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THE CHANGING NATURE OF ABORTION IN RURAL MAINE, 1904–1931

BY MAZIE HOUGH

*Between 1904 and 1915, Maine courts tried four doctors on the charge of homicide related to abortions. These four trials drew widespread attention in the press and served as a warning not only to doctors who might be tempted to perform abortions, but to rural community members who might want to assist the women seeking the procedure. The abortion trials successfully warned and disciplined both rural doctors and community members. Once sympathetic to the needs of rural women who wanted to terminate their pregnancies, the rural community members realized the dangers of doing so and withdrew their support. As a consequence, Maine women after 1915 were forced to go long distances to seek abortions at the hands of identified “abortion doctors,” who were less likely than their earlier rural counterparts to be convicted of abortion-related homicides. Mazie Hough is Associate Professor of History and Women’s, Gender, and Sexuality Studies at the University of Maine. She is author of *Rural Unwed Mothers, 1870–1950: An American Experience* and co-editor of *Somalis in Maine: Crossing Cultural Currents*. She also assisted Marlie Weiner in the publication of *Sex, Sickness and Slavery: Defining Illness in the Antebellum South*.*

BETWEEN 1904 and 1931, abortion among rural Maine women shifted from an experience rooted in the community to one isolated from it. This transformation can be traced to four high-profile trials. Between 1904 and 1915, the state of Maine tried four Maine doctors for abortion-related deaths. Although Maine newspapers reported accounts of numerous similar incidents prior to this, there had been no doctors sentenced to prison on this charge for at least fifty years.¹ The four trials, widely attended and covered in great detail by the press, made clear the way abortion was practiced in the rural communities. They also provided a very public warning to all those involved in the cases—not only to the doctors and the women, but to the community members as well. Within the next fifteen years there would be at least five more trials for abortion-related deaths. The documents from these cases reveal a dra-

matically different experience of abortion for rural women. Drawing on court documents, Maine Medical Association publications, and newspaper accounts, this paper will show how the four early trials both revealed and transformed the practice of abortion in Maine. Women's access to and experience of abortion changed fundamentally with the prosecution of these four cases. They mark the end of what had been a feature of abortion in rural areas—the community's involvement.

Historians generally agree on the contours of the history of abortion in the United States. Under British Common Law, abortion before “quickening,” that is, before the fetus moved, was not considered a crime. Until 1869, the Catholic church also accepted the principle that abortion only became a crime after quickening, and historians have estimated that, by the last half of the century, as many as one in five women (many of whom were married) had turned to abortion as a form of birth control. By the 1860s, however, doctors representing the newly formed professional medical societies began to push for the criminalization of abortion at any stage of pregnancy. They alone, they asserted, knew when life began. Their campaign against abortion helped regular doctors, members of the professional societies, assert their authority and separate themselves from the irregular medical practitioners with whom they were in competition. By the end of the century, every state had enacted laws criminalizing abortion at any stage in the pregnancy except in cases in which the health or life of the woman was at risk. Nevertheless, as pointed out by Leslie Reagan, author of *When Abortion Was A Crime: Women, Medicine, and Law in the United States, 1867–1973*, there was a popular morality that continued to accept the idea that abortion prior to quickening was acceptable.²

In the first two decades of the twentieth century, medical doctors, now aligned with the state and nongovernmental agencies, renewed their efforts to enforce the widely ignored laws. Still, the decentralized nature of the medical practice enabled women to convince their doctors to give them an abortion. It was not until the 1930s, as doctors acknowledged the importance of providing abortions for a variety of therapeutic reasons and as childbirth moved into the hospitals, that abortion became both more visible and more directly under the control of medical professionals.³

While there is a rich history of research on abortion in the United States, most of it has focused on urban areas. As Reagan notes of her path-breaking work, it is “primarily a study of abortion in urban areas, where abortion was concentrated. I comment occasionally on practices

in rural areas, but the history of reproductive control and abortion is likely to be somewhat different there.”⁴ The court documents and newspaper reports of cases of abortion-related deaths in Maine from 1904 to 1931 offer us a window into this largely unexplored rural world of women seeking abortions. While much of the rural women’s experiences were similar to those in urban areas, there is one marked difference. In every case between 1904 and 1914, community members, both men and women, were involved in assisting the women in finding a doctor who would perform an abortion, accompanying her during the procedure and providing care for her following it. This assistance grew out of the tradition within small communities of mutual assistance, but it also reflected a widespread acceptance of single women’s pregnancy. The change that occurred in the first three decades of the twentieth century had more to do with the intervention of the state than of the growing importance of hospitals or urban doctors. The rural communities changed, because they were forced to do so.

The abortion experience of women in Maine grew out of the rural nature of the state. Well into the twentieth century, most Mainers lived in towns of 5,000 or less. David Danborn has written extensively of rural communities and how their history is different from those in urban areas. Rural communities experienced change at a different rate than those in urban areas and were more likely to recognize community members’ interdependence, a “sense of identity and mutuality” that was “both unifying and necessary.” Neighborliness, Danborn notes, offered rural people comfort, security, and belonging. It was “an essential characteristic of rural life that is difficult to duplicate in other settings.” While it provided “emotional sustenance and support,” he cautions, it also could be oppressive. Community members felt justified in prying into each other’s affairs.⁵

Political scientist Kenneth Palmer describes a similar situation in Maine, which, he notes, has long been marked by a “moralistic political culture” and community orientation. This culture was a result of Maine’s settlement, “reinforced by the rapid establishment of agriculture, which came to define the character of the state and its people. Reliance on the weather, especially in a climate as harsh and unpredictable as Maine’s, placed great cultural importance on the relationship between the individual and his or her community.” This interdependence between individual and community was reinforced by the town meeting form of government and by settlement laws that required every town to support everyone who had a settlement within it.⁶

While connections in rural communities were by their very nature intimate, the geography of rural areas demanded a particular interaction between a doctor and his or her patients. Judith Walzer-Leavitt argues persuasively that “medical practice can only be understood within [its] institutional context” and that rural doctors need to be understood within theirs. “Just as the urban environment and the hospital, for those physicians and patients who inhabited them, ordered the practice of medicine,” she notes, “so too did the household for those practitioners who worked largely within its perimeters.” The fact that mid-nineteenth-century physicians practiced in their own homes or in those of their patients made rural doctors “family oriented.” The domestic environment, she continues, “sharpened their sensitivity and perhaps appreciation for domestic tasks, which made them better able to relate to the pressures in their patients’ lives.” As with rural practitioners today, she concludes, “the boundaries between medicine, family, and community life are blurred.”⁷

