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“Other Things and Apparatuses”:
Abortion Techniques and Technologies in Pre-*Roe* South Carolina

CARA DELAY, MADELEINE WARE, AND BETH SUNDSTROM

ABSTRACT: This article centers the methods and materials of illegal abortion in South Carolina from criminalization (1883) to *Roe v. Wade* (1973) as they appeared in criminal trial records, coroners’ reports, newspaper accounts, oral histories, and contemporary medical literature. The authors explore abortion techniques and technologies by analyzing the objects used in criminal abortion attempts. In particular, they focus on the common objects and substances that could be found in homes or local shops, such as herbs and emmenagogues, turpentine, and rubber tubing, which are medical technologies and obstetrical objects. The analysis of illegal abortions in pre-*Roe* South Carolina demonstrates that abortion providers, and especially Black laywomen providers, not only depended on but actively nurtured centuries of intergenerational knowledge of abortion techniques and tools. Furthermore, they innovated with everyday objects and professional instruments alike to provide abortions to Black and white women.

KEYWORDS: abortion, South Carolina, American South, reproduction, fertility control, obstetrical objects

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When Mary A. faced trial in South Carolina in 1939, the charges against her read as follows:

“[She] did willingly and unlawfully administer to, prescribe for, advise and procure . . . a woman then and there pregnant with child to take substances and things . . . and used and employed means of force with instruments to writ, currettes, speculum, faucets, douche bag, douche nozzles, gloves, hot water, and other things and apparatus[es], the names of which are to the jurors unknown.”¹ The items were found in Mary’s home. Homes, in fact, were the most common spaces for illegal abortions across almost a century in South Carolina.² Mary’s case speaks not only to the pervasiveness of abortion in the state when the practice was illegal, but also to the array of known abortion methods at the time. Mary, who was said to have worked with a physician for years but was never an officially licensed medical practitioner, is a quintessential example of the many Black women accused in newspapers of running so-called abortion mills. With increasing frequency until 1973, Black women such as Mary were specifically targeted, arrested, and prosecuted by South Carolina authorities—their tools and medicines transformed from everyday health care items into criminal evidence.³

This article centers the methods and materials of illegal abortion in South Carolina from criminalization (1883) to *Roe v. Wade* (1973) as they appeared in criminal trial records, coroners’

¹ “Indictment of Mary A.,” September 13, 1939, Indictment L04153, Anderson County Court of General Sessions, 1828–1959, South Carolina Department of Archives and History, Columbia, S.C. In this article, we do not use the full names of those accused of illegal abortion in order to preserve privacy.

² Mary A. was one of at least seventy-two abortion providers prosecuted in more than fifty South Carolina criminal abortion court cases between the years 1873 and 1973. For this article, researchers searched newspaper databases to identify criminal abortion cases and then analyzed corresponding newspaper articles and existing archives of criminal court cases and coroners’ reports.

³ Madeleine Ware, Cara Delay, and Beth Sundstrom, “Abortion and Black Women’s Health Networks in South Carolina, 1940–70,” *Gender Hist.* 32, no. 3 (2020): 637–56.

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reports, newspaper accounts, oral histories, and contemporary medical literature. Attention to these objects, we contend, reveals the determination and innovation that abortion practitioners, and especially Black women, demonstrated in using and creating abortion technologies.

Reproductive health historians have argued that childbirth in the United States became increasingly “medicalized” throughout the first half of the twentieth century, moving from home to hospital with technologies like anesthesia and analgesics, new medical instruments, and new surgical techniques.⁴ We see, broadly, a similar transformation in illegal abortion methods and materials: herbal abortifacients dominated in the nineteenth century, while illegal instrumental abortions became more common as the twentieth century progressed, especially for white women seeking abortions, mostly from white male practitioners. These changes, however, were not uniform. Alongside so-called medical professionals, most of whom were white male physicians, Black laywomen who performed domestic abortions during this period utilized a variety of abortion techniques depending on their own experiences, expertise, and access to medical or communal networks. Included in Mary A.’s home, for example, were not only medical instruments such as curettes and a speculum but also ubiquitous everyday items including douche nozzles, gloves, and “substances”—possibly abortifacients—all of which featured in criminal abortion cases at the time. The breadth of materials and methods within this one case represents a larger extralegal realm in which abortion providers created medical techniques and technologies at great legal and personal risk.

In this article, we explore abortion techniques and technologies by analyzing the objects used in criminal abortion attempts. In particular, we focus on common objects and substances that

⁴ For further reading, see Judith Walzer Leavitt, “‘Science’ Enters the Birthing Room: Obstetrics in America since the Eighteenth Century,” *J. Amer. Hist.* 70, no. 2 (September 1983): 281–304.

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could be found in homes or local shops, such as herbs and emmenagogues, turpentine, and rubber tubing. We argue that abortion was an ordinary event in a person's reproductive life, and thus the objects used to induce abortion were reproductive objects. Here we define reproductive objects as any item or substance used by or for pregnant people. These objects include medical technologies such as the speculum or curette but also nonmedical everyday things such as rubber tubing and alcohol. Our analysis of illegal abortions in pre-*Roe* South Carolina demonstrates that abortion providers, and especially Black laywomen providers, not only depended on but actively nurtured centuries of intergenerational knowledge of abortion techniques and tools. Furthermore, they innovated with everyday objects and professional instruments alike to provide abortions to Black and white women.

Racialized and gendered discrimination and violence in the Jim Crow South severely limited Black women's access to professional medical education, health care institutions, licensed providers, and supplies. These circumstances may have forced women to look for alternative abortion methods outside of mainstream medical institutions, but the persistent innovation of lay abortion providers and intergenerational transmission of reproductive knowledge, dating back to the era of enslavement, should not be overlooked in our current histories of "modern" science, medicine, and technology. These traditions provided women with an option—perhaps the only option—that may have offered them some autonomy, control, and safety in an era when official medicine remained discriminatory and often dangerous for Black southerners.⁵

⁵ Karen Kruse Thomas, *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935–1954* (Athens: University of Georgia Press, 2011); Susan Lynn Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890–1950* (Philadelphia: University of Pennsylvania Press, 1995); Todd Lee Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent, Ohio: Kent State University Press, 2007); Jim Downs, *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (New York: Oxford University Press, 2012).

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We therefore reject any tidy dichotomy between “tradition” and “modernity” in reproductive history, suggesting instead, as Brianna Theobald, working on Native American women, argues, that “women’s needs and desires evolved alongside their circumstances.”⁶ Mary A.’s collection of both medical tools and nonmedical items, for example, suggests that she combined intergenerational knowledge with more standard medical practices. Abortions, then, were, like other reproductive health practices, far from static. The people, and especially the Black women, who practiced abortions outside of legal hospital settings in pre-*Roe* South Carolina nurtured centuries of intergenerational knowledge and innovated with everyday items to provide women with medical care when no one else would.

