ferris, in a journalistic account, reports estimates of at least 7,500 such operations per year in London, with

fees ranging upward from 100 pounds (278 dollars). Professionals perform as many as twenty abortions in a busy day, 1,000 or more a year.⁷⁷

There are many journalistic accounts of American women obtaining illegal abortions abroad. In both Puerto Rico and Mexico abortion is illegal, but it is said to be much more easily obtained than in the United States. Reported fees for skilled treatment range from 300–700 dollars, but careless operators also try to lure the unwary.⁷⁸

Other women travel from the United States and Britain to countries where abortion is legal, such as Japan and Poland. Going abroad for an abortion was dramatized for the American public by Sherri Finkbine, a television performer who became pregnant during the thalidomide episode, and secured a legal abortion in Sweden.⁷⁹ Her case was ironic on two accounts: first, as we shall see in the next chapter, many cases similar to hers are regularly handled as legal-abortion cases in the United States; second, few American women who desire an abortion can obtain one in Sweden. A leaflet distributed by the Swedish embassy warns that aliens who do not reside in Sweden (and pay taxes there) have little possibility of obtaining a legal abortion under the Swedish system.

In contrast to the medically trained and relatively skilled professional abortionists, there is a small army of untrained amateurs, including “quack” doctors and untrained “midwives.” These people perform fewer abortions and have shorter and less happy careers.⁸⁰ This is illustrated both by the records of their convictions and by a comparison between hospital experiences. A recent study of abortion deaths over several years in California, for example, shows that more than 20 percent of the deaths from criminal abortion of which the agent was tabulated were due to amateur work, while only 3 percent were due to a physician’s work. But the largest category of all were those done by the patient herself—fully two-thirds died as a result of self-abortion.⁸¹

This last point is an extremely interesting one, because for all practical purposes self-abortion is not treated as a crime; in the United States and Britain women apparently are never prosecuted for their own abortion.⁸² Whether the rate of self-abortions could be reduced by changing the laws is doubtful.

In Britain, poorer women perhaps more often resort to the services of other women whose attempts, though dangerous enough, may not be so inept as an effort at self-abortion. A psychiatric social worker at a British prison has described typical convicted abortionists as older married women who did not charge excessive fees, avoided techniques to which their skill was not equal, considered themselves to be “helping” the pregnant woman, and often sharply distinguished between killing (which they disavowed) and “bringing on the period” (which was their preferred description of abortion).⁸³

Some abortionists who are medical professionals also claim that their major motive is sympathy, a desire to help “women in trouble.” Timanus claims that he was moved by human needs and that he made his fortune in real estate, not abortion.⁸⁴ The anonymous abortionist hero of a popular

paperback, *Abortion: Murder or Mercy?* also claims humane motives at times, even though his own story reveals a major factor to have been desire for the money to pay gambling debts.⁸⁵

Even Dr. Gebhard and his colleagues accepted the concept of the abortionist as altruist: "We have also been impressed with their obvious concern, in most cases, over the plight of a woman with an unwanted pregnancy."⁸⁶ The study of convicted criminal abortionists by Bates and Zawadzki presented a quite different picture, however. While they noted that "many defendants claimed to be performing socially valuable work,"⁸⁷ their study of the records revealed a combination of greed and psychological inadequacy as typical factors in the motivation of medical criminal abortionists.⁸⁸ A New York State Grand Jury study in 1941 supported the view that medical men become abortionists because abortion pays well for people who have failed to establish themselves in legitimate practice. Yet the physician-abortionist had usually been an average student at an average medical school.⁸⁹

It is difficult to reconcile this image with that of the Robin Hood of surgery pictured by some authors. "Unfortunately, almost without exception, the physician-abortionist is a deviate in some manner,"⁹⁰ Bates and Zawadzki conclude. The criminal abortionists they studied "not infrequently" engaged in "purveying drugs to narcotic addicts," as well as in abortion.⁹¹ Undoubtedly the criminals would have rationalized this activity, as well as abortion, as service to those in need.

We have seen that the loosening of abortion laws in other countries has not eliminated illegal abortions. If there were no laws regarding abortion whatsoever, there would of course be no illegal abortions. But would those who choose abortion as a specialty be a better group than at present? Are abortionists repulsive characters simply because their profession is illegal, or are repulsive characters the only sort who would be content to engage in this activity?

Carl Müller, Professor of Obstetrics and Gynecology at the University of Berne, Switzerland, has made a relevant observation concerning the personality required for work as an abortionist:

In countries where abortion is entirely legal and a doctor may have to undertake an enormous number of operations on healthy women during a single day, it can happen that he breaks down and needs psychiatric help. It seems that for these mass abortions a special robot-like constitution is needed, which every doctor does not possess.⁹²

Of course perhaps Dr. Müller is overly pessimistic. German experience earlier in the present century has shown that many ordinary physicians can even engage in programs of infanticide, euthanasia, and genocide without experiencing any overt difficulties.⁹³

What Women Get Abortions?