In addition, the fact that country doctors had to travel great distances and therefore spend more time with their patients once they had arrived in order to avoid a repeated trip, and the fact that they often served as doctor for more than one generation in a family, no doubt increased the intimacy between a country doctor and his or her patients. Serving families over an extended period of time, rural doctors often responded to the emotional as well as the medical needs of all their patients. As Jacalyn Duffin writes of one Canadian doctor, “without giving a diagnosis, [he] turned his attention to a parent in a house where a child patient had recently died, as if the pain of grieving was as valid an indication for his care as the scarlatina had been.”⁸

Members of the Maine Medical Association recognized the rural doctor’s particular position. In the papers they presented at their annual meetings, they reflected on the constraints placed on the rural doctor. Dr. C.B. Sylvester noted in 1900, for instance, that “city physicians speak of country practice, when they refer to occasional country visits. I do not mean suburban practice. Nor do I refer to the fringe of border settlements or lumber camps.... These are few compared to the large number of doctors in this State who practice in villages, and depend, more or less, upon the farming communities outlying, not often with easy access to hospitals.” Drawing from his own experiences he continued to outline the challenges that a country doctor faced. “The country doctor, if successful, must do a vast amount of labor. If he charges one-quarter the price of the city doctor, he must do four times as much work.”⁹

While country doctors worked hard and traveled far, they also came to understand and respond to the particular needs of their patients. Sylvester described how the poverty of his patients and his familiarity with their conditions had an impact on his medical decisions. Noting that hospitals for charity patients had begun to appear in towns, he commented, “the country doctor is friend and advisor to his patrons, and consideration for the limited means of his patients often causes him to send them to hospitals, because the expense will be less than for him to operate and do it properly. About *all* our patients in the country have limited means, and have to practice the strictest economy.” Financial challenges were not only created by the distances a doctor had to travel or by the limited means of their patients, but by the competition from practitioners of folk medicine. As Coombs’s study of rural doctors in Wisconsin suggests, rural doctors had to compete with those in isolated places who had learned to rely on home remedies and one another for health care.¹⁰

Although rural doctors and community members may have understood the popular morality that considered abortion before quickening no crime, the Maine Legislature passed one of the first laws in the United States that prohibited abortion at any stage in the pregnancy. In 1841, it determined that anyone who attempted to abort a mother pregnant with child, whether the child was “quick” or not, was liable up to a year in jail and a \$1,000 fine. Still, the state was slow to prosecute. As elsewhere in the United States throughout much of the nineteenth century, abortion in the first trimester—before “quickening”—was accepted and widely practiced. Maine drew on British Common Law, which assumed, as William Blackstone, author of the influential “Commentaries on the Laws of England” made clear, “life begins in the contemplation of the law as soon as the infant is able to stir in the mother’s womb.” Even after quickening, however, the state acknowledged a level of acceptance of abortion. As a handbook for Maine justices of the peace advised, “by the ancient common law, the procuring an abortion by potion or otherwise, in a woman quick with child, was homicide or manslaughter. But the modern law doth not look upon this offence in quite so atrocious a light, but merely as a heinous misdemeanor.”¹¹

The Maine Medical Association (MMA) began its campaign against abortion almost as soon as it was established in 1853. *Transactions*, the Association’s annual publication of papers presented at its annual meeting, reveals repeated efforts to apprise Maine doctors of the seriousness of the crime. In 1866, Dr. I.T. Dana, professor of theory and practice of

ATHER. Forecast for New right and Thursday: est portion Thurs- winds, becoming was central Tuga- ada has moved to rence. The north- has advanced east he weather is 'un- y in New England ast. Also in parts ys and the North- nd generally clear. ressure has fallen ys and the North- ature is somewhat die states and the	BIDDEFORD DAILY JOURNAL MANSLAUGHTER Was Verdict of Jury at Alfred in Eastman Murder Case. Reported on Tuesday Afternoon After Five Hours Consideration. Exceptions Were Allowed and Filed and Case Will Go up to the Law Court.	DRUG CLE Held at Hills Bea ner a The Biddeford the exception o to Hills bench t One of the featin shore dinner w Mrs. Huff's. The baseball betwee and the crowd to the program with having a ge MRS. MARY Aged Woman P Last Mrs. Mary H. the late James residence of Mr Saco at 9.20 T 83 years, 3 mon Dennett was a in the highest member of th she had a wide will mourn her The funeral afternoon at 3 dence of Mrs. I street, Saco, all friends are inv out. Further noti be taken to So ment. AGED COI
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‘Startling Disclosures Today in Sabatis Tragedy’

Source: *Biddeford Daily Journal*, *Lewiston Evening Journal*, 18 February 1913.

medicine in the Medical School of Maine, reported to the MMA as chair of its Committee on the Production of Abortion. Having consulted with Chief Justice Tenney of the Maine Supreme Court, he reported, his committee concurred that “the procuring of an abortion *always* involves the *taking of life*.” “While in ancient times there was a general notion that there was no life prior to quickening,” he noted, “the advance of knowledge has led to the entire rejection of this idea and it is now an established and universally admitted fact of physiology that life in the embryo commences with the very moment of conception.” A physician was justified in inducing abortion, he concluded, only “*when it is absolutely necessary to save the life of the mother*.”¹² Seven years later, Dr. P.S. Haskell warned the Association, “I am not here to inform you of the frequency of this crime; all of you, doubtless, are conscious of the alarming increase of it in our State, as well as of the apathy which exists, both in the profession and out of it, as the results of the same.” Claiming there were “no less than two thousand abortions ... performed each year,” he rued

the fact that “it is about impossible to get an attorney, or a jury, to convict an abortionist.” And, in 1908, Dr. Frank H. Jackson estimated there were 50,000 abortions each year in the state.¹³

