

**June 3, 2008**  
ESSAY

# Repairing the Damage, Before Roe

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With the [Supreme Court](#) becoming more conservative, many people who support women's right to choose an [abortion](#) fear that Roe v. Wade, the 1973 decision that gave them that right, is in danger of being swept aside.

When such fears arise, we often hear about the pre-Roe "bad old days." Yet there are few physicians today who can relate to them from personal experience. I can.

I am a retired gynecologist, in my mid-80s. My early formal training in my specialty was spent in New York City, from 1948 to 1953, in two of the city's large municipal [hospitals](#).

There I saw and treated almost every complication of illegal abortion that one could conjure, done either by the patient herself or by an abortionist — often unknowing, unskilled and probably uncaring. Yet the patient never told us who did the work, or where and under what conditions it was performed. She was in dire need of our help to complete the process or, as frequently was the case, to correct what damage might have been done.

The patient also did not explain why she had attempted the abortion, and we did not ask. This was a decision she made for herself, and the reasons were hers alone. Yet this much was clear: The woman had put herself at total risk, and literally did not know whether she would live or die.

This, too, was clear: Her desperate need to terminate a [pregnancy](#) was the driving force behind the selection of any method available.

The familiar symbol of illegal abortion is the infamous “coat hanger” — which may be the symbol, but is in no way a myth. In my years in New York, several women arrived with a hanger still in place. Whoever put it in — perhaps the patient herself — found it trapped in the cervix and could not remove it.

We did not have [ultrasound](#), CT scans or any of the now accepted radiology techniques. The woman was placed under [anesthesia](#), and as we removed the metal piece we held our breath, because we could not tell whether the hanger had gone through the uterus into the abdominal cavity. Fortunately, in the cases I saw, it had not.

However, not simply coat hangers were used.

Almost any implement you can imagine had been and was used to start an abortion — darning needles, crochet hooks, cut-glass salt shakers, soda bottles, sometimes intact, sometimes with the top broken off.

Another method that I did not encounter, but heard about from colleagues in other hospitals, was a soap solution forced through the cervical canal with a syringe. This could cause almost immediate death if a bubble in the solution entered a blood vessel and was transported to the heart.

The worst case I saw, and one I hope no one else will ever have to face, was that of a nurse who was admitted with what looked like a partly delivered umbilical cord. Yet as soon as we examined her, we realized that what we thought was the cord was in fact part of her intestine, which had been hooked and torn by whatever implement had been used in the abortion. It took six hours of surgery to remove the infected uterus and ovaries and repair the part of the bowel that was still functional.

It is important to remember that *Roe v. Wade* did not mean that abortions could be performed. They have always been done, dating from ancient Greek days.

What *Roe* said was that ending a pregnancy could be carried out by medical personnel, in a medically accepted setting, thus conferring on women, finally, the full rights of first-class citizens — and freeing their doctors to treat them as such.

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<http://www.nytimes.com/2008/06/03/health/views/03essa.html?pagewanted=all>