If someone were asked the following questions on a true-false quiz, how should he answer?

1) Negro women are more likely to get illegal abortions or to abort themselves than are white women.

2) Women who live outside cities are more likely to resort to abortion than their more sophisticated, city-dwelling sisters.

3) Poor, uneducated women are more likely to resort to abortion than are the upper classes.

4) Single women have most of the illegal abortions.

5) A single girl is more likely to get an abortion than is a formerly married woman after separation, divorce, or the death of her husband.

6) Catholics have almost no abortions.

7) Among Jews, the intensity of a woman's religious practice has little effect on the likelihood that she will get an abortion.

The proper advice to give would be: "Answer 'false' to all items." This conclusion follows from all the evidence available—and on these points it tends to converge, so long as we do not try to establish exact proportions.

Despite its defects, the study written by Dr. Gebhard and his colleagues based on the Kinsey materials is the best source for these questions. Conclusions should not be drawn from certain pre-selected groups—e.g., from the patients of certain hospitals. Hospitals will reflect their neighborhoods, and only the worst cases will come to them. Birth control clinics see a segment of the population already dedicated to limitation. A professional abortionist builds up a definite clientele. Only an inquiry that is directed to a group taken specifically for inquiry can be considered to give useful information.

One might imagine that Negro women would be more likely to get abortions or to abort themselves than white women. But the statistics indicate that this is not so. Except for college educated Negro women, a very small group, the rate at which pregnancies are aborted is much less among Negroes than among whites. Of the high-school educated, the Kinsey figures show double the rate of abortion among white women.⁹⁴ Kinsey himself commented on this point at the 1955 Planned Parenthood abortion conference:

The Negro is securing induced abortion less often in comparison to the white female. This is partly a matter of sociology. The birth of a child prior to marriage is not the social disgrace among the socially lower level Negroes that it is among college girls, and this is something that touches upon a reality we must always take into account.⁹⁵

But the rate of abortions *per hundred women* also is lower among Negro wives, despite a considerably higher conception-rate.⁹⁶

The Kinsey materials do not provide data on the difference between urban and rural women, and recent studies have not been made, since the distinction no longer has the social significance it once had. However, when Halbert Dunn

summed up available studies at the 1942 conference, he assumed an over-all rate of abortions more than 50 percent higher in urban areas.⁹⁷

The Kinsey materials on urban white women do not provide separate indications of socioeconomic class and education, but treat both together by using educational attainment as the sole index. However, the prison sample of white women introduced a socioeconomic difference. The conclusion of Dr. Gebhard and his colleagues was that in the lowest social class abortion is quite uncommon. Married women feel that child-bearing is their proper vocation, and single women are not stigmatized for having an illegitimate child. The conclusion: "As a rule induced abortion is strongly connected with status-striving."⁹⁸

In the general sample of urban white women, single women were more likely to abort their pregnancies and had a higher ratio of abortions per 100 women as they advanced in education.⁹⁹ The same was true of previously married women.¹⁰⁰ Among married women, those of grade school education or less and those educated beyond college differed in that the former had more abortions and the latter fewer than the average.¹⁰¹ This difference followed a difference in rate of conceptions. However, the grade-school educated section of this general sample was peculiar in representing a socially and economically favored section of that group, a section particularly hard-pressed in the competition for status.¹⁰²

As to the difference between married, single, and formerly married women, the *rate* at which pregnancies are ended by abortion is much higher in the latter groups, but the *number* of abortions is much greater among married women, because married women become pregnant more often.¹⁰³ Part of all induced abortions were of pregnancies following *marital* relations cannot be known, but Dr. Gebhard and his colleagues judged it a "vast majority."¹⁰⁴ In support, they were able to point to evidence from hospital studies, which uniformly show the majority of abortion patients to be married women.¹⁰⁵

Formerly married women have more pregnancies than single girls do, so their rate of abortion is much higher. But the formerly married are only slightly more likely than the single to have a particular pregnancy aborted. Still, the formerly married women in the Kinsey material with more than a high school education used abortion to end over 85 percent of their pregnancies.¹⁰⁶

As to religious differences, the Kinsey materials revealed that Catholics have abortions—if they are not devout Catholics. In all religious groups, the degree of devoutness made a great difference.¹⁰⁷ For example, among Protestants—the only group fully represented in the Kinsey materials—induced abortion was a much more common outcome for pregnancy among the less devout, not only because they had more premarital pregnancies, but because they aborted a larger proportion of their premarital and marital pregnancies as well.¹⁰⁸

