



## Back-alley tragedies looming again

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More than half a century has passed. But Dr. Quentin Young still remembers the grim details of his 20 days on the septic obstetrics ward at Cook County Hospital in 1948. "I was fresh out of medical school," says Young, 77, a well-respected Chicago physician. "I was a resident, an intern. I had OB service for 60 days at Cook County. At the time, there were three services. You had 20 days on each: Normal OB, for most women. Pathological OB, for the numerous women with heart and lung problems and TB. And then there was the third service: the so-called septic OB, a euphemism for women who had been damaged in self-induced or criminal abortions. Of course, all abortions were criminal then."

And may someday again be. I called Young because one of George W. Bush's first acts as president was to cut federal funding to overseas family planning organizations that mention abortion to their clients – a small step in itself, but the opening salvo in the coming battle to roll back abortion rights.

Perhaps all the way back to 1948.

A year most people do not remember. But Young does. It was not the happy time that lives in our nostalgia. He was seeing dozens of women a day who were so desperate to have an abortion they tried to do it themselves, using whatever was at hand.

They doused with bleach or peroxide. They used paintbrushes and cocktail stirrers and pencils and knitting needles. And yes, they did use wire coat hangers.

"Of course they did," says Young. "They hurt themselves, perforated their uteruses, they came in bleeding, with difficult-to-treat infections."

The ones who were in comas, who had raging fevers, would be treated by the more senior doctors. Intern Young would finish up the more straightforwardly botched jobs begun by back-alley butchers, or themselves.

"As a young intern, I was responsible for completing the septic abortions that the women had begun, to save them from ill health or death," he says. "The volume was so large. I would do 20 D&Cs a day."

Damage was often severe.

"Many became infertile," he says. "Many had abscesses. Many had to have hysterectomies. Some perished."

The women were only lightly anesthetized, and Young would speak with them as he worked.

"I was struck with how readily the women would talk about what they did," he says. "For my part, I was appalled they took that risk, and they would try to explain it to me, why it had to be, how their personal circumstance could not bear the having of an illegitimate child or, if they were married, how they had many children. There was a good deal of guilt about it.

"If they had paid for the abortion, they would go to hotels and people of unknown credentials would put them on a table, do the procedure and leave them there. It had all the grim vulnerability and fear we associate with criminal abortion."

Young's score of days on the septic ward changed him.

"I was fresh out of medical school," he says. "I had not formed views on abortion, other than that it was illegal and undesirable," he says.

But his experience led to a fresh realization.

"Abortion is not a modern development," he says. "Every civilization had it. The fact is, it will take place. The question went from should it take place to how to make it safest for women. I've never seen a happy abortion. It's always a source of great concern, thought and contradiction. For many the alternate is a ruined life, so they do it. I'm not an enthusiast for abortion. I've simply come to understand it should be medically safe."

And it is medically safe, and legal. For the time being.

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