In spite of MMA’s calls for an end to all abortions and the efforts it made to pressure its members to stop the practice, doctors continued to provide abortions. Newspapers referred to suspicious deaths of pregnant women often, though no doctors were successfully brought to trial. The MMA made clear its suspicions of who was attempting these abortions. “To our disgrace,” Jackson noted, “the men who do the most of the abortions in this State are not outcasts from their profession. Some of them are members of this State society and its county branches.”¹⁴

The doctors provided abortions, Jackson and other leaders before him theorized, out of sympathy for the woman involved and out of the need to make money. “What physician has not but felt his heart stirred within him to its lowest depth of sympathy, when the curtain has been drawn aside, and he has been made to contemplate the scene of sin and sorrow.... ‘Out of pity, Doctor,’ ‘For love of God.’ These are the appeals that most move the generous hearts, and *tempt* the mind to look about for some pretext to interfere,” Dana expostulated. Half a century later, Frank H. Jackson admitted, “no man who has been in practice for more than a few months but has been asked by some woman to kill her unborn child...and I have heard apologies for men in our profession to advance the idea that a young man should not refuse to perform any service that might be desired because it would help him in getting a practice.” As we have seen, the Maine rural practitioners—who by some accounts made up the majority of the medical practice in Maine—were especially vulnerable to both.¹⁵

Not only were rural doctors vulnerable to requests for abortion, but people in the rural communities appeared to accept abortion, or at least not condemn those who performed or obtained it. When rural doctors—knowing the young women and their families intimately, or perhaps looking to supplement their income—agreed to perform abortions, they performed them within communities in which it was very hard to escape the prying eyes of neighbors or the support of people, many of whom, according to Dana, “still believe, and many more try hard to believe, that there is no sin in it if the thing is done at an early date of pregnancy.”¹⁶

With the widespread practice of abortion and the pressure on rural doctors to provide them, the MMA faced challenges in its campaign to criminalize the practice. The doctors needed assistance, and they found

THE BANGOR NEWS, MONDAY, SEPTEMBER 3, 1906

NOTED

boys to work in early in morning. ons at News Office k.

DR BRIGGS GUILTY OF MANSLAUGHTER

His Sentence Is Three Years at Hard Labor in the State Prison at Thomaston--Received Calmly

In the supreme court Saturday morning the jury in the case of Dr. W. H. Briggs returned a verdict of manslaughter, and he was later sentenced to three years at hard labor in the State prison at Thomaston.

When Justice Powers reached the court house at 8:12 he was informed that the jury, having argued practically the entire night, had at last reached a conclusion. He immediately gave orders for them to be brought in. The 12 men looked tired after their long vigil—but not many noticed that for all eyes were turned upon the worn, haggard face of the prisoner.

The attendance was not large—due to the early hour and the general supposition that the verdict would not be announced until the regular opening of court. Dr. Briggs was very pale, but he had nerve himself for the ordeal; save for the nervous clasp and unclasp of his hands he gave no sign of emotion. The big room was still as death—save for the restless shuffle of feet and murmur of low-pitched conversation in the corridors.

"Whatever the verdict may be," announced Justice Powers in his judicial

night, when the jury returned for instructions as to the exact degree of homicide, that an acquittal was not likely.

"We will take a recess," said Justice Powers, breaking the nervous strain. Dr. Briggs, with Deputy Friend following immediately left the room.

THE SENTENCE.

Sentence was not imposed until just before court adjourned at 12:30, at which time Judge Slocum, chief counsel for the respondent, addressed to Justice Powers a plea for mercy—and an admirable plea it was. He spoke upon the death of his client's guilt, which had evidently existed in the minds of the jury, as evidenced by their prolonged absence; told of the suffering beyond the lot of ordinary men—which he had already undergone; and in words filled with simple earnest eloquence, asked that the sentence might not be expiated in State prison. "God forbid that my client be sent to the penitentiary," said Judge Slocum in closing. "Hope, honor, his professional standing, the respect of his fellow-men—all these he would leave behind. God forbid that!"

NEW GAME LAWS IN MANY PLACES

Prince Edward Island Has a \$15 Non-Resident--Two New Canadian Preserves

Although the hunting season in Maine will not open until Oct. 1, open time began in many States on Saturday, Sept. 1. In the South the season begins later, and here and there the embargo on certain game is lifted a little earlier, but September 1 is the first general date on which hunting is permitted.

Most of the game laws that were in effect in the United States and Canada in 1905 remain in force, as only fourteen states and eight Canadian provinces hold legislative sessions this year. Four of these—Ohio, British Columbia, New Brunswick and Ontario—made no change in their game laws, and the others passed few statutes. The most noteworthy changes were entirely new laws for the protection of game in Mississippi and Prince Edward Island. Mississippi abandoned its old system of separate country law and adopted a general game law, with provisions uniform throughout the entire state, thus following the example recently set by Virginia and Tennessee. The provisions of its new and thoroughly modern law fix uniform seasons, provide for the appointment of game wardens, establish a \$20 non-resident license and prohibit all sale and export of game. Prince Edward Island is the latest of the Canadian provinces to adopt modern measures of game protection. Its recent statute fixes seasons, provides for a \$16 non-resident license, creates

THE ONE GREAT AND ONLY MONROE FAIR

Sept 18, 19 and 20 Are the Dates--\$4,800 Offered in Premiums and Purses

Now that the Bangor Fair is over the great event in this part of the country is the Monroe Fair. "The 33rd Annual Cattle Show and Fair of the Waldo and Penobscot Agricultural Societies," according to the official designation. The dates are Sept. 18, 19 and 20th.

Decision in the Dr. W.H.H. Briggs Manslaughter Trial, 3 September 1906.

it in the criminal justice professionals hired by the state who had reasons of their own for pushing for prosecutions of all homicides, abortion-related deaths included. As was happening across the country, Maine's criminal justice professionals were calling for changes in the criminal justice system to respond to the rapid urbanization and immigration that was transforming the state. Where once criminal justice was a matter of community observation and control, it now, they argued, should become the purview of the state.

While rural Maine towns were declining in population, Maine's cities were gaining a mobile and in good part foreign population. The French Canadians who were drawn by opportunities to work in Maine's textile mills were not only French-speaking, but Catholic. In an effort to maintain order in this expanding, fluid, and multicultural environment, where strangers interacted with one another on a daily basis, the state needed a new kind of social control, one based not on community oversight, but on laws applied universally, where a stranger could learn by observation the repercussion of any illegal activity.

