

Maureen and Mike

Mansfield Library

UNIVERSITY OF MONTANA

Archives and Special Collections

Mansfield Library, University of Montana

Missoula MT 59812-9936

Email: library.archives@umontana.edu

Telephone: (406) 243-2053

This transcript represents the nearly verbatim record of an unrehearsed interview. Please bear in mind that you are reading the spoken word rather than the written word.

Oral History Number: 164-005

Interviewee: Sid Pratt

Interviewer: Diane Sands

Date of Interview: 1981

Project: Illegal Abortion in Montana Oral History Project

Sid Pratt: —certain I'm going to name names.

Diane Sands: Well, that's fine with me. I'll name names. You can ignore them if you choose. Well, first of all, when you came to Miles City, you said you came to Miles City in 1938.

SP: '39, yeah.

DS: '39, as the in-physician. You came there in what capacity?

SP: As a surgeon.

DS: General surgeon?

SP: General surgeon, yeah.

DS: What was your first awareness that there were illegal abortions, or abortions going on in that community, and how did that happen?

SP: Oh, word-of-mouth, I suppose. I never had occasion to take care of a person who'd had an illegal abortion, by an M.D. There were abortions being performed, and I'm being very honest this time when I say I can't remember the names, of a couple that were doing them. The only cases that I would run into were those that had been botched up, maybe come in with infection, hemorrhage, what-not. That's when I first learned, in that way, that illegal abortions were going on. What did I do about it? First of all, I got all hot and bothered, and because this was not the way I was trained, the way I was brought up, and then I found out that the, in a reasonable period of time, that the individual who had been well trained was doing abortions, without any complications, no infections, no deaths, no hemorrhages at all, whereas these others were really being botched up. And finally as a, you might even call it a growing up process, I recognized that abortion, an abortionist, even though it was an illegal sort of thing, fulfilled a social need, that was going to be met by a person who was capable of doing it, or a person who was not. The efforts were made, as best one could, to at least dry up the abortion process by people who were not well trained. Who were doing it in aseptic fashion and all. It was, well first of all, basically it was an impossible situation. I distinctly remember one patient that was all, she was all set to testify against an individual because of a serious infection, I had her here in the hospital for a long period of time, and getting the case well worked up, until the last minute she said, no, I'm not going to go to court, I'm not going to testify. Well, there went the case right then and there.

DS: Against an untrained abortionist?

SP: Yes, this was against an untrained abortionist.

DS: Someone who was doing them on a regular basis, or someone who did that as a one-shot deal?

SP: Yes, I would say relatively regular. Although I had no way of knowing, no way of finding out, except when complications arose, and then the patient with complications would end up in my hands.

DS: As a surgeon, or?

SP: As a physician, as a surgeon, yeah, as a physician. Primarily as a surgeon, because most of the remedies had to be surgical.

DS: What complications would a woman who had a botched abortion have?

SP: Massive¹ hemorrhage, for one. That you had to take to surgery and, if there was no infection present, complete a D & C. Well, the D was already done, the dilatation was already done, but complete the curetage, pack the uterus to stop the bleeding, and then, with transfusions and all, bring her back to normalcy. The others, infection, either in the (unintelligible), and sometimes a perforated uterus with and all, these are the things that can happen. But the two deterrents toward making a case, in my opinion, is first of all, in the last minute, usually the victim would say, no, I think for two reasons. The principal reason, they did not want to expose themselves to the public.

DS: It was, in fact, a crime also for her?

SP: Yes, that's right, you're right, it's a crime for her.

DS: A felony.

SP: Then the second is that, the majority of these were done under general anesthesia, or an anesthesia of sorts, and the attorneys would tell me that this was all hearsay. She went in, and an anesthetic was given. When she came to, the abortion had been done, she never saw the person who did it, or if she did, she was not, that person might have been there, but from the time it started until it was finished, she had no idea who the person was, perhaps the Dr. X could have come on in, and then Dr. Y really came in and did the abortion, and Dr. X then reappeared on the scene. This has happened all over the country, and I know it. These were the considerations that had to be taken into account.