Herbs, Tinctures, and Self-Induced Abortion

In colonial and antebellum South Carolina, medical practices including abortion derived from a combination of European, Native American, and West African customs conjoined in the Atlantic system.⁷ While evidence on indigenous practices of abortion in the American Southeast is scarce, work on the broader Atlantic World has revealed that existing native knowledge of materia medica used for fertility control was extensive.⁸ In a 1793 news article in South Carolina’s *State Gazette*, author M. Bufson based part of his discriminatory diatribe against Native Americans on their supposed knowledge of “procuring abortion[s] by the use of certain vegetables.”⁹

⁶ Brianna Theobald, *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century* (Chapel Hill: University of North Carolina Press, 2019), 10.

⁷ Susan Scott Parrish, *American Curiosity: Cultures of Natural History in the Colonial British Atlantic World* (Chapel Hill: University of North Carolina Press, 2006).

⁸ Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, Mass.: Harvard University Press, 2007), 1.

⁹ “M. Bufson’s Hypothesis of Degeneracy of the Human Inhabitants of America,” *State Gazette of South Carolina* (Columbia), July 29, 1793.

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Mississippi physician D. L. Phares underscored the medicinal properties of indigenous plants in 1866, describing the “valuable remedies derived from our Southern Flora,” including *dioscoria villosa* or wild yam, which has known abortifacient properties.¹⁰

In sources from the nineteenth century, the word “abortion” was used, sometimes interchangeably, alongside other terminology, including “bringing on the menses” and “miscarriage,” to describe a deliberately terminated pregnancy. The vague language employed by those involved in illegal abortions reflected a contemporary reticence to publicize abortion; it also provides difficulties for historians in assessing exactly what pills or substances were used at the time. We know, however, that enslaved Black women, drawing on inheritances from West Africa as well as knowledge they gained from Indigenous peoples, possessed a significant understanding of abortifacients by the nineteenth century. Moreover, they responded to their circumstances in innovative ways and engaged in resistance by developing new medicinals to induce miscarriage.¹¹ Cotton root was especially popular, not only for its efficacy but also because it could be taken surreptitiously, “brewed into a tea or chewed.”¹² Medical student Wiley McKain wrote on the efficacy of indigenous plants for medical treatments in an 1844 Medical University of South Carolina doctoral thesis. He discussed the use of cotton root as an abortifacient, describing the plant’s ability to “exert a specific action on the uterus, readily producing abortion, when given in large doses.” His primary evidence came from a “gentleman in the country” who “observed that the negro women on his plantation often made use of a decoction of the roots, and abortion was a

¹⁰ D. L. Phares, “Lines on Indigenous Medicinal Plants,” *Atlanta Med. Surg. J.* 7 (1866): 299–302, quotation on 300.

¹¹ Schiebinger, *Plants and Empire* (n. 8).

¹² Marie Jenkins Schwartz, *Birth of a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge, Mass.: Harvard University Press, 2006), 97.

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frequent occurrence among them.”¹³ Similar accounts specify that abortifacients used in nineteenth-century South Carolina included not only cotton root but also juniper, pennyroyal, tansy, ergot, and Seneca snakeroot.¹⁴ Like McKain’s, most descriptions of abortion in the nineteenth-century South detailed the expertise of enslaved women. Historians argue that fertility control was a mechanism of resistance for enslaved women, whose reproduction benefited enslavers economically and helped to maintain the system that oppressed them.¹⁵ This reproductive knowledge persisted well past emancipation, preserved in African American communities that were denied access to physicians and hospitals and therefore managed their own health care, often within their own homes, well into the mid-twentieth century.¹⁶

Abortion outside of southern Black communities also appeared to be common in the nineteenth century; in fact, doctors who learned of cotton root from enslaved women shared such knowledge with white women, and some white women also learned such methods directly from enslaved women.¹⁷ Writing of the Caribbean, Londa Schiebinger affirms that eighteenth-century white women heard about abortifacient plants from both Indigenous and African enslaved women.¹⁸ Medical guidebooks and advice literature also proliferated and were accessed by

¹³ Wiley McKain, “On Indigenous Plants” (diss., Medical College of South Carolina [later the Medical University of South Carolina], 1844), Inaugural Theses Collection at the Waring Historical Archives, Waring Library, Charleston, S.C.

¹⁴ Cynthia M. Kennedy, *Braided Relations, Entwined Lives: The Women of Charleston’s Urban Slave Society* (Bloomington: Indiana University Press, 2005), 199.

¹⁵ Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004); Liese M. Perrin, “Resisting Reproduction: Reconsidering Slave Contraception in the Old South,” *J. Amer. Stud.* 35, no. 2 (2001): 255–74; Keisha Goode and Barbara Katz Rothman, “African-American Midwifery, a History and a Lament,” *Amer. J. Econ. Sociol.* 76, no. 1 (January 2017): 74.

¹⁶ Ware, Delay, and Sundstrom, “Abortion and Black Women’s Health Networks” (n. 3).

¹⁷ Schwartz, *Birthing a Slave* (n. 12), 97.

¹⁸ Londa Schiebinger, “Exotic Abortifacients and Lost Knowledge,” *Lancet* 371, no. 9614 (March 1, 2008): 718–19, quotation on 718.

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middle- and upper-class women. In 1843, Alfred Hall's *The Mother's Own Book and Practical Guide to Health* advised that a woman could restore her menses by "hot footbaths; applying hot bricks to the navel to induce perspiration; and drinking teas made from tansy, rue, savin, pennyroyal, or thyme."¹⁹ Janet Farrell Brodie argues that while abortifacients were popular at the time, other self-induced methods may have been preferable for many: "Women apparently preferred to try exercise and mild drugs before they turned to the harsher abortifacient remedies, before they used probing and puncturing instruments, and before they sought the services of an abortionist."²⁰ Brodie's descriptions of a mixed-methods process and progression associated with abortion fits with scholarship concerning other times and places, placing the history of abortion in the southern United States in conversation with what we know of western Europe in particular.²¹

The late nineteenth-century criminalization of abortion in most of the United States coincided with the Comstock-era crackdown on "obscenities," including means of contraception and abortion. Before this, women could legally pursue means of abortion before quickening, or discernible fetal movement, which usually occurs around the fifth month of pregnancy. In the 1850s, in an attempt to garner professional (and moral) authority and undermine alternative medical practitioners (such as naturopaths, homeopaths, and midwives), the American Medical Association (AMA) sponsored an antiabortion campaign that began a major shift in regulatory

¹⁹ Janet Farrell Brodie, "Menstrual Interventions in the Nineteenth-Century United States," in *Regulating Menstruation: Beliefs, Practices, Interpretations*, ed. Etienne van de Walle and Elisha P. Renne (Chicago: University of Chicago Press, 2001), 39–63, quotation on 42.

²⁰ Janet Farrell Brodie, "Mifepristone in the Context of American Abortion History," *Women Polit.* 24, no. 3 (2002): 101–19, quotation on 104.

²¹ Barbara L. Brookes, *Abortion in England, 1900–1967* (London: Croom Helm, 1988); Cara Delay, "Pills, Potions, and Purgatives: Women and Abortion Methods in Ireland, 1900–1950," *Women's Hist. Rev.* 28, no. 3 (April 16, 2019): 479–99.