For centuries, rural community members had been directly involved in dispensing their own form of criminal justice. As members of locally drawn juries, they determined when a homicide occurred, whom to indict for what, and who was guilty. They were expected to make decisions based on their knowledge of the individuals involved and on the context of the crime. Drawing on local knowledge, jurors had great discrepancy. They could decide which witnesses were the “most plausible” and what “long-standing alliances or grudges might come into play.” These community decisions were not impartial. As Leroy D. Clark notes, “the sad fact is that, by and large, unless a defendant could pass the ‘popularity test’—that is, unless the local populace favored him or his activity, he stood little chance of being protected against unfounded accusations. And conversely, if the defendant was popular, he would not be indicted even if the evidence of his guilt was overwhelming.” For a criminal justice system in an urbanizing society, however, individualized justice such as this could not be tolerated. In order for criminal justice to work, it had to be delivered uniformly. Strangers in the city should know the cost of their transgressions. All homicides should be treated the same.¹⁷

Just as doctors were calling for more control of women’s reproduction, Maine’s attorneys general, appointed annually by the legislature, were calling for more efficient investigation and prosecution of all suspicious deaths. Chief among their concerns was the way in which communities, practicing the “ancient office of the coroner,” held inquests “when nobody was sure exactly how a particular body had become a corpse.” Every year, Maine’s attorneys general petitioned the legislature for the means to investigate homicides more fully. In their annual reports to the legislature, they invariably criticized the coroner system and requested a licensed medical examiner. “These inquests determine nothing,” an attorney general noted in 1878, adding, “I think the state can safely abolish the whole antiquated machinery . . . and simply authorize the states attorney general and sheriffs to take the deposition of witnesses.”¹⁸ By 1904, the time of the first trial under consideration, the attorney general commented, “in my last report I had occasion to make mention of the laxness which pertained among officials in the matter of ferreting out crime. I am glad to be able to report that there have been great advances in the State the last two years on the part of officials in every department of criminal prosecution.”¹⁹ The stage was set for the four abortion trials that followed. Where the doctors, well known in the community, might have once been excused by community members who understood the

need for abortion and did not consider it a crime in the first trimester, the new prosecutorial machinery insisted on enforcing the law.

Doctors within the MMA supported this expansion of state control and recognized the role they could play as medical experts. In 1867 the President of the Association noted, "I believe the time has arrived that the efficiency and usefulness of our Society can be greatly advanced by a more intimate connection, in some semi-official manner, with the Legislature of our State, at least in an advisory sense . . . The age in which we live demands that this knowledge should be gathered from scientific men and scientific bodies, and not from charlatans." Eleven years later, the president of the MMA clarified what that might mean. "Laymen or citizens, when called to act upon coroners' juries, are notoriously incompetent to judge upon the cases before them. . . . Medico-legal autopsies are often a farce. The office of coroner, as now filled, should be abolished." Incrementally the state expanded its control over the investigations of homicide. Ultimately, it would be able to assign special investigators and count on doctors to perform official autopsies.²⁰

The struggle to determine the meaning of abortion between the community and the professionals worked itself out in public view when, between 1904 and 1914, the state tried four Maine doctors for murder as a result of abortion. All of the doctors came from small Maine communities. They included a bankrupt "irregular" who ran a fifteen-room sanitarium in Old Orchard Beach, a Colby football star who had just returned to his hometown to practice in Presque Isle, a husband-and-wife team that owned a medical mail-order business and sanitarium, and a successful doctor who had moved his practice to the city of Bangor six years previously. The four women who died were all single and also from small rural towns.

The four trials garnered widespread interest. Both women and men packed the courthouses for every step of each trial, and the newspapers described the proceedings in intimate detail. One newspaper reported, "it is the opinion of the county attorney that the hearing of Dr. Eastman will be one of the greatest from a medical standpoint in the history of York County. Already he has received applications from out of town lawyers and physicians who wanted to know if they could have a seat reserved for them at the hearing." At the hearing itself, the paper reported, "there was an unusually large attendance . . . and if the court room had been as large again the crowd that lingered about the corridor hearing the testimony the best they could would not have been accommodated."²¹ The widespread coverage led one defense attorney to ask for a

change of venue as “the prominence of the parties and the published sensational features of the case have caused it to be talked over and talked about in all the homes of the county and in the presence of all the men...who would be called to take part in the trial.”²² The call, though perhaps justified, was not accepted. At the time of the sentencing, the paper reported, “the courtroom was again crowded today. The women’s gallery was jammed. The corridors and entrances were packed with an overflowing crowd. The court’s private office was filled as far as possible with spectators and back of the lawyers’ table there were two rows of men sitting and a number standing.”²³

While they involved different kinds of doctors in different regions of the state, the trials all revealed similar practices. In all but one case, the doctors who helped the women—either by performing the operation or by finding someone who would—had personal connections to them. In every case as well, arrangements were made for other women to take care of the woman after the operation, as one would expect where there was a tradition of women-assisted childbirth. Additionally, in every case, the doctors involved, encouraged by others to do so, consulted with other doctors. Most striking, however, was how public the abortion was and how little condemnation of the women was expressed. Friends, relatives, town doctors, and acquaintances all offered the young women assistance in finding a doctor, attended them during the procedure, and provided them with care following it.