DS: How often was there an attempt to try to prosecute or shut down one of these amateur abortionists that you remember? Was there one person you remember, or was this more frequent than that?

SP: I can think of three off hand. It's been a long time ago.

DS: In the '30's and '40's?

SP: In the '40's. Yeah, I didn't come to Miles City until '39. And I don't recall, it was in the early '40's or late '40's, because the war came along and I was gone for a number of years, and, we'll say in the '40's and the early '50's, let's put it that way.

DS: Did the attempt even to prosecute them put them out of business?

SP: No.

DS: They continued?

SP: Yeah.

DS: How would you compare their infection rates and their death rates with the abortions that were given by medical, qualified people?

SP: Well, I guess I really am not prepared to answer, I can't answer that question, because the only ones that I saw were those where complications arose, and it could have been they'd done a hundred abortions with complications in three cases, or it could have been done that they'd done three abortions with complications in three cases.

DS: It's one of the great difficulties with this is finding that out. It's very hard.

SP: You can't get accurate data. Then again, back to the original question, how does one accustom themselves to it, how does society do it, I think it's, again as I said, because it meets a social need.

DS: Were most of the women you were aware of who had had illegal abortions, how would you characterize them? Are they married, do they have a number of children already, or are they single, what are their circumstances? What do you mean by, there's a social need?

SP: Abortions are done for several reasons. First of all, an unmarried person that does not want to carry the pregnancy to term, doesn't want to be exposed to the, and usually a young, younger individual. Second would be a married woman whose spouse had been gone for quite some time, and becoming pregnant during his absence, and doesn't want him to know about that. Thirdly, I think there are people who are using it as a totally improper method of

contraception. They didn't want any more children, so if they get pregnant, they get an abortion. These I think are the three principal reasons. I have no way of knowing what, which is the major one statistically. A few cases doesn't constitute anything that you can come up with a statistical, any valid statistics on.

DS: How do you assess the, if a woman came in to you with an infection of some degree from having been through an illegal abortion situation, what were her odds of recovering with complications, recovering without further complications?

SP: Early in the game, complications were very serious. Later on, as time went on, when antibiotics came into existence, then a lot of the mutilating surgery could be overcome by treating infection with antibiotics.

DS: When were antibiotics massively available, and this change happens?

SP: After the war. Which war? After World War II. I would say probably about 1950, thereabouts. Penicillin came into existence before the war, but was not available except in the military. Then it became available after the war, let's see, in the late '40s and the '50s. Your tetracycline's, your multiple, broad-spectrum antibiotics did not come into existence until, we'll say the '50'. Sulphas were around before then, but by and large, sulphas did very little good for this sort of thing.

DS: How did the widespread use of antibiotics change the definition of pregnancy being something that was to some degree feared or viewed as sick, people would refer to it as sick, or that it was somewhat, it had some life-threatening potentials, and now it's become, pregnancy is now seen as a question of health. Do you have any reflections on how that transition happened?

SP: I don't think antibiotics played a significant role in that at all.

DS: You don't think it did? Do you think it played any role in the whole question of how abortion was perceived as a health question, health and safety question?

SP: No.

DS: You don't?

SP: Safety maybe, but health, no. That's my own opinion. I can't see why, well, let's see, possibly the only connection is that a woman seeking an abortion looked upon it as a less dangerous sort of procedure, after antibiotics and before antibiotics, but I don't think that that really, I'm not sure I'm even in a position to even comment on it, but my own personal opinion is I don't think that that was the important thing. Time went on, mores changed, and I think this

has been a gradual evolutionary process, even though it's still a major battle in the courts and out of the courts.

DS: How do you think a woman who was unmarried and pregnant was perceived in, say Miles City, during the period you were working there?