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reproductive practices.²² By 1900, laws were passed that made abortion illegal, except when the woman's life was endangered, in almost every state and territory.²³ Of course, legal restrictions did not end abortions. However, the new laws may have precluded access to abortions by doctors, thus further entrenching self-administered abortifacient practices for decades.

In South Carolina, criminal abortion cases from the 1870s through the 1920s typically featured abortifacient substances as the abortion method of choice regardless of a woman's or a practitioner's region, class, age, or race. Women and practitioners also mixed their methods, combining drugs with actions taken to the exterior of the body to end a pregnancy. In 1872, the *Beaufort Republican* reported on a local case in which a young woman, Carrie, died after a doctor and nurse allegedly gave her "quinine powders, yellow jessamine, and gelseminum." The deceased had been a patient of the physician defendant in the case, Dr. Henry J., for some time. Dr. J. told the court that Carrie was suffering from fever, diarrhea, and a "suppression of the menstrual flow," for which he prescribed the substances described above and also "applied electricity" to her abdomen.²⁴ In an 1892 criminal case in Richland County, a man named James M. was found guilty of criminal abortion after he gave a pregnant woman what were described as "pills" and "a substance" in the court case and newspaper reports. The woman involved in this case allegedly also "had taken baths"—presumably hot baths or baths with an herb in the water—to induce miscarriage.²⁵

²² Lauren MacIvor Thompson, "Women Have Always Had Abortions," *New York Times*, December 13, 2019, <https://www.nytimes.com/interactive/2019/12/13/opinion/sunday/abortion-history-women.html>.

²³ Rosemary Nossiff, *Before Roe: Abortion Policy in the States* (Philadelphia: Temple University Press, 2000), 5.

²⁴ *Beaufort Republican*, August 22, 1872.

²⁵ State of South Carolina, County of Richland vs. J.H.M., June 28, 1892, South Carolina Department of Archives and History, Columbia, S.C.; *Charleston News and Courier*, April 29, 1893.

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The previous two examples featured white abortion seekers and white male practitioners, but other evidence from the same time period affirms that similar methods were used in Black and immigrant communities. In 1902, for example, a Georgetown man named Abraham Shahid, described as an “Assyrian,” was charged with causing the abortion of a seventeen-year-old girl via “certain medicine.”²⁶ And a Black couple was charged in 1909 of beating their teenage daughter and forcing her to consume turpentine to induce a miscarriage.²⁷

Even when other options became available, many women continued to induce abortion themselves. As late as the 1950s, Dr. Alfred Kinsey, American sexologist and founder of the Institute for Sex Research at Indiana University, estimated that 75 to 85 percent of septic abortions were self-induced.²⁸ The reasons for this may include the sometimes prohibitive fees that “backstreet” abortionists charged; difficulty traveling to abortionists, who were usually located in particular urban neighborhoods; fear of injury or death; and, significantly, women’s desire to control their fertility in private and in a comfortable space such as their own home. Leslie Reagan writes that abortion methods in the early twentieth century may have varied based on race, with Black women relying more on drugs provided by other laywomen and white women more on instruments and midwives or doctors. “If African American women were more likely than white women to self-induce their abortions,” argues Reagan, “it had less to do with cultural differences than with lack of access to doctors and midwives, for reasons of poverty and discrimination.”²⁹ We contend, however, that Black women’s use of different methods derives not

²⁶ *Evening Post*, June 19, 1902; *Evening Post*, June 27, 1902; *Evening Post*, March 6, 1903.

²⁷ *Bamberg Herald*, June 3, 1909; *News and Courier*, October 7, 1909; *Times and Democrat*, June 3, 1909.

²⁸ Rickie Solinger, *The Abortionist: A Woman against the Law* (New York: Free Press, 1994), xi.

²⁹ Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867–1973* (Berkeley: University of California Press, 2022), 43.

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exclusively from poverty or access but also from knowledge of efficacy and safety as well as historical experiences and inherited wisdom. Privacy and protection mattered here, and Black women wisely kept their abortion attempts local and, as much as possible, hidden.³⁰

Oral history interviews demonstrate the persistence in Black communities of lay domestic practices from the late nineteenth century, such as ingesting herbs and tinctures for the purposes of causing miscarriages. Liese Perrin, for example, utilizes the Works Progress Administration (WPA) narratives, recorded in the early twentieth century, in which formerly enslaved women recalled the use of oral contraceptives such as copper sulfate and hawthorn as well as suppositories and pessaries of peppermint and honey to both prevent and abort pregnancies.³¹ Here, we also draw on narratives from oral histories that we collected in 2016.³² Questions for this project asked women in South Carolina to describe their reproductive experiences in the mid- to late twentieth century. We interviewed seventy women living in five counties in South Carolina (Charleston, Beaufort, Dorchester, Colleton, and Richland). Narrators, whose reminiscences focused on the 1950s and 1960s, talked about a variety of abortion methods,

³⁰ While we have not uncovered any evidence that sheds light on how Black community and religious leaders or the African American press in South Carolina responded to the predominance of prosecutions of Black women and corresponding newspaper descriptions of court cases, by the late nineteenth and early twentieth centuries a national dialogue about abortion and birth control in Black communities had emerged. As Loretta Ross has shown, there was far from a consensus on how to respond to these reproductive realities. Some Black nationalist leaders such as Marcus Garvey, believing it essential to grow the Black population, opposed fertility control almost entirely. Others linked abortion and birth control among Black communities to eugenics and forced sterilization. Still others, however, recognized the need for fertility control in Black communities. The NAACP and National Urban League even publicly supported Black doctors accused of criminal abortion. Loretta Ross, “African American Women and Abortion: A Neglected History,” *J. Health Care Poor Underserved* 3, no. 2 (Fall 1992): 147–48.

³¹ Perrin, “Resisting Reproduction” (n. 15).

³² Entitled “Reproductive Health Histories,” this oral history project featured student and faculty members of the Women’s Health Research Team interviewing seventy women in South Carolina’s Lowcountry about their reproductive health and histories (IRB code 2015-01-02-143009).