The Kinsey materials supply little evidence concerning religious differences among Jews. However, a recent study in Israel revealed that the percentage of women reporting induced abortion was more than twice as high among the non-observant than among the religious, and this was true of women who had been born in other parts of the world as well as of those born in Israel.¹⁰⁹

There are a couple of other facts of interest revealed by the Kinsey report. One is that the trend among married women born until 1909 was toward an increasing use of induced abortion; this trend was reversed for women born in later years, especially after 1920, apparently as a result of the post-depression "baby-boom."¹¹⁰ Though no recent study exists to substantiate the hypothesis, we might suppose that the downward movement of the birth-rate since the mid-1950s has again reversed the trend, so that abortion very likely has increased to some extent. This possibly explains, at least in part, current interest in abortion law relaxation.

Another trend noticed by Dr. Gebhard and his colleagues is in the use of abortion to end marital pregnancies after the first one. Among white women, married once and still married, about one in eight with only one pregnancy had purposely aborted it. Women who had two pregnancies were much less likely to use abortion; only three and one-half percent of their pregnancies had been purposely aborted. But the proportion then increases so that about one in eight of all the pregnancies were purposely aborted among women who became pregnant three to five times. Almost one-third of the pregnancies among women who became pregnant more than five times were ended in induced abortion.¹¹¹

In sum, all sorts of women get abortions. The popular idea that Negroes and very poor people are especially likely to get an abortion is false—the reverse is the case. Single white women, especially formerly married ones, end a large part of their pregnancies with abortion, but the greatest part of all pregnancies occur in marriage, and the majority of the abortionists' clients undoubtedly are married women. These clients include women who are nominal members of all religious bodies, but devoutly religious wives—whether they be Jews, Protestants, or Catholics—tend to avoid the abortionist.

Why Women Have Induced Abortions

No serious study of motivations has ever been done, but a reasonable inference can be made from a consideration of the incidence of abortion. The inference is that women have induced abortions mainly for the same reasons they practice contraception. Sometimes abortion is an alternate method of birth control chosen by those not using contraception; very often abortion is the remedy for contraceptive failure.

Abortion is a primary method of birth control in Japan and in the Communist countries where it is legal for this purpose. Perhaps it also has been the

method-of-choice in some of the underdeveloped, less fully industrialized countries. This is suggested by the study in Santiago, Chile where both the birth-rate and the abortion-rate are high in the lowest socioeconomic classes.¹¹²

Abortion in the developed countries—that is, those such as the United States and Great Britain that are industrialized and urbanized to a high degree—seems to be a secondary method of birth control. Contraception is preferred, and abortion is used most often when contraception fails. So true is this that the spread of birth control, at least up to the very last few years, seems to have been accompanied by the increase of abortion. Birth control, rather than counteracting abortion, actually has seemed to aggravate the problem.

In earlier decades this thesis would have been rejected by proponents of birth control. Referring to her opponents, Margaret Sanger wrote:

Try as they will they cannot escape the truth, nor hide it under the cloak of stupid hypocrisy. If the laws against imparting knowledge of scientific birth control were repealed, nearly all of the 1,000,000 or 2,000,000 women who undergo abortions in the United States each year would escape the agony of the surgeon's instruments and the long trail of disease, suffering and death which so often follows.¹¹³

Unfortunately, however, Mrs. Sanger was wrong about the effects of contraceptive practice, as little publicized findings of well-known studies reveal.

The 1934 birth control clinic study of Marie Kopp, on which Taussig mistakenly drew for evidence about the incidence of abortion in the whole population, showed that in 587 cases of contraceptive failure, twice as many were aborted (393) as were brought to term (194).¹¹⁴ Even if we allow that one-sixth of these were spontaneous or legal, the number of illegal abortions would still be more than half again as many as the number of live births.

The 1935 study of Regine Stix included a table which showed that 3.5 percent (50) of 1,438 pregnancies that occurred without contraception were illegally aborted, while 38.9 percent (635) of 1,633 pregnancies with contraceptives were illegally aborted. The author comments:

The use of induced abortion as a secondary rather than a primary method of birth control is shown more clearly in Table 5. Nearly 40 percent of the accidental pregnancies (pregnancies experienced while contraceptives were being used) were terminated by illegal abortion, while less than 4 percent of those pregnancies experienced when no contraceptives were used were so terminated.¹¹⁵

Raymond Pearl was a Johns Hopkins professor who was a member of the eugenics movement before the 1930s.¹¹⁶ The eugenics movement was an attempt to promote better breeding in man, to bring to birth a "new race." Pearl became an enthusiast for birth control in connection with this interest, and, when the older form of eugenics fell into disrepute during the Hitler era, he

led the transformation of the eugenics movement into a more respectable effort to control "the population explosion." His 1939 book, *The Natural History of Population*, has had a tremendous influence on the subsequent development of national and international programs aimed at limiting births to improve living standards—restricting the "quantity of life" for greater "quality of life," a kind of democratized eugenics¹¹⁷ Pearl states in his book that

in this large sample of respectable white married women already shown to be fairly representative of the general population from which it came, those who practise contraception as part of their sex life, by their own admission resort to criminally induced abortions about *three times* as often proportionately as do their comparable non-contraceptor contemporaries.