SP: She was not an acceptable person. Now, with, call it enlightenment if you wish, which I would like to, is that, while it's pregnancy in the unmarried teenager, high school child, or whatever, is not necessarily condoned, but it is not the social pariah that she used to be, and as evidenced by the fact that youngsters become pregnant, they continue going to high school, which is totally appropriate. Let's see, where were we? We were talking about the acceptance of a pregnancy, teenage unmarried pregnant woman. A lot of them, I do know now, a lot of the young women elect to not have an abortion and carry the baby, and of course, the social custom now, there are unmarried mothers that are raising children. Some prefer to raise them themselves without being married, others offer adoption.

DS: Did you see any people like that in Miles City, say in the '40s or '50s?

SP: Yeah.

DS: Were there any women who chose to have children without husbands?

SP: Yeah, but they didn't stay in town then.

DS: They didn't?

SP: No. They went to another community after about three months or so, four months, when they began to be obviously pregnant, or anywhere about that time, and they'd come back afterwards. They went away to school, or something like that. Now I don't know if you know that the Sisters of the Holy Rosary Hospital took in unmarried mothers, and kept them there, again as a Christian gesture, and I think it was good. But never any from around, they came from different states, or they came in from the western part of the state, and they would come when they were three-to-four months pregnant. They would stay in the hospital, they would work, either as aides, or work in the kitchen, do dishes or something like that, too. They got paid for it, so that would help pay their expenses, and help pay the physician who delivered. Oh, he got a very nominal sum for it. Then after the baby was born, the, again I don't know rightly or wrongly, most of the time we gave the mother a general anesthetic so she never saw the baby. All she knew was that the baby was normal. Others would say, no, I won't be happy until I see my baby myself to make sure that the baby's normal. Well, of course, we all feared the bonding process being established right then and there, and it being more traumatic situation, but I don't know. And I guess, I told you the last six years that I was in practice I did nothing but obstetrics, so I had quite a bit of this.

DS: What do you mean, you had quite a bit of this? You delivered those babies?

SP: I mean, I delivered these unmarried mothers for them. In fact I, well, there were only a couple of us doing obstetrics at that time, so I did my fair share of it, and got to know them, and some you could sense, they had to see their baby once. Others didn't want to see it at all. But I never allowed them to keep the baby for three or four days and really become attached to it. The baby was usually taken away within twenty-four hours, or as soon as that they were normal again, either to the Catholic Charities, or the Lutheran Charities, or sometimes to a foster parent, because the county handled the adoption. All was legal through the State Welfare program.

DS: Did any of these young women, I assume they were mostly young, indicate when you talked to them that they had initially attempted to, say, self induce an abortion?

SP: No, not most of them.

DS: They hadn't?

SP: The only one I ever knew that I had a terrible time with, I haven't thought of this for years, she tried to use a catheter, but she put it in the wrong organ, she pushed the catheter into her bladder. She was in the general area, anyway. Of course, that stirred up quite a bit of trouble, so she came, she told me what she'd done, well, the catheter. I said, now this is going to be uncomfortable, probably painful, and it's going to take a little while, because that's awkward, they could grab ahold of this, the catheter.

DS: Oh, really, yeah.

SP: Yeah. And I said, I'll give you an anesthetic. She said, no, I did this myself, she didn't use the word self-flagellation. She said, I deserve some distress as a result of it, and so she just toughed it out while I got, until I got the thing out. But she's the only one I ever knew that attempted it.

DS: Did you get, or see any of the young women who got pregnant in Miles City and maybe went away to have their babies somewhere else?

SP: No.

DS: Who would those girls have gone to?

SP: I would suspect that probably the hospital would arrange to, there was probably another hospital somewhere around the state, or somewhere out of the state, possibly in the same Catholic order, that was doing the same sort of thing, so they would send them to Nebraska, we'll say, and they'd come back. No, I would have no idea.

DS: Would you have seen any of them in terms of regular family practice? I mean, who would they have gone to in that community if they first suspected they were pregnant? Or do you think they would have gone out of the community for even that confirmation?