Edith McIntire of Boothbay took oxalic acid when she was two months pregnant. When the acid only made her sick, she consulted her family doctor. He not only made her feel better, but also shared with her advertisements for two establishments that might be able to help her. He then went to Boston to explore one for her. Edith, meanwhile, talked over her condition with her brother and together they agreed she should go to Dr. Charles Eastman whose sanitarium offered a variety of medical services “free to the sick and suffering . . . only the medicines to be paid for.” She was close to six-months pregnant when she arrived. Her brother paid \$100 for board. When Edith fell seriously ill, her brother engaged a Miss Emily Dewar to take care of her. When Edith grew worse, he engaged another doctor to come and look at her. Edith died the next day and her brother was arrested as an accomplice. He confessed, and his testimony led to Dr. Eastman’s conviction. Eastman was sentenced to four years in prison.²⁴

Emma Hall of Sabbathus had just turned seventeen when she became pregnant. Her mother took her to consult with Dr. Charles K. Donnell

who came from her hometown. Dr. Donnell ran a sanitarium in Lewiston with his wife, and Emma and her mother visited Dr. Donnell three times. When Emma became desperately ill, her mother and aunt wrapped her in a blanket and took her on the electric car to the hospital. Of the two doctors who operated on her in the hospital, one had delivered Emma. Emma was the only victim who was assisted by family members alone. As her mother was implicated in the crime, having tried to obtain an abortion for her daughter, Dr. Donnell was found not guilty.²⁵

If Mrs. Belle M. Wesley, in whose apartment Maud died, is to be believed, Maud Taggett could rely on strangers to assist her in her time of trouble. Maud had attended business school in Bangor. When she became pregnant in Masardis, she returned to Bangor to consult with Dr. W.H.H. Briggs, a "well known physician of Bangor" whose private practice took him to four towns in the area. The testimony was conflicting, but Madame Wesley, "whose cleverness greatly impressed the spectators" in court, testified that Maud sought her help after seeing Dr. Briggs and "suffering great pain and realizing the uncertainty of the outcome." Whether the twenty-two-year-old appealed directly to Wesley or whether Briggs offered her money to assist the young woman, Maud went to Wesley's home. Reported Wesley, "the young girl threw her arms around me. 'Will you be good to me?' she asked hysterically. 'I'm in very great trouble and I need a friend.'" Asked in court why she had taken this stranger into her home, Wesley answered, "I did it to help the girl as I would anybody in trouble." In the next week, Madame Wesley would take in others in connection to Maud. First Maud's boyfriend and then her aunt arrived to help her. Both stayed in Wesley's house and by Maud's bedside, but Wesley stayed with her as well. "She had her arms around my neck and when she had hard pains she would rise up in bed and I had promised that I would stay by her," Wesley claimed. When Maud developed a fever and grew terribly ill, Briggs consulted another doctor, but to no avail. A week after her arrival, in the presence of her lover and her aunt, Maud died. At first, Wesley claimed that Maud had fallen on the stairs and that it was the fall that led to her miscarriage. When Wesley changed her testimony and claimed Briggs had performed an operation, Briggs was convicted and sentenced to serve three years.²⁶

Mildred Sullivan of Presque Isle had more community involvement than any of the others. Alice and Ann Pelletier and Kate Michaud all approached Mildred when they heard from her boyfriend, Ambrose Bridge, that she was pregnant. They knew of a young doctor, they told

her, who might be able to help. They approached Dudley, and when he agreed, they met Mildred at the fair and accompanied her to the young doctor's house. Kate assisted the doctor, holding the cloth with chloroform over Mildred's nose. After the operation, the three young women took Mildred to the household where she worked. There her employer gave her cold water and urged the young women to call another doctor. The next day, they took Mildred, rapidly failing, to Alice and Ann's home where they gave her warm milk and ginger tea. Dr. Dudley called in another doctor, but, as in the other cases, it was too late. The three young women helped Dr. Dudley bury her in the woods and then went with him to Boston, where Kate sent a letter to Mildred's mother claiming she was Mildred and had gone to the city for an adventure. Kate was jailed as an accomplice and while in jail realized she should "come clean." Her testimony convicted Dr. Dudley, who was sentenced to twenty years.²⁷

If community members and others from small towns shared the belief that abortion in the first trimester was not wrong, they could also relate to the predicament the young women faced and did not condemn them for it. The newspaper accounts stressed the youth of the couples and portrayed both the men and the women as responsible and respectable. The women were not victims, only imprudent. The men offered marriage (if the couple were not already engaged) and provided money and support during the abortion.

The people in Emma's community approved of the mother, daughter, and boyfriend. As Emma's minister noted, "the mother always seemed interested in the interests of her little girl and often accompanied her to the services. I always think of her as a sweet and gentle woman." A woman on the trolley told the *Lewiston Evening Journal*, "my brother-in-law knew Emma Hall well and always spoke highly of her and he said that every morning Eugene Gayton used to wait for her and walk to the mill with her . . . He seemed quite devoted to her."²⁸ The reporter noted that the "young man in the case confesses freely his relations. . . . He told the police that he was willing and desirous of marrying Miss Hall." The story, the paper concluded, "is one of those familiar tales . . . in which youthful error leads to so sad and untimely a fate."²⁹

Arthur E. Rosie was Maud Taggett's lover. "We were engaged to be married," he told the paper. "For some months before her death Miss Taggett had been working in a boarding house in Lakeview. I gave her \$100. On the train I gave her more." Miss Taggett, the *Bangor Daily Commercial* noted, "was not unknown in Bangor and had many friends here and these friends are numbered among some of the best and most

State /
**FREE TO THE SICK AND
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The following are specialties of the Institute. Anyone suffering from long-standing cases should apply to the specialists. Anemia, Functional Heart Trouble, Impaired Digestion, Dyspepsia, Sick or Nervous Headaches, Stitches, Kidney Inflammation, Congestion, Diabetes, Dropsy, Lumbago, Rheumatism, Liver Affections, Varicose Veins, Neurasthenia or Vital Weakness, Varicocele, Abscess, Nervousness, Cataracts, Chest and Lung Affections, Asthma.

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Medical science, like all developments of progressive thought, is liable to change, and although thousands of persons have died under their doctors, proving that Medical Science is a most incorrect one, thousands have been placed upon a plane of perfect physical excellence by following the advice and submitting to the new treatment of the Specialists of the Institute. Their research into the character and causation of exhaustive nervous diseases proves that palliation of their chief symptoms may be followed by complete radical changes in the system of a man or woman, arresting completely the process of disease. Symptoms of disease in the nervous system often arise from structural changes in the nervous tissues themselves, and these changes, unless treated effectively, are destructive. To subdue these symptoms, arrest the course of the disease and save the sufferer's life, is the aim and the end of the Specialist's study.

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One Week, Monday, Oct. 12th, until Saturday, Oct. 17th,

Both days included, and on each month thereafter as announced in the local papers.