As a proponent of birth control, Pearl was dismayed by this fact, but he adds that for something like three-quarters of that part of the professional abortionist's business that derives from urban American married women he can thank the birth controllers and the current imperfections in the technique of their art.¹¹⁸

Similarly, Kinsey made this point more than once at the 1955 Planned Parenthood conference on abortion:

At the risk of being repetitious, I would remind the group that we have found the highest frequency of induced abortion in the group which, in general, most frequently uses contraceptives.¹¹⁹

The same situation obtained in England. Dr. G. R. Venning, writing in 1964 in a British birth control periodical, *Family Planning*, summarized as follows a 1949 report prepared for a Royal Commission on population:

This found that the incidence of induced abortion as percentage of all pregnancies was one per cent for women not using birth control and nine per cent for women using birth control unsuccessfully.

He adds further detailed statistics and concludes that

the data illustrate clearly that the likelihood of induced abortion is much greater in women who have contraceptive failures than in women who have not used birth control at all. The data from this survey also showed more induced abortion with rising socio-economic status, the incidence in all pregnancies in the highest social class being more than double that in the lowest group.¹²⁰

Perhaps sometime a woman has resorted to an illegal abortion because she was genuinely concerned that her baby would be defective, or because she had been a victim of sex crime. But such cases must surely be rare, and, as we shall see in the next chapter, an abortion is legally obtainable anywhere in the United States or Britain if the mother's life is at stake or her health gravely endangered. The vast bulk of abortions, however, have nothing to do with these considerations—none of which is related to a failure of birth control. The vast bulk of abortions are sought as a preferred method of birth control or—perhaps even more likely—as a remedy for birth control failures.

If we proceed from this fact, it becomes possible to tell what are the past and future trends of illegal abortion in Western countries such as the United States and Great Britain. Until the industrial revolution, both the death-rate and the birth-rate were high. About 1770 the death-rate fell and from that time population expanded. But a century later the birth-rate also began to fall, though less sharply, as family limitation began to be practiced.¹²¹ At this point, the rate of induced abortion must have increased—as the Kinsey statistics indicate was still happening for women born between 1890 and 1909. During the “baby-boom” following World War II the rate of abortion fell. However, the trend in births in the decade 1957-1967 has been downward. The “baby-boom” is over,¹²² and with greater efforts to limit births, abortions probably also have increased.

Dr. Venning suggests another possibility. He believes that the high abortion rate associated with birth control may have been due to the inadequate methods many women were using:

The illegal abortion problem has grown in Western societies, along with industrial development and education. The main factor has been a combination of high motivation for family planning together with the use of contraceptive techniques which fail frequently enough (largely as a result of human fallibility) to result in a high incidence of unplanned and unwanted pregnancies. When motivation is strong, induced abortion can only be prevented by the use of more effective contraceptive methods than those used in the past. Such methods are now becoming available.¹²³

But if we can believe advocates of abortion law relaxation, these methods either are not as effective as they are thought to be or they are not used for one or another reason. It may happen that the present rate of induced abortions in the Western countries will decline greatly as the new methods of birth control and surgical sterilization come to be more widely adopted.

However, experience in Japan, where abortion is legalized, indicates that unless completely effective contraception is used at all times, birth control by abortion cannot easily be replaced by other methods. Dr. Yoshio Koya explains in a paper, “Why Induced Abortions in Japan Remain High,” that a five-year guidance program in contraception that began with 2,230 couples actually resulted in a significant increase in induced abortions per 100 wives—from 6.3 the year before the program to 9.2 in its first year of operation. Then the rate declined, but did not fall below the pre-guidance level until the fourth year of the program.¹²⁴ Even then the fall may not have been as genuine as appears, since almost one-fourth of the original group of couples was no longer guided in the fourth year, and experience shows that in any program the participants most successful in reaching its objectives are the ones who remain in it. In any case, even in the fourth year of the program, the tendency of couples to have an induced abortion once they did become pregnant remained high—more than 50 percent above the pre-guidance level. Dr. Koya explains this fact:

It would appear that women preferred the consequences of an induced abortion to the alternative of bringing an unwanted child into the world. Can we blame them for that? Absolutely not, because this line of reasoning reflects the results of our educational activity.¹²⁵

The Movement to Loosen Anti-abortion Laws

As soon as one realizes that the vast majority of illegal abortions is performed for birth control purposes, a question naturally arises as to why there has developed such a great campaign to loosen anti-abortion laws in the United States and Britain. In general, limited relaxation of existing laws against abortion would have very little effect on ordinary illegal abortions—except, probably, to increase their frequency.