SP: They might have gone out of the community for that, because I suspect one of the reasons, again because of, they didn't want to have him diagnose the pregnancy until they were sure, because then they'd have to tell their folks. And this is just a guess on my part. I know of only one case, high school kids, she went ahead and had her baby. She stayed in town and had her baby, and her spouse-to-be, her husband-to-be, remained there. He stuck by her, and the families stuck by them, and after he graduated, she had the baby and they kept the baby, and then when they graduated from high school the next year, they were married, and I do know that this marriage has been successful. They've got two or three children since, and still, that's been a long time ago, so once in a while you run into something like that that is encouraging.

DS: But very unusual.

SP: Yeah, very unusual, right.

DS: What would you say in these young women, were many of them using birth control, and if so, what were they trying?

SP: I don't think that any of them were.

DS: What about the women that you saw in your practice as an obstetrician? What kinds of birth control, as setting a background for why women ended up, some women, choosing to have abortions, what was available for birth control then? What were people, women in Miles City and men, using for birth control? Did they want birth control?

SP: I would suspect that those that got pregnant weren't using any method. It was one of those things that just happened. Those that were prepared in advance, the men used the condom, the women had a diaphragm. They didn't have several in those days, but an obstructive birth control method. I'm trying to think, of course, the pill was in existence.

DS: In the '50's.

SP: In the '50's. I prescribed it a lot, and I suppose some of them became pregnant because of improper use of the pill, or forgetting it and all.

DS: Or the diaphragm.

SP: The diaphragm, yes. Foam was used, and foam was notoriously

DS: Unreliable, of course.

SP: Yeah, unreliable is the term. Then I suspect a lot of them went on a rhythm, and that's the most unreliable of all, in my opinion, so I would suspect that these are, but I don't know now, I really don't.

DS: Did any of the women that you saw in your practice as an obstetrician who were already married and had children, what was your sense, did they all want all the children that they had, or were there occasional reluctances about finding out that you were pregnant again?

SP: Oh, a lot of them. Women in their 40s, had three children or four children, and they'd come in, and I'd tell them, you're pregnant. I can't be, they'd burst into tears, were very unhappy. You'd sit there and let them cry for a while and console them, and then finally get around to the point. You just wait till this baby's born. It'll be the most valuable child that you have. It can't be, you know. It always worked out that way. But they, this last baby was the most loveable of them all, but how many of those, and I don't recall any of them that disappeared from the scene and came back unpregnant, I really don't know.

DS: Did any of them ask you, or say, is there anything you can do?

SP: No.

DS: None of them?

SP: No. Well, I shouldn't say no. I do remember one that, one person that asked me, and I said no. But she chose not to have anything done. She ended up having twins.

DS: These were, you're characterizing mostly as older women, there's menopause or late babies?

SP: Yeah, these, yes, a menopausal baby or, that most of them were.

DS: Did you ever find that response in women who were younger, either unmarried or newly-married, or the children were too close together?

SP: No, I don't recall any.

DS: What kinds of conversations would women and men have with you about wanting to space their children? What was the expectation of how many children were desirable?

SP: Oh, yeah. Well, what usually happened was that when the woman came back for her six-week's check-up, the final check-up, then I offered her the option, said, do you want any birth control advice or information. If so, what do you have in mind? Most of them knew what they wanted, and I would either fit them with a diaphragm or give them pills and discuss how to take

it, or some would say, no, I don't want to do that. I would say, well, I would give them the odds on condom-foam combinations, that sort of a thing. But they made up their, this was their determination at that time, and if they said, no, no, I don't want any contraceptive at all, contraceptive advice at all, well, that's fine, it just saved me that much time. I think that they had made up their minds before.

DS: Where do you think they got that information, say, during the '40s and '50s? Where were they having that discussion?

SP: Oh, you mean about types of contraception?

DS: Yeah, earlier you find people saying, well, we just didn't talk about it, you certainly didn't talk about it with men, and you probably didn't talk about it with your male physician. Where did they find out about it? What did they know? Did they have good information?

SP: I don't know. I suppose,

DS: Women's magazines?