PERMANENT ADDRESS ATLANTIC AVE., OLD ORCHARD, MAINE

Old Orchard Sanitarium Brochure in State v. Charles Albert Eastman, Maine Supreme Judicial Court, York County, 1904 court record, Maine State Archives.

highly respected people of the city. The friends speak very highly of the unfortunate girl." The friends themselves announced their judgment in the newspaper:

Miss Taggett was always ladylike and refined in her manners and conversation...We cannot know the conditions in which she was placed but we do know that she had worked hard to secure her business schooling and that for a number of years she had been very kind to relatives who were in need sending them money from her slender savings. We also know that Mr. Rosie had been keeping company for a number of years and when she was in Bangor at school she did not care for the company of the other sex seeming to be devoted to him.

"Young Rosie," the paper added, "bears an excellent reputation at Lakeview so far as I know. He clerks in Chase's store there and is generally considered a bright and decent sort of a chap. He is just now taking his degree in the Masonic Lodge."³⁰

If the readers of the papers could relate to the young women's situation, they could also relate to the numerous community members who assisted the young women. As the trials made clear, helping anyone obtain an abortion was dangerous. Almost without exception, those who assisted the women were jailed as accomplices or as potential witnesses. For almost all, it was also their first experience of jail, and they suffered accordingly. Maud's fiancé commented on his way to confinement, "I don't have very much to say, except that I wish someone would take me out and shoot me. I certainly never expected to be in such a scrape as this and I can hardly collect my thoughts." For a moment, the paper reported, "the young man seemed to be entirely overcome by his feelings and he broke down and sobbed like a child."³¹

According to the two women who accompanied him to jail, Edith's brother, Capt. McIntire, "is next to a physical wreck. He has not eaten anything to speak of and as for sleep, he does not know what it is since he went to jail. He collapsed when he was locked in a cell. It was the opinion of the two women that he would not live until court sits in May." Two days later, the paper commented, "it is doubtful that ever a man arrested for a crime in this county received the sympathy of so many people. Yesterday while at the courtroom big tears rolled down his cheeks." Neither Rosie nor MacIntire had ever been in jail before. Kate Michaud, who had written the letter to Mildred's parents claiming she was in Boston to divert them from investigating their daughter's disappearance, had a chance to reflect when she was in jail. The experience was so horrible that she decided to "come clean." "It is best to have it end this way," she confessed in court. "It was hard to stand up and make confession but I had thought it all over in my cell and was scared. It is horrible. I want to forget it."³²

Doctors too would learn from the four abortion trials. The only doctor who escaped conviction was the only doctor who treated a young woman and her mother alone. In every other case, the additional people involved, once they were in jail and facing criminal charges, turned state's witness.

The trials and their publicity had a chilling effect on the practice of abortion, as the next rash of fatal abortion reveals. Between 1925 and 1931, at least five more doctors were charged with murder for abortion-



Arthur E. Rosie Testifying at the Inquest, *Bangor Daily News*, 1 March 1906.

related deaths. The court records and newspaper documents, however, reflect a profound shift in the way that the women involved experienced abortion. These women were also young and from small Maine towns. Four of the five were married. In the midst of the Great Depression, they could not afford another child. Their options, however, were dramatically limited. They did not seek out local doctors, but attempted to abort themselves and/or traveled as much as one hundred miles to consult doctors they did not know who had become identified as abortion doctors.³³

Anna Stairs took the train from Presque Isle to Bangor, a distance of 150 miles, to consult with Dr. Edmunds. The doctor would later testify that Anna had perforated her uterus in an attempt to self-abort. "We are told so many times of different methods that women use to try to bring themselves about that what is the interest in it for one special case—I didn't care anything about it," he stated in his affidavit.³⁴ Stairs, who was single, took the train back to Houlton. In forty-eight-degrees-below-

zero weather she went to the home of two nurses, who were friends, and then to the home where she worked. The next morning, her employer helped her get dressed and took her to the hospital. She had an emergency hysterectomy and died before she recovered from the ether.

While Stairs was refused help, Ruth Woodard, Lillian Call, Carrie Lembo, and Thelma Smith all sought abortions at the hands of those who had been clearly identified as abortion doctors. Lillian Call and her husband drove sixty miles to Dr. Bickford's home in Bangor. There the doctor brought in some hot water and called Lillian into his office where he was with her for only a few minutes. On their way home, before the blood poisoning that would kill her, she described the experience to her husband. "She said," he testified, "I guess that's his business all right.' I asked her what kind of office he had and she said, 'practically nothing in it.' She said he inserted a rubber tube packed with gauze." Asked if it hurt her, "she said, 'No.'" The couple paid him thirty dollars and he warned them that "he did not want any trouble made for him and to keep this confidentially to ourselves."³⁵

Ruth Woodard, seventeen, who was married and had two children, came from Dexter to obtain an abortion from the same Dr. Bickford. This was the second abortion she had obtained from him within five months. When the procedure did not produce a miscarriage, Ruth returned to consult him, but Bickford's wife turned her away. The doctor was sick, she told the couple and advised them to get another, but not their family, doctor. "No, I wouldn't call Schriver," she said. "He might ask too many questions." When Ruth's husband finally did call the family doctor, he ordered a blood transfusion, but it was too late.³⁶

When the case came to trial, Dr. Bickford, eighty-three, was too ill to appear and the case was *nolle prossed*. The "respondent's intellect is not so clear," the court asserted, "as he is in the condition commonly known as childish, caused by old age." It was the third time in three years that Bickford was charged with an illegal abortion, one other leading to death.³⁷

In all these cases, expert medical examiners were called and autopsies were performed. It was not only the medical expertise that marked this and other abortion-related trials however. In contrast to the earlier cases in which the doctors who performed the abortion called in other doctors to consult with them and arranged for women's care after the abortion, the doctors in the later decades were very conscious of the dangers of being affiliated with an abortion-related case. Mary Cummings, who survived an abortion by Dr. Bickford, bled for five weeks

23rd day Apr 1st 1904

Hour.	Pulse.	Temp.	Respiration.	Weight.	NOTES OF NURSE.
12 A.M.					<i>Dying Patient Dr. House #0</i>
1					
2					<i>Died 5 minutes after</i>
3					
4					<i>Made death bed statement</i>
5					<i>to wife and Miss Dewar.</i>
6					<i>Said she knew she was dying</i>
7					<i>and was glad said to brother</i>
8					<i>there is no way to blame - doctor</i>
9					<i>you are in no way responsible</i>
10					<i>for my trouble or death I thank</i>
11					<i>you and Miss Dewar and all</i>
12					<i>for your kindness. Keep my</i>
1					<i>secret from my sister.</i>
2					<i>Patient died from exhaustion</i>
3					<i>Patient grew weaker but</i>
4					<i>conscious up to 1:30 then went</i>
5					<i>to sleep, gradually faded</i>
6					<i>and died very quietly at</i>
7					<i>5 minutes after two o'clock</i>
8					
9					
10					
11					

DIRECTIONS AND NOTES OF PHYSICIAN.