To this question there is no simple answer, particularly as concerns those working to loosen the abortion laws in the United States. In Great Britain, the Abortion Law Reform Association grew out of the birth control movement, and the associations, though formally distinct, have maintained close, open, and mostly friendly relations. In April 1966, the Family Planning Association as such held a meeting to support the efforts of those seeking changes in British abortion laws.¹²⁶ Both movements were offspring, or, at least, godchildren, of the eugenics movement in Britain.¹²⁷

The situation in the United States is more important for our present purpose, and less clear to the naked eye.

The birth control movement, under Margaret Sanger's direction, always claimed the replacement of abortion by contraception as one of its chief benefits. Many members of the planned parenthood movement apparently have maintained some diffidence toward abortion. As recently as 1964, Dr. Alan Guttmacher said of the Executive Committee of Planned Parenthood Federation of America: "I think I would have a tough time in getting them to take a stand on a liberalization of abortion laws."¹²⁸

Yet there had long been some ambivalence in this attitude. The 1955 conference on abortion was directly sponsored by Planned Parenthood. Earlier, the book of Dr. Taussig and the 1942 conference were sponsored by the National Committee on Maternal Health. In its early days, this self-constituted body, led by Dr. Robert L. Dickinson, had been more radical in some respects than the Birth Control League led by Margaret Sanger.¹²⁹ However, in later years relations were good, and Dr. Carl G. Hartman said retrospectively that Margaret Sanger had instigated the research: "In 1926, Dr. Robert Latou Dickinson took over this work most efficiently through his National Committee on Maternal Health. Monies were collected for meetings and for basic research."¹³⁰ In other words, Dickinson's committee became what, in another context, might be called a "front organization."

Moreover, in recent years the birth control movement has undergone a notable shift in attitude toward abortion. Such leaders as Dr. Guttmacher have become proponents of a loosening of the abortion laws¹³¹

Abortion has become a topic of discussion at conferences of the International Planned Parenthood Federation.¹³² Nor is this discussion merely to assess the abortion problem and to consider how best to replace abortion with other methods of birth control. The example of Japan and of Eastern Europe is considered both objectively and according to the possibilities it suggests for application elsewhere in the world. For example, in his closing summary at the International Planned Parenthood Federation conference at Singapore in February 1963, Colonel B. L. Raina stated:

Greater light has been shed in the conference on sterilization and abortion. If the people, because of their particular situation chose to adopt a particular form of behaviour, the ignoring of that behaviour will not change its importance or role. The experience of India in the field of sterilization and some countries of Europe and Japan on abortions has been especially well presented at the conference. It is apparent that all over the world, in rich or poor countries, people frequently turn by themselves to such methods of solving the problem of unwanted births. More studies of this phenomenon are greatly needed, to identify and clarify the situation rather than to ignore it. In countries where the population crisis is acute, official recognition of such a reality can catalyse the total, complex process of movement toward a stable population.¹³³

Colonel Raina was then Director of Family Planning in the Ministry of Health of India; by mid-1967, its present Director, Dr. Chandrasekhar was urging the adoption of abortion together with *compulsory* sterilization as official birth control methods.

The other point that must be considered is that the birth control movement in the United States was closely related to the eugenics movement of the pre-Nazi era. The eugenics movement was an effort to improve the race by selective breeding. Its basis was pseudo-scientific and it did not always avoid racial bias. For example, a fairly typical popular treatment of eugenics contains the "information" that:

The mind of the negro gets its maturity at the end of the second or third or fourth grade, as the case may be. No system of teaching can correct it. It is due to the inherent fiber of the brain that only can be changed by a process of evolution which may take some thousands of years to accomplish.¹³⁴

Elsewhere, this book advocates sterilization for defectives and adds:

When the defectives have been cut off from the power of reproduction, the next step is to teach the class above them how to practice "birth control" to which no exception could be taken. The unskilled man plays an important role in the industrial world. He lacks the intelligence, the self-control, and the power to limit the number of his children.¹³⁵

At the end of this treatise the author imagines that unborn babes are stretching their tiny hands toward him from the mystic future and pleading: "Refuse to give me birth, or else let me be well-born."¹³⁶ Thus the title of the book: *The Right to Be Well-Born*—a phrase used today still, by those who advocate the loosening of anti-abortion laws.