SP: I don't think it was even in women's magazines, at least none of those that I ever looked at. I suppose conversation, and I do know that, and I suspect too, pre-marital examinations, that that was brought up at that time. Women would come in for premarital examinations, very often have their husband-to-be with them. And you'd sit down and discuss the various ways.

DS: Did it seem at that point that the women, how much did they seem to know, say in a pre-marital exam? They already knew most of it?

SP: Yeah. Most women were pretty knowledgeable.

DS: This was '40s and '50s primarily?

SP: Yeah.

DS: Off on some sort of strange other topics. In regards to the practicing illegal abortionists in Miles City who were regular medical people and seemed to be perfectly competent in doing abortions, what was the perception of them by the other people in the medical community, and was there ever discussion, say by the State medical association or informally, did everyone know this was going on? Was it ever acknowledged officially?

SP: I don't think any; I can't recall any official action being taken, a State medical meeting, you know, a resolution that something be done. It was usually in the, uh, just a second.

DS: On the question of how the...

SP: How the medical community takes it. The, let's say the one physician, the one licensed M.D. that was doing these, very seldom attended staff meetings.

DS: At the hospital?

SP: At the hospital. This person was on the staff. Very seldom attended staff meetings. It would be discussed on occasions there. I think the same cycle that everybody went through, the newer young doctors coming in would be rather incensed about the whole thing, and we'd tell them to calm down, look at it objectively and look at it from the legal standpoint and what not, and if they want to pursue it, then fine. I guess it was a matter of accepting practicality.

DS: How did the hospital perceive it, since most hospitals, oh particularly there, you've got one Catholic hospital and one...

SP: There's just the one hospital.

DS: Only the Catholic hospital?

SP: Yeah, there were a couple of private, so-called hospitals. One was called the Darcy Hospital, and what was the other one? There was another name, and I can't think of it.

DS: Right. I could look it up, but, yes, there was the Darcy Hospital.

SP: This is where the procedures were done, because they were never done in the Holy Rosary Hospital. So I suspect that the good Sisters had their eyes closed to the thing, too. That individual retained staff privileges for obstetrics, and that sort of thing.

DS: Was that true, to your knowledge, for both the abortionists there, both Linderberg and Anderson?

SP: No, because Anderson was not an M.D.

DS: He's a—

SP: Osteopath.

DS: Osteopath.

SP: So he had no hospital privileges there.

DS: Medical privileges there at all?

SP: That's right, yeah.

DS: How do you think the, or was there any discussion at any of the other Montana Medical Association meetings you were at, about the practice of illegal abortion throughout the state, perhaps somewhere else other than there? On an informal basis, perhaps?

SP: I suspect there probably was, but I seriously doubt if it amounted to very much. Otherwise, I probably would have remembered it.

DS: Was there any concern about quality of health care being provided to people, or was, how did you...

SP: I would suspect that, you call it health care as regards abortion?

DS: Uh huh.

SP: I would suspect that there, that the same attitude prevailed all over. A well - trained, licensed physician did a good job. The, well, the untrained or the amateur, or the less-trained person, botched it up, and this was the concern. Of course, this still exists even these days of legal abortions. A lot of physicians will have nothing to do with it, and others feel it's a totally appropriate thing, and they proceed, and since it's legal, there's nothing wrong with it legally. But I sense that there is a feeling that exists, in fact, I know there's a feeling that exists, against some people in certain communities that do the abortions, they're just not looked upon by their colleagues as quite as high-class, in quotes.

DS: How would you say, say Dr. Sadie, was perceived by the community? Did people think she was....

SP: Such a lovely person, lovely person. She took good care of people, in all respects. She would make house calls, she would be available at all hours of the day and night, and that sort of thing. So she was a very respected person. She was not a social climber at all, and so she didn't mill around that way, but, no, she was looked upon by the vast majority of people as a very, very fine person.

DS: How did the legal community deal with her, or the city fathers in the community?

SP: I don't know, I really don't.

DS: So you were never aware of any inquiries by them?

SP: No, no.