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including home or folk remedies such as herbal potions and turpentine consumption, surgical procedures at makeshift “professional” offices, and other self-inflicted mechanical procedures. These narratives demonstrate how women with unwanted pregnancies did whatever they could to control their fertility, even in an era when they faced not only difficulty accessing abortion but also potential prosecution if caught doing so.³³

Our oral history project featured white, Black, and Latina women’s narratives; of seventy interviewees, 60 percent identified as white, 32 percent as Black or African American, and 8 percent as Latina. More frequently than white or Latina women, the Black women we interviewed described domestic abortion attempts and the consumption of harmful substances. According to one narrator, “But when I was growing up, one of my friends said that if you got pregnant, you can take turpentine and get rid of the baby. That was her urban myth. I don’t know how true that is, but that’s what I’ve heard.”³⁴ Another woman, when asked about herbal remedies or recipes featuring abortion or contraception, replied,

I never really knew of any. I knew that there was a girl, in my family, she was pregnant and they wanted her to get rid of the baby and they made her drink vinegar and turpentine, literally. And within a few days she did abort her baby, and I thought that was the most horrible thing. She described that process of them sitting her down at the table and forcing her to do that, um, to drink the vinegar and the turpentine mixed together and water, like to chase it. So, it wouldn’t burn, I guess when she was drinking it. And I remember, a few days after that, she was probably fourteen or fifteen, and them forcing her to do that.³⁵

Even younger Black women who came of age in a post-*Roe* world recalled hearing rumors about self-induced abortions. A twenty-five-year-old narrator, for example, told us, “There is also things, they say douching will affect stuff like that. . . . I have heard of like females drinking

³³ For more on this project, see Ware, Delay, and Sundstrom, “Abortion and Black Women’s Health Networks” (n. 3).

³⁴ Interview with a forty-four-year-old Black woman, “Reproductive Health Histories” (n. 32).

³⁵ Interview with a forty-five-year-old Black woman, “Reproductive Health Histories” (n. 32).

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bleach to abort the baby. That's like the household remedy that I heard. I don't know if it works or not, but. . . ."³⁶

In South Carolina, self-induced abortion attempts in women's homes represented a continuity of historical women's health experiences, particularly for women of color. Before *Roe v. Wade*, white women likely had more access to doctors and so-called backstreet practitioners who would perform abortions with instruments in clinical spaces. One of our white narrators, for example, when asked, "Did you ever hear any [herbal] remedies for either contraception or abortion?" replied, "No. The only thing I heard about abortion were the horror stories of people who used coat hangers. That was pretty much it."³⁷ Another white narrator spoke of what she called no-tell motels in Charleston in the 1960s: places where white college women went to receive clandestine instrumental abortions from medical students.³⁸ Black women's inherited knowledge, however, was different. As Schiebinger and others have shown, the system of slavery's reliance on reproduction brought surveillance to Black women's bodies but also facilitated closed networks of communication, in which knowledge of fertility control, including abortion, "passed from woman to woman, neighbor to neighbor, midwife to client."³⁹ That noninstrumental methods persist in oral history accounts testifies to the power of intergenerational communication and access to local networks.

³⁶ Interview with a twenty-five-year-old Black woman, "Reproductive Health Histories" (n. 32).

³⁷ Interview with a forty-five-year-old white woman, "Reproductive Health Histories" (n. 32).

³⁸ Interview with a sixty-seven-year-old white woman, "Reproductive Health Histories" (n. 32).

³⁹ Schiebinger, *Plants and Empire* (n. 8), 112.

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Commercialization and Menstrual Regulators

Coinciding with nineteenth-century restrictions on abortion and contraception was the development of a new profitable industry: menstrual regulators or emmenagogues. Mass-produced abortifacients and emmenagogues became big business, advertised to primarily white, upper- and middle-class women, by the mid-nineteenth century. At the time, emmenagogues were steadily prescribed by a growing number of so-called regular physicians.⁴⁰ Pharmacists, meanwhile, “offered on-the-spot diagnoses and suggested remedies; some advised their patrons on abortion methods.” As Reagan writes, they provided emmenagogues such as “‘Chichester’s Diamond Brand Pills’ and ‘Pennyroyal pills’ to induce abortions.”⁴¹ And before the Pure Food and Drug Act was enacted in 1906, “there were no regulations for labeling or advertising patent medicines.”⁴²

Even as these medicines were increasingly produced and advertised, Brodie asserts, the purpose of them remained somewhat ambiguous and the language used to describe them vague. While many understood these products to be emmenagogues, serving to restore menstruation without interrupting a pregnancy, others thought of them as abortifacients or specifically abortion-causing substances. Still, as Brodie demonstrates, there was much overlap between these terms, popular understandings of what exactly they meant, and the ultimate goals of the substances that were marketed at the time.⁴³ These ambiguities helped disguise the purpose of emmenagogues from authorities. Before and after the Pure Food and Drug Act, in an age in which

⁴⁰ Brodie, “Menstrual Interventions” (n. 19), 40.

⁴¹ Reagan, *When Abortion Was a Crime* (n. 29), 42.

⁴² Alicia Gutierrez-Romine, *From Back Alley to the Border: Criminal Abortion in California, 1920–1969* (Lincoln: University of Nebraska Press, 2020), 21.

⁴³ Brodie, “Menstrual Interventions” (n. 19), 39.

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domestic consumerism and women’s purchasing power were increasing, such products were consumed—and advertised—widely. Alicia Gutierrez-Romine points out that “early home catalogs and almanacs offered drugs for sale or recommended home remedies for women to deal with their unwanted pregnancies”;⁴⁴ and newspapers consistently advertised similar products (Figure 1).

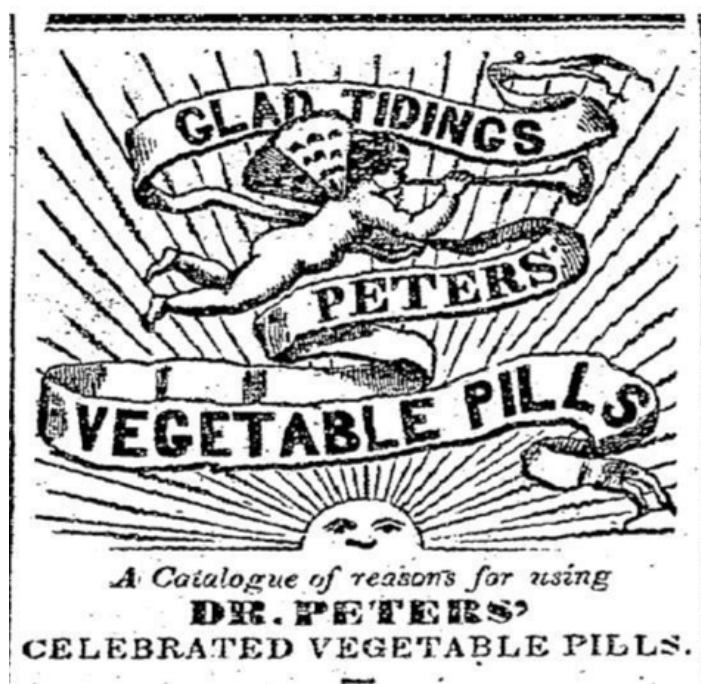


Figure 1. Newspaper advertisement for Dr. Peters’ Celebrated Vegetable Pills, 1823.

Menstrual regulators appeared in South Carolina newspapers by the early nineteenth century, including in an 1823 advertisement in the *Columbia Telescope* for Dr. Peters’ Vegetable Pills. This advertisement used coded language to inform “ladies in a certain situation” that they could take these pills “without in the slightest degree of incurring the hazard of abortion” if they

⁴⁴ Gutierrez-Romine, *From Back Alley to the Border* (n. 42), 19.