The first American Birth Control Conference passed a eugenics resolution stating that "we advocate a larger racial contribution from those who are of unusual racial value."¹³⁷ This was not inspired only by a fringe of the movement. Margaret Sanger herself joined the eugenics cause. In a 1921 address she said of the diseased, the feeble-minded and the poor:

There is no doubt in the minds of all thinking people that the procreation of this group should be stopped. For if they are not able to support and care for themselves, they should certainly not be allowed to bring offspring into this world for others to look after.¹³⁸

In a book, *The Pivot of Civilization*, published in 1922, Mrs. Sanger said: The lack of balance between the birth rate of the "unfit" and the "fit," admittedly the greatest present menace to civilization, can never be rectified by the inauguration of a cradle competition between these two classes. The example of the inferior classes, the fertility of the feeble-minded, the mentally defective, the poverty-stricken, should not be held up for emulation to the mentally and physically fit, and therefore less fertile, parents of the educated and well-to-do classes. On the contrary, the most urgent problem to-day is how to limit and discourage the over-fertility of the mentally and physically defective. Possibly drastic and Spartan methods may be forced upon American society if it continues complacently to encourage the chance and chaotic breeding that has resulted from our stupid, cruel sentimentalism.¹³⁹

In a 1926 speech at Vassar college, Mrs. Sanger commended the immigration restrictions that had been strongly supported by the eugenicists:

The question of race betterment is one of immediate concern, and I am glad to say that the United States Government has already taken certain steps to control the quality of our population through the drastic immigration laws.

Mrs. Sanger remained unsatisfied.

But while we close our gates to the so-called "undesirables" from other countries, we make no attempt to discourage or cut down the rapid multiplication of the unfit and undesirable at home.¹⁴⁰

The remedy proposed was another favorite of the eugenicists—sterilization. However, Mrs. Sanger's considered position was that sterilization should be a secondary method, not the method of choice:

The first great need of modern society is the encouragement of Birth Control education among potential parents of those poorer strata of society where poverty is correlated with disease, poor health, and physical or mental defect.¹⁴¹

Sterilization should be used immediately on obvious defectives, she thought, but others should be allowed the opportunity to practice birth control and should be sterilized only if they failed:

Birth Control is of inestimable value not only to the individual parents; but its popularization would enable us to draw a definite line between the worthy, intelligent and self-respecting types of parenthood among the poorer classes and the delinquent and irresponsible.¹⁴²

Progress in the birth control movement seemed to be accompanied, until the mid-1930s, by an increasingly eugenicist coloring. The fourteenth annual meeting of the American Birth Control League, held in January 1935, observed the cost of relief and the fact that families on relief have more children than those not on relief. A resolution was passed unanimously:

Be it resolved that the American Birth Control League unite with the American Eugenics Society in formulating and securing the adoption of the most effective plans for providing that as a matter of routine, all families on relief shall be informed where they may best obtain medical advice . . .¹⁴³

The April 1935 issue of the *Birth Control Review* was a special eugenics number, for which the American Eugenics Society's president was guest editor.

One matter that greatly worried the eugenicists was expressed by the technical term "fertility differential." The fertility differential is the difference between two groups in the proportion of women in each group who gave birth during a certain period of time.

The concern is exemplified by a discussion in Norman Himes' book, *Medical History of Contraception*, which was originally published in 1936. Dr. Himes first considers whether Catholics have a higher fertility-rate than others, and shows evidence that they do. Then he goes on:

Are Catholic stocks in the United States, taken as a whole, genetically inferior to such non-Catholic libertarian stocks as Unitarians and Universalists, Ethical Culturists, Freethinkers? Inferior to non-Catholic stocks in general? No one really knows. One is entitled to his hunches, however, and my guess is that the answer will someday be made in the affirmative. If there are no material group differences there is no eugenic problem raised by a supposed differential in net reproductive rates. On the other hand, if the differences in genetic endowment should prove to be real, and if the supposed differentials in net productivity are also genuine, the situation is anti-social, perhaps gravely so.¹⁴⁴

This book also was sponsored by the National Committee on Maternal Health, Inc., and when reprinted in 1963 it was graced by a twenty-two page foreword by Dr. Alan F. Guttmacher.

It would be unfair to suggest, however, that the American birth control movement has been racist in the current sense. Certainly the vast majority of those involved have been without overt racial prejudices. As early as June 1932, a special issue of the *Birth Control Review* was subtitled, "A Negro Number"; it included articles without racial antagonism, with several by Negroes. Featured were: "Black Folks and Birth Control," "A Question of Negro Health," and "Quantity versus Quality." In the minds of liberal proponents of birth control, the race to be improved was not only the white race, but the Negro race as well.