Death Bed Statement of Edith McIntire in State v. Charles Albert Eastman,
Maine Supreme Judicial Court, York County, 1904 court record,
Maine State Archives

and suffered "some considerable pain." Unable to work, she went to her in-laws' family in Milford. There the family doctor questioned her and then, before he did anything to help her, asked that she tell her story to her parents-in-law. "You know," he said, "we are a little fearful sometimes when we engage in an abortion case that the burden might fall on us."³⁸

The effect of the fear generated among those who might have helped the young women is made most clear in the case of Anna Stairs, who went back three times to Dr. Edmunds to try to persuade him to help



Decision in the Charles K. Donnell case.

Source: *Biddeford Evening Journal*, 10 May 1913.

her. The last time he met her at the door. "I told her," he said in his affidavit, "that I positively should not waste any more time with them. I said, 'there is no use in going into this matter again.' And then I turned around and opened the door and she kept talking and I remember the last thing I said was this, 'It is no use saying anything more. I can do nothing for you.'"³⁹

The price of assisting a woman who was seeking an abortion was high. As a result, not only did doctors not consult others—or, as in the case of Edmunds, withhold their help—they also demanded that the women be unattended during the procedure. As a result, in spite of the increased involvement by the state, the conviction rate was much lower. The career of Dr. Donnell, the only doctor not convicted in the four earlier cases, shows how effective this strategy could be. In 1904, he successfully challenged the right of Emma's mother to be a witness, as, having sought the abortion for her daughter, she was an accomplice to the crime. In 1916, he filed an exception when Emilio Lembo won a civil suit against him for inserting into his wife's womb "certain instruments without being sterilized for the purpose of producing a miscarriage,"

causing blood poisoning, and was awarded \$10,000 in damages. Carrie Lembo, Donnell maintained, had consented to the operation, and, because it was illegal, she could not recover damages for it. The judge reduced the damages to \$342 dollars.⁴⁰

And, in 1921, when Thelma Smith died in Lewiston of a “hemorrhage from instrumental wounding of her vagina and womb,” the jury again found Donnell guilty. Again, he appealed. The evidence, he argued, relied on Thelma’s words to her doctor. Her doctor had testified that when he advised her to go to the hospital, she replied “she supposed if she went back to the man who performed the operation that he would take care of her.” This was hearsay evidence, Donnell argued, and should not be admitted. The Supreme Court justices agreed, and Donnell was found not guilty.

Aided by public trials that reached a vast number of Maine citizens, the MMA had achieved what its members had hoped for when they mounted a campaign against regular doctors performing abortions. While they succeeded in turning many regular doctors away from the practice, they created a cluster of doctors who performed abortions with impunity, and they ensured that women would not have the care following the procedure that might have helped them recover from it.

Between 1904 and 1931, the experience of rural Maine women in relation to abortion changed dramatically. From a generally accepted practice, one in which women had the support of neighbors as well as boyfriends and family, abortion became an experience that was kept secret and isolating. Where women previously had found doctors within their communities willing to help them, they now had to travel into the cities where—not knowing anyone—they sought the help of doctors clearly identified as abortion doctors. Once women were forced to seek assistance from strangers and alone, the doctors could operate almost with impunity. If the woman lived, she had no reason to identify the doctor; if she died, there was no one to assert that a particular doctor was at fault.

With the wide publicity and harsh treatment of not only the doctors, but their community assistants, the criminal justice system succeeded where the medical establishment had not. Not only the women and their doctors, but also the members of their communities, were disciplined by the enforcement of the laws, and women’s experience of abortion was irremediably transformed.

NOTES

1. An 1855 law required that the State's attorney general report annually on all investigations and trials of capital crimes, which would include abortion-related deaths. Louis C. Hatch, *Maine: A History* (Somerworth, New Hampshire: New Hampshire Publishing Company, 1973), 719.
2. James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy* (New York: Oxford University Press, 1978), 50, 80–81; John D'Emilio and Estelle Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper & Row, 1988), 63–66; Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867–1973* (Berkeley: University of California Press, 1997), 6.
3. In addition to Mohr and Reagan above, see: Janet Farrell Brodie, *Contraception and Abortion in Nineteenth-Century America* (Ithaca: Cornell University Press, 1994); Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization and Abortion Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005); and Rickie Solinger, *Pregnancy and Power: A Short History of Reproductive Politics in America* (New York: New York University Press, 2005).
4. Reagan, *When Abortion Was a Crime*, 17. Schoen, in *Choice and Coercion*, analyzes eleven North Carolina Supreme Court Cases involving abortion and notes that almost all of the women involved came from small towns.
5. David Danborn, *Born in the Country: A History of Rural America* (Baltimore: Johns Hopkins University Press, 1995), 91.
6. Kenneth T. Palmer, *The Politics and Governments of the American State, Maine Politics and Government* (Lincoln: University of Nebraska Press, 2009), 9 (quote); English Common Law called for every community to support its own. As William Blackstone explained, "there is no man so indigent or wretched, but he may demand a supply sufficient for all the necessities of life from the more opulent of the community by the statutes enacted for the relief of the poor." While every state in the nineteenth century had some form of settlement law, Maine's law placed direct responsibility for the support of all its members on each town. Edith Abbott, *Public Assistance: American Principles and Policies* (Chicago: University of Chicago Press, 1940), Reprint ed. (New York: Russell and Russell, 1966), 3.
7. Judith Walzer Leavitt, "A Worrying Profession': The Domestic Environment of Medical Practice in Mid-Nineteenth-Century America," *Bulletin of the History of Medicine* 69 (1995), 5, 3, 12–13, 27–28.
8. Jacalyn Duffin, "The Continuing Medical Education of James Miles Langstaff," *Canadian Bulletin of Medical History* 5 (1988), 20. See also Jan Coombs, "Rural Medical Practice in Central Wisconsin," *Bulletin of the History of Medicine* 64 (1990), 35–62.
9. Maine Medical Association, *Transactions* (Portland: The Association, 1900), 676 (first quote); Maine Medical Association, *Transactions* (1900), 682 (second quote).