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took only one to two at a time.⁴⁵ Of course, these warnings also served the opposite purpose: a woman seeking pregnancy termination could read this and understand that if she took more than two vegetable pills, she may be able to induce abortion. One 1899 advertisement in the *News and Herald* (Winnsboro, S.C.) emphasized that a tincture, Wine of Cardui, could be “taken in the privacy of a woman’s own home” to cure anything from leukorrhea to “disordered menses.”⁴⁶ Other products, such as Gerstle’s Female Panacea (1899) and Bradfield’s Female Regulator (1902), stressed that their primary purpose was to “regulate cycles” so that they “occur[ed] about once in every lunar month,” in order to “restore the entire female organism to its proper condition” (figures 2.1–2.3).⁴⁷ While we cannot know how many women saw and acted on such advertisements nor who they were, it seems likely that literate white women knew of and consumed such products, while poorer, immigrant, and Black women more commonly utilized household items such as bleach and turpentine.

That “female pills” were being used to cause abortion was increasingly recognized and categorized as a problem. In the early twentieth century, the U.S. Department of Agriculture put legal restraints on fifty-seven medicines for women that were thought to be abortifacients.⁴⁸ Even as restrictions on certain drugs were implemented, however, women persisted in using them to induce miscarriage. Advertisements throughout the first half of the twentieth century continued to use coded language for pregnancy by framing it as a “female disease,” in which menses ceased and needed to be “restored” or “regulated.” As Andrea Tone writes, after the Comstock Acts of

⁴⁵ “A Catalogue of Reasons for Using Dr. Peter’s Vegetable Pills,” *Columbia Telescope*, 1823.

⁴⁶ “Wine of Cardui,” *News and Herald* (Winnsboro, S.C.), March 16, 1899.

⁴⁷ “Gerstle’s Female Panacea,” *Manning (S.C.) Times*, March 29, 1899; “Bradfield’s Female Regulator,” *The Intelligencer* (Anderson, S.C.), March 19, 1902.

⁴⁸ John M. Riddle, *Eve’s Herbs: A History of Contraception and Abortion in the West* (Cambridge, Mass.: Harvard University Press, 1997), 249.

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1873, those who made and sold contraceptives, from condoms to intrauterine devices, employed similar methods, “adopting strategies of concealment,” including using euphemisms such as “protection,” “security,” and “safety” to describe their products.⁴⁹



Figure 2.1. Advertisement for Wine of Cardui, 1899.

⁴⁹ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill & Wang, 2001), 30–31.

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Figure 2.2. Advertisement for Gerstle's Female Panacea, 1899.



Figure 2.3. Advertisement for Bradfield's Female Regulator, 1902.

The effects of consuming abortifacient substances appear murky to us today. Detecting and proving abortifacient use or indeed any cause of miscarriage (spontaneous or induced)

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remained difficult in the late nineteenth and early twentieth centuries.⁵⁰ Moreover, abortifacients tended to cause less serious side effects than instrumental abortions, which could lead to hemorrhage or sepsis. Most abortion-related criminal cases came about after instrumental abortions (when something was inserted into the uterus) after infection necessitated and led to medical intervention. While abortifacients could and did result in poisoning, more commonly the amounts taken were less than required not only to poison a woman but also to cause a miscarriage. Thus, drug-induced abortions certainly are underrepresented in court cases. But the persistence of methods described as “drugs” or “substances” in twentieth-century abortions shows that these methods remained popular well into the century. One of our Black oral history narrators, describing the 1950s, related, “Now I remember when I was in high school my mother saying to me ‘If you ever feel like you’re pregnant come to me and I will give you some pills.’ Some quinine. I remember her saying that. Quinine. Now that’s what they did for abortion.”⁵¹

The endurance of methods such as using substances to induce miscarriage rejects a simple explanation. These methods’ perseverance particularly in Black communities resulted from the continuation and nurturing of intergenerational knowledge, dating from the era of enslavement, a justifiable suspicion of professional (white) medicine alongside a lack of access to doctors and hospitals, and also these substances’ ubiquity and accessibility. Van der Geest and colleagues write that materia medica and pharmaceuticals offer concrete hope for a cure and a healthy body: “They can be swallowed, smeared on the skin, or inserted into orifices—activities that hold the

⁵⁰ Horatio Robinson Storer, *Criminal Abortion: Its Nature, Its Evidence, and Its Law* (Boston: Little, Brown, 1868).

⁵¹ Interview with a seventy-one-year-old Black woman, “Reproductive Health Histories” (n. 32).

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promise of a physical effect.”⁵² They can be shared across households and neighborhoods or “used to facilitate, mark, and reinforce social relationships.”⁵³ They can be altered and used to create new medicinals. They can be self-administered and used in privacy without the supervision of a doctor. In criminal abortion cases and in Black communities under surveillance during Jim Crow, and in an age in which Black women dominated domestic health care, such realities mattered.

Instruments and Tubes

By the early twentieth century, abortion options were expanding for some women as medical technology evolved. Still, abortifacient methods persisted and new methods utilizing ordinary household items were developed, resulting in a diverse and flexible abortion culture and abortion material culture. As Reagan explains, abortion attempts from 1900 to 1973 in the United States generally involved three methods: abortifacient consumption; “introducing something, such as a rubber catheter, a gauze tampon, or other object, into the cervix to irritate it, bring on contractions, and cause the woman to miscarry”; and dilating the cervix and then scraping out fetal tissue with a curette or other instrument.⁵⁴ Analyses of popular abortion methods nationwide do not exist, but Reagan’s research found that all three procedures were used in twentieth-century Chicago.

In twentieth-century South Carolina, using a rubber tube was the method most represented in criminal court cases, with other instruments appearing more rarely. Of the more than seventy

⁵² Sjaak van der Geest, Susan Reynolds Whyte, and Anita Hardon, “The Anthropology of Pharmaceuticals: A Biographical Approach,” *Annu. Rev. Anthropol.* 25, no. 1 (1996): 153–78, quotation on 154.

⁵³ *Ibid.*, 168.

⁵⁴ Reagan, *When Abortion Was a Crime* (n. 29), 72.

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criminal cases we have investigated, a rubber tube was involved in approximately half of them. A majority of those accused of using medical instruments such as curettes were physicians, who, of course, had ready access to such objects. In 1954, Dr. A. L. B. of Batesburg was brought on murder charges after the abortion-related death of a twenty-five-year-old woman. As was common in many cases involving physicians, the woman had received a referral to Dr. B. from another doctor.⁵⁵ Newspaper descriptions of cases involving physicians usually described the tools they used as “instruments” but did not give additional details, perhaps because such details were not of interest to their readers.

Several accused nurses also used medical instruments. Cassie Lee G., described as a “negro nurse” in newspapers, faced charges in Rock Hill in 1962 for allegedly being part of an “abortion ring” spanning both South Carolina and North Carolina. The *Charleston News and Courier* claimed that Cassie’s patients were not only many but also diverse: some “white, some married, some single.” That a Black nurse gave abortions to white women was particularly newsworthy. In this case, Cassie allegedly used “surgical instruments” available to her because of her profession. When police raided her home, they found these instruments “hidden in a clothes hamper.”⁵⁶ In other cases involving lay practitioners and the more common rubber tube method, hiding the tubing was not necessary since it would have been ordinary to have such things present in homes.