By the late 1930s, the German experience had registered on everyone, and eugenics went out of fashion. The birth control movement always had been supported by those concerned with other aspects of population problems, and

so a transition to a non-eugenicist concern with the population question was easily made. Frank W. Notestein—then a professor at Princeton and later President of the Population Council, a channel for American funds into world population control¹⁴⁵—wrote in the *Birth Control Review* in 1938:

We must credit contraception with permitting us to avoid a population so dense that low death rates would be impossible. But we must charge it with a large part of the existing differences in fertility which are resulting in a population drawn heavily from sections and classes with the least economic opportunity. If that process continues indefinitely, serious damage may be done. There is no proof that the damage will be genetic, for substantial innate differences between large sections and classes have not been shown to exist. The damage may be none the less real, for we are recruiting our population from families whose incomes provide inadequately for the healthy development of children, and from areas whose slender economic resources afford wholly inadequate educational opportunities and restrict the entire cultural life of the community.¹⁴⁶

In this way eugenics became democratic.

What is the relevance of this discussion to abortion? Just this, that the movement toward loosening the abortion laws actually is aiming beyond the very limited proposals now being placed before legislatures toward a broad use of abortion as a method of birth control. We shall see further evidence for this in chapter five. Of course, some desire this relaxation of the laws simply because they consider it a liberal cause. But the practical importance of legalizing abortion for birth control would be to limit the births of those who are not now effectively limiting them, either by abortion or otherwise.

Here it should suffice to see what Dr. Guttmacher, President of the Planned Parenthood Federation, and Dr. Robert E. Hall, President of the Association for the Study of Abortion, have written.

Dr. Guttmacher feels that it would be ideal to have unrestricted legal abortion. However, he proposes that this goal should be reached by evolution, because most people in America currently would oppose it. He proposes a loosening of existing statutes along the lines usually urged. But to the provision that abortion should be permitted if the child is deformed he adds:

Then too, if either parent has proved through previous poor performance that because of alcoholism, drug addiction, psychopathy, emotional makeup, etc., he is incapable to care or provide for children, it is senseless to penalize either him or the child unborn.¹⁴⁷

A great many people—anyone on public welfare, in fact—would meet the qualification proposed here, because the operative clause follows “etc.” and “etc.” refers to any condition in virtue of which *either parent* has previously turned in a poor performance.

Of course, Dr. Guttmacher is a gentle, kindly man; he is talking about permitting a legal abortion, not about forcing anyone to submit to one. The great effect of legalization would be that groups who now have few abortions, legal or illegal, would be provided through public facilities with legalized

abortions. Thus, Dr. Hall, in an article pointing out that ward patients are provided fewer birth-prevention services, including legal abortions, than private patients, urges greater uniformity:

The institution and implementation of birth control measures are primarily medical matters. The obstetrician's obligation to provide abortion, sterilization, and contraception is inadequately and inequitably met at the moment. The obstetricians of America must individually and collectively review these vital issues in an effort to establish a more uniformly humane birth control ethic.¹⁴⁸

In 1959, the American Public Health Association made a statement of policy concerning the inclusion of birth control in regular public health services. At that time, only seven states—Mississippi, Alabama, Florida, Georgia, South Carolina, North Carolina, and Virginia—had such programs.¹⁴⁹ If more Negro births than white births were prevented by these programs, this does not demonstrate racist motivation, but merely the coincidental fact that most Negroes happened to be poor. Similarly, when an article appeared in the *Milbank Memorial Fund Quarterly*¹⁵⁰ pointing out certain advantages of abortion and even infanticide as methods of population control, it would have been grossly unfair to charge that genocide was contemplated. Certainly the author was not urging that a racial basis of selection be used; undoubtedly he, like Dr. Guttmacher, would be content to use as criterion the ability of parents to care and provide for children.

It is true that one occasionally runs across a disquieting statement, such as the following by Dr. Harold Rosen:

In Baltimore, for instance, white children between the ages of twelve and sixteen, even though repeatedly pregnant, are more apt to have abortions than their colored sisters who therefore bear a greater number of illegitimate children.¹⁵¹

However, Dr. Rosen seems to view abortion more as a service inadequately distributed than as a mere means of cutting the rate of illegitimate Negro births.