10. Maine Medical Association, *Transactions* (1900), 679 (quote); Coombs, "Rural Medical Practice," 51.
11. For a full history of Maine law regarding abortion, see *Abortion in Maine: A Statutory and Legislative History from 1820 to the Present, Compiled by the Staff of the Maine State Law and Legislative Library* (Augusta: Maine State Law and Legislative Reference Library, 1992). See also Mohr, *Abortion in America*, 40, 80, 188–189; As quoted from Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford University Press, 1985), 219 (first quote); Jeremiah Perley, *Powers and Duties of Justices of Peace with the Necessary Forms Particularly Adapted to the Laws of Maine* (Hallowell: Glazier, Masters, and Co., 1829) (second quote). In 1849, James Smith was convicted of murder as a result of an attempted abortion. The Maine Supreme Court overturned his conviction in 1851, deciding he had attempted only a miscarriage, which was not a felony, and, therefore, his conviction should have been for manslaughter. *Smith v. Maine*, 33 Me. 48, 1851 Lexis 80. For a fascinating look at Smith's case and what it suggests about society's response to single women working in the mills, see Elizabeth A. DeWolfe, *The Murder of Mary Bean and Other Stories* (Kent, Ohio: Kent State University Press, 2007).
12. Maine Medical Association, *Transactions* (Portland: The Association, 1866), 41.
13. Maine Medical Association, *Transactions* (Portland: The Association, 1873), 465, 468 (quote); Maine Medical Association, *Transactions* (Portland: The Association, 1908), 322.
14. See for example, *Daily Kennebec Journal*, 24 December 1878; 8 April 1879; 31 October 1881; 10 February, 1882; and 4 April 1887; and *Bath Independent*, 3 September 1881; Maine Medical Association, *Transactions* (1908), 322 (quote).
15. Maine Medical Association, *Transactions* (1866), 40, 41 (first quote); Maine Medical Association, *Transactions* (1908), 322, 323 (second quote).
16. Maine Medical Association, *Transactions* (1866), 43.
17. Barbara Clark Smith, *The Freedoms We Lost: Consent and Resistance in Revolutionary America* (New York: New Press, 2010), 24, 32 (first quote). See also: Lawrence M. Friedman, *Crime and Punishment in American History* (New York: Basic Books, 1993); Roger Lane, *Murder in America: A History* (Columbus, Ohio: Ohio State University Press, 1997); Allen Steinberg, "From Private Prosecutor to Plea Bargaining: Criminal Justice Prosecution, the District Attorney, and American Legal History," *Crime & Delinquency* 30 (1984): 568-592; and "The Spirit of Litigation: Private Prosecutors and Criminal Justice System in Nineteenth-Century Philadelphia," *Journal of Social History* 20 (Winter 1986), 232-249; Leroy D. Clark, *The Grand Jury: The Use and Abuse of Political Power* (New York: Quadrangle, 1975), 20 (second quote).
18. Maine, *Report of the Attorney General* (Augusta: Department of the Attorney General, 1878), 8.
19. Maine, *Report of the Attorney General* (Augusta: Department of the Attorney General, 1904), 17.

20. Maine Medical Association, *Transactions* (Portland: The Association, 1867), 98 (first quote); Maine Medical Association, *Transactions* (Portland: The Association, 1878), 313 (second quote).
21. *Daily Kennebec Journal*, 12 April 1904, 6.
22. Request for a Change of Venue, *State v. Dudley*.
23. *Biddeford Daily Journal*, 11 April 1904.
24. The trial is detailed in the *Daily Kennebec Journal*, 7, 8, 12, 14, and 15 July 1904; *Bath Independent and Enterprise*, 4, 9, 10, 12, 14, 15 April 1904, 3 and 7 May 1904, 13, 15, 16, 17, 19 and 20 July 1904.
25. The trial is covered in the *Daily Kennebec Journal*, 6 September 1914, 17 December 1915, 18, 20, 21 and 24 February 1913; 9 and 10 May 1913.
26. The trial is detailed in the *Bangor Daily News*, 1 and 2 March 1906 and 27, 28, 29 and 30 August 1906 and 1 September 1906. Mrs. Wesley told the *Bangor Daily News* that she had come to the city to “Establish a first-class dress makers shop.” *Bangor Daily News* 27 August 1906, 1.
27. The trial was covered by newspapers across New England. See the *Boston American*, 11 December 1914; *Boston Daily* 8 December 1914 and 9, November 1914; and *Lowell Sun* 29 September, 9 November 1914, 1, 8, and 12 December 1914.
28. *Lewiston Evening Journal*, 21 February 1913.
29. *Lewiston Evening Journal*, 18 February 1913.
30. *Bangor Daily Commercial*, 1 March 1906.
31. *Ibid.*
32. *Biddeford Daily Journal*, 11 April 1904 (first quote); *Biddeford Daily Journal*, 13 April 1904 (second quote); *Boston American*, 11 December 1914 (third quote).
33. Bickford and Donnell were both investigated for killing at least three women.
34. Testimony of Charles D. Edmunds, *State vs. Edmunds*, 19 January 1925.
35. Affidavit Dewey Call, 24 May 1929, *State v. Bickford*.
36. Testimony of Harold L. Woodard, Bangor Municipal Court, 18 May 1931.
37. *Bangor Daily News*, 27 June 1931, 1.
38. Affidavit Mary Cummings, 22 April 1927.
39. Testimony of Dr. Edmunds, *State v. Edmund*.
40. *Emilio R. Lembo v. Charles K. Donnell*, 116 Maine 505, 11 March 1918.