Reagan’s research also demonstrates that “women employed a wide array of instruments found within their own homes to induce miscarriages, including knitting needles, crochet hooks,

⁵⁵ *Aiken Standard*, November 10, 1953.

⁵⁶ *Charleston News and Courier*, August 4, 1962.

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hairpins, scissors, and button hooks.”⁵⁷ However, only one prosecution in South Carolina involved the use of a sharp object such as a coat hanger. In a 1943 case, Charleston detectives found two small pieces of wire, a straightened coat hanger with one end fashioned into a handle, and a small brown bag with a sixteen-inch red rubber tube in the home of a woman accused of abortion offenses.⁵⁸ Therefore, the popular depiction of such methods in the press in South Carolina was not reflective of reality but perhaps was designed more to feed into the national myth of the “backstreet butcher” and the allegedly horrific results of illegal procedures. A March 1944 article in the *Charleston News and Courier*, for example, printed the following: “All the abortionists are said to have operated in a similar way, using a tube and a heavy piece of wire, such as a coat hanger. Death and permanent disablement result in a high percentage of cases.”⁵⁹ The court case that this article refers to, however, did not reference a coat hanger or “heavy piece of wire.” Rather, it featured the most popular method of abortion at the time in South Carolina: introducing a rubber tube or catheter into the womb and leaving it there for several hours or even a day or so. Moreover, the evidence does not support the claim that most criminal abortions tended to result in death or “disablement”; in fact, only the cases in which something went wrong made it to trial, and the vast majority of abortions likely succeeded without complication. As Reagan reminds us, “Most women survived their abortions and never had to tell anyone unless they chose to do so.”⁶⁰

⁵⁷ Reagan, *When Abortion Was a Crime* (n. 29), 43.

⁵⁸ *The State v. Emily L.*, March 1960, no. 28590, State of South Carolina, County of Charleston Court of General Sessions, Charleston County Clerk’s Office, Charleston, S.C.

⁵⁹ *News and Courier*, March 1944.

⁶⁰ Reagan, *When Abortion Was a Crime* (n. 29), 27.

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Leslie Reagan and Carol Joffe questioned the trope of the backstreet butcher decades ago. Joffe writes, for example, “to view all of these physician providers as butchers, I argue, is both historically incorrect and politically costly.”⁶¹ However, both Joffe and Reagan focus on rehabilitating the image of doctors specifically, not nurses, midwives, or lay practitioners. And, significantly, few historians to date have discussed the racist undertones of the “butcher” trope in parts of the United States. Lina-Maria Murillo has exposed the racism at the root of representations of abortionists at the U.S.-Mexico border, writing that such depictions were intent on “racializing Mexico as an inherently dangerous place and Mexican providers as innately dangerous people.”⁶² We argue that the backstreet butcher trope was similarly racist in South Carolina, where it was used to fuel impressions that Black communities were rife with crime and sexual deviance.

In the sensational 1944 trial mentioned above, Caroline W., a Black woman from Charleston, was charged with abortion and murder after the death of an eighteen-year-old Black woman, Catherine D., at her hands. According to the coroner, Catherine died of peritonitis “being caused by a puncture of uterus by a criminal abortion.” The method used in this case, however, was a rubber catheter, not a coat hanger: Caroline inserted a rubber tube through Catherine’s cervix and into the uterus, telling Catherine to leave the tube in until the following day. Catherine, however, was unable to remove the tube and soon went to the hospital complaining of stomach pains. In the trial transcript, the language used to describe the procedure and Catherine’s resulting injuries was surprisingly direct. The indictment in the case read,

⁶¹ Carol Joffe, “Portraits of Three ‘Physicians of Conscience’: Abortion before Legalization in the United States,” *J. Hist. Sex.* 2, no. 1 (1991): 47. See also Reagan, *When Abortion Was a Crime* (n. 29).

⁶² Lina-Maria Murillo, “A View from Northern Mexico: Abortions before *Roe v. Wade*,” *Bull. Hist. Med.* 97, no. 1 (Spring 2023): 31.

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Caroline W. . . feloniously, wilfully, and of her malice aforethought, with an instrument, or other means of force, employed with intent to cause or procure an abortion did cut, perforate and wound, giving to the said Catherine D. thereby in and upon the womb and body of her, the said Catherine D. one mortal wound, of which said mortal wound the said Catherine D. did die.⁶³

When compared with the actual criminal indictment and court case, the *News and Courier*'s sensationalized reporting on this case helped to construct and reinforce the trope of the dangerous and racially charged backstreet butcher. Other newspapers performed similar work, linking Blackness with abortion and criminality in their article titles. The *Greenville News*, for example, published a headline in 1939 stating, "Abortion 'Plant' Operated by Negress"; decades later, the same newspaper featured the following headlines: "Negro Nurse Held in Abortion Case" and "Anderson Negress Confesses Performing Operation on White Woman."⁶⁴ However, no newspapers referred to the race of any white person accused of criminal abortion in their headlines at the time.

In South Carolina, the backstreet butcher trope served to link criminality with Blackness. Caroline W. was a Black woman engaging in criminal activity in a city increasingly concerned with crime and deviance. Officials in Charleston in the 1940s were attempting to make the city attractive as a center of tourism, but persistently high crime rates and perceptions of disorder in Black neighborhoods troubled that effort. Prosecutions of Black women for abortion crimes increased at the time as the police began a concerted effort to "clean up" Black neighborhoods.⁶⁵

⁶³ Charleston County Clerk of Court Indictment 21345, August 20, 1943, Charleston County Clerk's Office, Charleston, S.C. Caroline W., found guilty in this case, was sentenced to seven years in prison and given a thousand-dollar fine.

⁶⁴ *Greenville (S.C.) News*, September 2, 1939; *Greenville News*, September 14, 1939; *Greenville News*, August 4, 1962.

⁶⁵ Ware, Delay, and Sundstrom, "Abortion and Black Women's Health Networks" (n. 3), 644–45.

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From the 1940s through the 1960s, authorities in South Carolina, concerned with what they perceived as increasing rates of illegal abortion, investigated such cases carefully, often taking inventories from the homes of the accused. In the 1939 Mary A. case that began this essay, police did find evidence of instruments such as curettes and a speculum, and that reality made this case unusual and sensational: “Negro Woman Charged with Many Illegal Operations” ran the headline in the *Index-Journal*.⁶⁶ Mary A. was alleged to have been a prolific abortionist who kept a book documenting between five and eight hundred procedures that she had performed. In court, Mary claimed that she was trained by a physician to give surgical abortions; in her possession were found unspecified “regular professional instruments.” Newspaper summaries of the court case charged Mary with running a local “abortion mill” that saw clients from across the state as well as from Georgia and North Carolina and claimed that she could name other perpetrators.⁶⁷ Sentenced to four years in prison, Mary apparently never did name other local abortionists. The case is unique in that Mary, unlike most people prosecuted for abortion crimes at the time, apparently had set up a quasi-professional practice and used sanctioned medical instruments, including curettes, in her work. Newspaper representations of this case expressed disbelief that a “Negro Woman” not only apparently ran an underground abortion ring but did so using medical objects.