DS: Because there, are several persons in the death records in Miles City who died from abortions that she probably did. Anyway, her name's on them, and the procedures, time of procedures were on them, so it's reasonable to expect they were, in fact, her abortions, but there are no inquests. How would you, hearing that information, what would you say about it?

SP: That they were probably developed the same rationalization process that everybody else did, or as attorneys, recognized the impracticality, from a legal standpoint, of ever successfully prosecuting. There, reminds me of something else, can't think what it is at the present time. Let's go on. It's along that same line.

DS: Who saw the prostitutes in Miles City?

SP: Well, practically every travelling salesman, but that's not what you meant.

DS: Which of the doctors, or was there anyone who routinely saw them?

SP: Yes, yes, the clinic, the Gyvers Clinic, and they came up to us. I saw lots of them. They came up once a week, not by law, because it was illegal, had to have a smear and a D.C. They came up once a month for a Wasserman, They made their appointments, I insisted they make an appointment just like anybody else, and some of them would come up, well, can I come up at quarter to one instead of one o'clock. Well, all right, if it's convenient, but normally they made an appointment. They paid in cash, and I was never the least bit concerned about the immorality of that situation. See, I was on the Board of Health for ten years, and I used to argue with all the fellow members.

DS: The Board of Health statewide?

SP: Statewide, yes. You see, the governor appointed people on the Board, and I served on it for ten years. We'd debate that a great deal. I'd say, look here, the venereal disease rate in Miles City is lower than it is anyplace else in the state. So what's...

DS: They're coming in every week.

SP: Yes, so what's wrong with it? But, we all took care of them. It was primarily the surgeons and the obstetricians that did. The internists normally did not. I guess it was just a little bit different than their normal practice.

DS: What did they use for birth control?

SP: Douche, a lot of them just used a douche. And once in a while someone would come in pregnant.

DS: What did they do?

SP: They left. And whether.....they had an abortion someplace. I remember asking one of the madams if that'd be known as an industrial accident.

DS: Occupational health hazard there.

SP: Yes, occupational health hazard. But, surprisingly a few of them did, and well, I know a lot of them had tubal ligations. But then some haven't, because some were married, or got married and had children afterwards, so whatever, perhaps an immediate douche was adequate, but maybe their fertility rate was low, too.

DS: Right, because how do you assess that as a doctor? Douches aren't really known for being particularly effective forms of birth control.

SP: No, no, that's for sure. Why it worked with them I don't know. That's what I just said, that I think in afterthought that perhaps their fertility rate was low. I don't know. You know, there's no way of knowing. I didn't inquire into that.

DS: What years were you on the State Board of Health?

SP: Nineteen fifty-five to 1965, or, yes, I think that was it, 1955 to 1965, that ten-year period. Because I was on the Board of Health when I left practice and I was hired by the Health Department. That was in 1966. So maybe '56 to '66; '55 to '65, I'm sure that it was. I remember that because I suggested I remain on the Board of Health while I was working for the Health Department, then I could control my own salary, and they said that's the principal reason you can't.

DS: Well, related to being on the Board of Health, in some of the other interviews there's been a fairly clear connection in some communities between prostitution and illegal abortion. There's one case where there is more than strong suspicion that an abortionist who was a doctor also owned a house of prostitution.

SP: Oh, really?

DS: Yes. When you were on the Board of Health, was there any discussion of the connection between these?

SP: I don't recall any.

DS: What were their concerns about prostitution?

SP: Oh, I think it was just discussed as, over the dinner table or over lunch, something like that. As a Board, I know we never took any action on it. It was illegal, but I know that I would have

some debates with fellow members, that the ordinary cervical smear once a week was not adequate. You had to get a culture. But we never did.

DS: How active was prostitution in Miles City during the '40's and '50's?