The same outlook emerges from a paper by Dr. Irene B. Taeuber, a respected demographer at Princeton. Writing on Japan, where abortion is the primary method of birth control, she states:

Among American Negroes, birth rates are substantially higher than they were in prewar Japan. The associated problems of limited education, low incomes, high fertility, disorganization, and delinquency are as real for us as for the Japanese. And however we may estimate our international obligations, we cannot deny our responsibilities for the Navajo on the reservations. A positive approach to the world's population problem, then, requires that we view the many related problems within our own society with the same frankness with which we approach those of other countries. We have the responsibility for whatever actions are needed in our own country, just as others bear it in theirs.¹⁵²

Her evident concern is that the sectors of society that are more advantaged should fulfill their responsibilities to less advantaged sectors by helping them to reduce the fertility differential.

Dr. Taeuber does not suggest that abortion be used in the United States, merely that "whatever actions are needed" be done. It does happen by coincidence that her article appears in a 1964 anthology sponsored by a self-constituted society of world notables, the World Academy of Art and Science, and that two other contributors to that anthology offered interesting observations.

Dr. Lincoln Day of Columbia University included abortion among methods of birth control: "But all means, so long as they are effective and do not endanger the well-being of the persons involved, must be considered." Unless done by the free decision of parents, there would be a serious loss of individual liberty, he observed, and concluded: "Let us hope that the current misuse of this most personal liberty by an unwittingly irresponsible portion of our citizenry can be halted before it jeopardizes any further the liberties of all of us."¹⁵³

Frederick Osborn, a proponent of a respectable type of eugenics, and a past-President (1952-1960) of the Population Council, suggested that couples might be encouraged or discouraged to have larger families depending upon their achievement. "The influences which could be brought to bear range all the way from the climate of public opinion to the use of economic measures such as larger income tax deductions for children through the whole period of their education."¹⁵⁴

Osborn published on this topic thirty years previously. In a book co-authored with Frank Lorimer, he advocated sterilization as the method of choice to prevent less fit individuals from reproducing disproportionately: "It seems reasonable that social agencies should recommend cessation of child-bearing after the birth of the second living child in the case of families that are personally handicapped or partially dependent on public or institutional aid for their maintenance."¹⁵⁵

Abortion was considered as an alternative to sterilization:

All available data clearly indicate that induced abortion is an important factor in the rural-urban differential in fertility in the United States and in most European countries. It is more difficult to define accurately the relation of abortion to the differential among urban social classes. It is possible that the relative availability of abortion in Germany and Sweden may be a factor in the disappearance or reversal of the usual social class differential in some German and Swedish cities; but this has not been demonstrated.¹⁵⁶

But in 1934 abortion had to be rejected because though it "demands no persistent self-discipline," which would make it an ideal method of birth control for the less desirable elements of society, it was "repudiated by most medical authorities."¹⁵⁷

Lorimer and Osborn were not racists. They hoped that suitable measures would reverse the trend by which the more desirable Negroes were relatively infertile and the less desirable ones excessively fertile:

In the case of colored families that respond well to opportunities for intellectual advance, the eugenic principles already outlined suggest attention to greater provision for the economic security of young couples, especially among intellectual workers. In the case of colored families that fail to respond to such opportunities, the sort of efforts already described as generally applicable to families of low intellectual development may be evoked—and similar difficulties must be faced.¹⁵⁸

Loosening the abortion laws is a step in an evolution toward legalized abortion, available to all without discrimination. In this way fertility differentials that have caused concern for at least a generation would perhaps finally be eliminated. However, the motivation cannot fairly be represented as racist; no respectable person has yet said that abortion be applied to Negroes—or to any other minority—as a way of limiting its growth. Rather we must understand the movement to loosen abortion laws as a further step in the continuing effort of the better (or “more fortunate”) parts of society to fulfill their responsibilities to those who have shown themselves, in Dr. Guttmacher’s words, “incapable to care or provide for children.”

This effort follows on efforts only partly successful to meet the problem in other ways. Faced with the demands that would be made on the United States’ program of foreign aid and the domestic war on poverty, President Johnson, speaking at the twentieth anniversary of the United Nations, San Francisco, June 25, 1965, stated the fundamental principle of his policy:

Let us in all our lands—including this land—face forthrightly the multiplying problems of our multiplying populations and seek the answers to this most profound challenge to the future of all the world. Let us act on the fact that less than five dollars invested in population control is worth a hundred dollars invested in economic growth.¹⁵⁹

Clearly, nothing aimed at any particular foreign or domestic group is intended. It is a mere question of dollars and cents. Every dollar spent abroad or at home to control population is worth twenty dollars in capital investment. It is only a coincidence that capital already is invested for *us*. and the saving will be achieved by not investing it for *them*. Actually, the ratio of twenty to one, suggested by former President Johnson, probably is much too low, if we consider the new techniques of abortion, now becoming available, that we will consider in the next chapter.