Similarly, in 1942, when a Black woman, Mamie Virginia C., who was a “self-styled nurse” in Charleston, was arrested on an abortion charge, police claimed to have found numerous instruments in her home, so much so that the woman’s attic looked like “a small hospital.”⁶⁸ In 1962, a Black male hospital worker faced the court on abortion charges. Although accused of

⁶⁶ *Index-Journal*, Greenwood, S.C., September 2, 1939.

⁶⁷ *Index-Journal*, September 2, 1939.

⁶⁸ *News and Courier*, August 26, 1943; *Charleston Evening Post*, April 1, 1943.

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giving only one abortion to an acquaintance, the defendant, Leuree D., was fully investigated; police allegedly found “a quantity of implements and equipment in his possession.”⁶⁹

Overall, however, it was the rubber tube method that was most clearly associated with abortion practices in court cases and with the Black women who were disproportionately charged with abortion crimes. Of the seventy-two alleged abortionists we have identified in South Carolina, thirty-two, or 44 percent, were Black women.⁷⁰ The tube method may have been popular for several reasons. Professional instruments such as curettes were likely expensive and inaccessible, particularly to the lay Black women who appeared as defendants in abortion cases. The absence of household items such as crochet needles or coat hangers in South Carolina prosecutions is more difficult to explain. However, it is possible that Black women understood that abortion via sharp objects posed particular dangers, not only hemorrhage but also infection, and that other methods may have been safer.

Rubber tubes, meanwhile, were ubiquitous, were inexpensive, and could be used for multiple purposes. While historians have examined the impact of rubber vulcanization on contraceptive technology (condoms and diaphragms) and a resulting contraceptive industry,⁷¹ they have yet to turn their attention to the importance of developments in rubber on criminal abortion. By the late nineteenth century, a plethora of health care products suitable for home use was made from vulcanized rubber, including syringes and tubes that could be used as enemas or for douching, as catheters, or even in infant feeding systems. These rubber products also doubled

⁶⁹ *Index-Journal*, November 2, 1962.

⁷⁰ The percentage of Black women in the population of South Carolina from 1883 to 1973 varied, ranging from 15 percent in the 1970s to 29 percent in the late nineteenth century.

⁷¹ V. L. Bullough, “A Brief Note on Rubber Technology and Contraception: The Diaphragm and the Condom,” *Technol. Cult.* 22, no. 1 (1981): 104–11; Tone, *Devices and Desires* (n. 49).

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as abortion tools. Rubber tubing had use beyond medicine as well: figure 4 contains an advertisement for a shower head fastened in part from rubber tubing. Rubber tubes thus had multiple purposes and, as such, were present in many homes. Rubber supplies were readily available at most pharmacies and other vendors, including hardware stores, at the time. In South Carolina, newspaper advertisements described numerous rubber supplies that could be used in home health care, including syringes and tubes (Figures 3 and 4).

“Stop and look back and see how far you’ve Gone.”

It is good policy to do this occasionally. Past errors may be prevented. All you imagined about Druggists profits may have been wrong. With us “the nimble penny is preferred to the slow dime.” Convinced of this we act on our conviction. For instance:

A good Rubber Syringe (two pipes).....	.50
A better Rubber Syringe (three pipes).....	.60
A Household Rubber Syringe (three pipes).....	.75
A Household Rubber Syringe, in Hinged, Wood box, (three pipes).....	\$1.00

We also sell the Alpha and Omega Continuous Flow Syringes—no better made. Then there are Fountain Syringes. From among all sizes we select—

One quart Fountain Syringe,.....	\$1.25
One quart Fountain Syringe and hot water bottle combined,.....	1.50
Two quart Fountain Syringe and hot water bottle combined,.....	2.00

We carry a complete Stock of Glass Syringes, Ear Syringes, Rubber Tubing, Oil Silk, Breast Pumps, Atomizers, Shoe, Cloth and Hair Brushes, Etc., Etc., Infuset, you will succeed in getting what you ask for from us, as often as anywhere we know of. A small store but a large capacity for serving you acceptably. “Prove all things—hold fast to that which is good.”

Yours for fair prices,
The Laurens Drug Co.

Figure 3. Advertisement for the Laurens Drug Company in the *Laurens Advertiser*, April 16, 1895.

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Figure 4. Advertisement for a shower made of rubber tubing for sale at Lane Drug Store. *The State* (Columbia, S.C.), June 29, 1951.

Thinking through the meaning of things here helps us explore the multiplicity of not only the purposes but also the meanings that ordinary objects may have as well as the emotions they engender.⁷² Malleable and multipurpose items such as rubber tubing, turpentine, bleach, and herbs or plants not only mean different things in different contexts but also can have agency as “‘things-in-motion’ that illustrat[e] the values and beliefs inscribed on them.”⁷³ Innocuous, ordinary, and everyday objects can take on the most complex meanings in certain contexts yet also tend to be overlooked by scholars. “Of all the things that people use and surround themselves with,” write Csikszentmihalyi and Rochberg-Halton, everyday objects “are most involved in making up his or

⁷² Amiria J. M. Henare, Martin Holbraad, and Sari Wastell, *Thinking through Things: Theorising Artefacts Ethnographically* (London: Routledge, 2007); Stephanie Downes, Sally Holloway, and Sarah Randles, eds., *Feeling Things: Objects and Emotions through History*, Emotions in History (Oxford: Oxford University Press, 2018).

⁷³ Bronwyn Reddan, “Thinking through Things: Magical Objects, Power, and Agency in French Fairy Tales,” *Marvels & Tales* 30, no. 2 (2016): 191–209, quotation on 193.

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her identity.”⁷⁴ For Black women, turpentine and rubber tubing took on specific meaning, morphing into abortion technologies, within specific circumstances. These ordinary items also helped to create Black women’s identities as domestic caregivers.