SP: We had three houses that were very active. The girls were not allowed uptown after dark. During the day, I remember a couple of cases when my first baby was born, my wife's first baby, I should say our first baby, wheel down the street and we'd see a couple of the prostitutes going down the street shopping, and they wouldn't recognize us, then as they'd walk by they'd take a quick peek at the baby, and the next time I'd see one, she'd say, cute baby you have. They felt that this was not their place. It was a peculiar Butte habit. I like to think that Miles City was a little bit more cultural than the Butte cribs.

DS: Were the houses in Miles City on the outskirts of town, or in the center of town?

SP: Are you familiar with Miles City?

DS: Yes.

SP: You know where the swimming lake is? And right across the road, the bridge, is that smaller pond? Well, the three houses were on the far side of that. They're still there, the houses. One is a day care center now, which I thought rather amusing. Instead of being a night care center, it's a day care center.

DS: There's still one operating house in Miles City, as I understand it?

SP: Is there? Oh, that's interesting.

DS: I have my sources. Was there an attempt during the time, if you were there till '65, there was an attempt in the late '50's to shut down prostitution in Miles City.

SP: Oh, yeah, there was, there was.

DS: What happened? How did that happen? Why did they decide to do that? Who decided to do it?

SP: The Supreme Court. The Chief Justice, no, not the Supreme Court. What's the matter with me? The Attorney General ruled that it is illegal, and it will cease.

DS: Statewide?

SP: Statewide. And he began to crack down on it. And I know the attorney that was the County Attorney, or the City Attorney at that time. He was the one that got them closed down there.

DS: Who was that?

SP: Name of Jack Carr.

DS: Jack Carr.

SP: We razed him. Jack, you're ruining business. But he stuck to it, he stuck it out. He felt okay. If this was the law and the Attorney General says you will, he did. That was in the early '60's, I believe.

DS: Who was the Attorney General, and why did he decide to do that, do you know? Was there a big case, or election of the new Attorney General?

SP: I can't remember.

DS: Sixty-two?

SP: Arnold Olson? Was it Arnold Olson? The name Arnold Olson pops into mind. Now, I really don't know. You can find out very easily.

DS: So what did they do, get the sheriff to go out and shut them down?

SP: That's what they did. Fined them. And finally they just closed up and left. But we do know that casual, let's call it casual prostitution, was going on. In fact it was still going on to a degree, and I don't know where, I mean in which house. Because I remember once I was coming back from Miles City, I was up here in Helena, so that would be '67 or thereabouts, and I totaled my car, so I pulled into Forsyth. No, by gosh, I was still, I was coming up to a Board of Health meeting, that's what it was, and pulled into Forsyth to get the car fixed. And I was just standing there in the garage, and I saw this pick-up come by, it was all loaded up with all sorts of strange things on the back with a tarp. I asked the garage person, what's that? He said, oh, the T-men are coming to Miles City tomorrow. I said, oh, that's interesting. What's that? These are all the slot machines. They were being brought to Forsyth and put in a garage. I said, where are the girls? They all go down to Glendive. So, I guess the law enforcement procedure is not totally pure, either.

DS: Well, that's been my perception in some of these other cases, there's no way, of course, to prove it, but there seems to be enough stories sort of like this that in some cases, maybe there were payoffs, or at least friendships there, that let people off.

SP: What the payoffs were, I have no idea. It wasn't like the dimple knees case over in Butte.

DS: What's the dimple-knees case in Butte?

SP: Haven't you heard about the dimple-knees case?

DS: No, no.

SP: This was a wonderful case a long time ago. One of the madams over there a number of years ago, I forget when it was, in the '60s, she began to get a little bit annoyed because she was being ripped off by the policemen too frequently. She didn't mind paying a thousand dollars a week, or whatever it was, you know, but she was just really getting quite incensed about it. So she went back to Washington and met with Mansfield to see what could be done about it. I don't know what Mike did about it. That was in the '60s, because I remember I was here in Helena at that time, the late '60s. But anyway, it was in no paper except the Great Falls Tribune. They made a great big deal, oh, they had a feature article, a serial, you know, had enough for about a week or so. It wasn't in the Butte paper, it wasn't in the Helena paper. I don't even know what the madam's name was, but she, in her conversation, giving interviews, she said, now, one of my more faithful clients I call Dimple Knees. Well, then, of course, is that all the men started wearing long trousers. Nobody ever did find out who Dimple Knees was, if one ever existed. But, anyway, that's just a little bit of...