Rubber tubes also may have been linked in particular to women with health care experience. According to Reagan, in twentieth-century Chicago, midwives were more likely than other abortionists to utilize the catheter/tube method. This also bears out in South Carolina, where women with some experience of nursing tended to call on this procedure. A “colored nurse,” Mary R., was one of these women operating in Charleston in the 1950s. Mary R. inserted a tube into the body of fifteen-year-old Pecola M. on November 23, 1951, telling Pecola to remove it after a day or so. As Pecola later said, “She put a rubber tube in my vagina and told me if it not come out by eight o’clock on Nov. 24th to pull it out.” After Pecola pulled out the tube the following evening, she experienced bleeding and pain, and her mother took her to the hospital.⁷⁵ Mary R. was sentenced to three years in this case, but in 1960 she was back in court, charged with performing an abortion on an eighteen-year-old woman using the same rubber tube method.⁷⁶

It seems logical that Black women who had some nursing experience would have been well familiar with the varied uses of rubber tubes, which were commonly carried by midwives and nurses. Published in 1939, the textbook *The Principles and Practice of Nursing* showed a photo of a nurse’s bag that included the following items: “thermometers, scissors, small forceps, hypodermic needles and syringes, a metal dressing tray, a cup, funnel, rubber tubing, towels, and

⁷⁴ Mihaly Csikszentmihalyi and Eugene Rochberg-Halton, *The Meaning of Things: Domestic Symbols and the Self* (Cambridge: Cambridge University Press, 1981), 17.

⁷⁵ Charleston County Clerk of Court Indictment 24737, January 1952, Charleston County Clerk’s Office, Charleston, S.C.

⁷⁶ *News and Courier*, November 22, 1960; *News and Courier*, April 9, 1960; *Charleston Evening Post*, December 2, 1960.

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a medicine dropper.”⁷⁷ Archaeological excavations at the Louisiana home of late nineteenth- and early twentieth-century Black midwife Lucretia Perryman found a vaginal tube or syringe made of metal, a precursor to the rubber tube.⁷⁸

Although it may have been perceived as less dangerous than curettes or other sharp tools, rubber tubing of course resulted in casualties, particularly when those who utilized it were not skilled. In a complex case involving multiple accomplices and various potential methods, laymen Larry M. and William H. were indicted on abortion charges in Greenville 1960. According to William H.’s testimony, William and a young woman named Madge M. were in a relationship, and when Madge became pregnant, William asked his friend Larry for help terminating the pregnancy. The men approached Larry’s acquaintance, local physician Dr. B., who allegedly refused to give them the tools (presumably a curette) to perform the abortion. Larry, however, allegedly assured William that he knew how to give an abortion. Following Larry’s instructions, William bought rubber tubing at the local Edwards Drug Store; William, Larry, and Madge then went to an apartment to attempt an abortion via the tube method. When Larry tried to insert a rubber tube through Madge’s cervix, however, it “would not go”; Larry then sent William back to the drugstore for tweezers. When William returned, the tube was in, but Madge was already feeling ill; she died later at hospital. The police who investigated the case found the tube and tweezers as well as gauze, ice tongs, and the top of a Vaseline bottle “wrapped up in a towel” behind the garage of Dr. B.’s house—where the men had taken Madge after she became ill.

⁷⁷ Csikszentmihalyi, *Meaning of Things* (n. 74), 17.

⁷⁸ Laurie Wilkie, “Expelling Frogs and Binding Babies: Conception, Gestation, and Birth in Nineteenth-Century African-American Midwifery,” *World Archaeol.* 45, no. 2 (2013): 272–84, quotation on 273.

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When Larry gave his own testimony to the court, however, he told a slightly different story. In his account, William performed the actual abortion under Larry's direction. First, he claimed, William tried to insert the tube. When that did not work, he used tweezers and then broken ice tongs to insert the tube. Once the tube was in, according to Larry, Larry told William, "I think you are supposed to blow in the tube." As soon as William did so, Madge fainted, later succumbing to an air embolism.⁷⁹

While this tragedy affirms the ubiquity and availability of rubber tubing, it also testifies that even common items needed to be used with care. Because they were ordinary objects, rubber tubes could be used or misused by anyone, but they actually required considerable skill and experience to be both safe and effective. In this example, William and Larry clearly were in over their heads, unfamiliar with abortion methods and unaware of the dangers of an embolism. Unable to secure the assistance of a physician, they proceeded on their own, with a result that proved fatal for Madge. This case reminds us that abortion practitioners who were successful—mostly Black laywomen or nurses—possessed skills and knowledge that may not necessarily have conformed to contemporary understandings of what constituted "medicine" and using tools that were not considered "modern" or "technology" but were essential to women's health nonetheless.

Conclusion

We contend that all of the objects and techniques we have discussed in this article were abortion technologies. The range and spectrum of abortion tools utilized in pre-*Roe* South Carolina by mostly Black women testify to these women's ingenuity in transforming everyday objects into

⁷⁹ State of South Carolina, County of Greenville, vs. Larry Darr M. and William David H. Indictment, October 31, 1960, South Carolina Department of Archives, Columbia, S.C.

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medical technologies. To date, however, the intersection of racism and sexism—so dominant in South Carolina’s past and present—has precluded scholars from recognizing both this ingenuity and the reality that all sorts of objects were medical instruments that should be acknowledged as obstetrical technologies.

In 1973, following the Supreme Court decision *Roe v. Wade*, women in South Carolina gained the lawful right to terminate first-trimester pregnancies. The legality of abortions changed abortion practices, moving them into the world of sanctioned professional medicine, but it also fundamentally recast the role that women played in their own reproductive health, possibly helping to decimate local women’s health networks and dismantle domestic abortion care. Before *Roe v. Wade*, South Carolina was the site of a varied abortion culture and market. What this meant for abortion-seeking women was complex: women had inconsistent pregnancy termination experiences from one provider to the next. Reagan argues, however, that “the diverse and decentralized character of health services contributed to the accessibility of abortion,”⁸⁰ and this was evident in South Carolina as well, where providers may have been able to choose their methods and procedures, and some abortion-seeking women had options. Not all of the women and men who helped provide abortions can be dismissed as backstreet butchers. They were a varied and sometimes-skilled group who adapted to circumstances. Some demonstrated innovation, co-opting ordinary household items into abortion technologies.

In this article, we have highlighted not only the innovation and expertise of lay Black women abortion providers but also the discrimination and prosecution they faced from both professionalized medicine and law officials when abortion was a crime.⁸¹ We also recognize that

⁸⁰ Reagan, *When Abortion Was a Crime* (n. 29), 48.

⁸¹ We borrow the phrase “when abortion was a crime” from Reagan’s seminal book of the same title.

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many historians and other scholars have thus far failed to recognize Black women's contributions to abortion history. As Loretta Ross reminds us, "racist and sexist assumptions" about Black women "have disguised [their] contributions to the birth control and abortion movements in the United States."⁸² We argue here that these exclusions extend to Black women's roles as abortion providers who innovated with ordinary objects and preserved obstetrical knowledge across generations. Since the overturn of *Roe v. Wade* in 2022, women living in a least twenty states are faced, once more, with the question of how to obtain an illegal abortion. This will again disproportionately affect women of color and women with fewer economic resources.⁸³ Under such circumstances, women may once more be required to depend on the persistence of lay knowledge and medical innovation outside of legal, hospital settings.

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⁸² Loretta Ross, "African American Women and Abortion" (n. 30), 142.

⁸³ Claire Cain Miller and Margot Sanger Katz, "What an America without *Roe* Would Look Like," *New York Times*, May 4, 2022, <https://www.nytimes.com/2021/12/05/upshot/abortion-without-roe-wade.html>.

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