DS: What a great case. Well, my research thus far, I found, as I said, somewhere around thirty different alleged abortionists. I mean, in some cases they're indicted, in some cases they're convicted, in some cases their names just appear repeatedly on death certificates with "abortion" written on it, or illegal abortion, or you know, variations of that theme. Were you aware of any of the other abortionists around the state? Any of the Bozeman abortionists, or Butte abortionists, or Helena abortionists, or Miles City abortionists?

SP: Miles City, yeah, Miles City obviously. No, I really wasn't, except there was only one other. Let me look at your list. I'm curious.

DS: Were you aware of Dr. Williamson, in particular, in Shelby and Cut Bank?

SP: No. I've obviously led a pretty secluded life.

DS: Well, most people don't spend their time around these folks. Those are all Butte abortionists there. I don't know any past the '50s there. Can you tell my abortionist isn't on there, your abortionist isn't on there?

SP: No, and he's dead. You want to know who he is?

DS: Yes, I'd love to know who he is.

SP: Now, this was all hearsay.

DS: Of course. They always are.

SP: They always are. No, that's for a fact. Dr. Bateman was his name.

DS: From?

SP: Choteau.

DS: Bateman?

SP: Bateman, B-A-T-E-M-A-N.

DS: What do you know about him?

SP: Well, just that everybody said, oh yes, Bateman occupied the same place in the western part of the state that Sadie did in the eastern part of the state. I knew of no cases, or anything like that, but this was just...

DS: About what years?

SP: That was in the '60s. He died in the...

DS: And you said he was on the Board of Health?

SP: Board of Health, that's what always amused me. One of the interesting little side lights, the Montana Medical Association had its centennial anniversary about two years ago, three years ago, and talking to Dr. Anderson, who was the head of the Health Department at that time, I said, you know what we should do is have in the history a list of all the physicians that served on the Board of Health since 1904, when it was formed, which I thought that would be of interest in the archives. So he got them all for me, and I started to go through the list, and it suddenly dawned on me, you know, it's going to be dull as all get out. Dr. So-and-So served on the Board from here to here, and he practiced in Circle, we'll say. But you couldn't tell any anecdotes about them.

DS: That's what's interesting.

SP: So all the interesting parts you just skip, so we dropped the whole thing and never did do it.

DS: That's why you need oral history. So, did you meet Dr. Bateman?

SP: Oh, yes. He served on the Board when I was on it.

DS: What was your impression of the kind of person he was?

SP: Oh, if nobody had ever told me that he had that reputation, I'd never heard of it before, he was an elderly person, a very gentle soul, very fatherly, had a white mustache, I know.

DS: Did you ever discuss directly with, like Dr. Sadie, abortion?

SP: No, no.

DS: Did you ever hear why she did abortions, why she went into that area?

SP: No. I guess I just didn't have the courage to.

DS: Did any of the, say younger physicians who came into the community and who were not comfortable with it, just go talk to her about it?

SP: I doubt it. I don't know. Did Ed Stickney?

DS: No.

SP: He was one too, wanted to carry on the, pick up the torch where somebody else had dropped it, but he dropped it, too.

DS: Why do you think that silence was maintained? I'm totally fascinated by that.

SP: I don't know. I don't know, except one of the things is, that here's this poor motherly person being picked upon by successful doctors, you know, the underdog sort of thing. I would suspect that entered into it. But, again, one would not want to start rumors without some facts. And then Miles City being the small group that it was, I mean being a small town, while Sadie never did mill around in society to amount to anything, F. L. Anderson did.

DS: Oh, for sure.

SP: Yeah, and I'd be at the same parties with him, you know, everything like that. Socially, a very fine person, nice individual. Well, I wasn't going to attack him at a party or anything like that, and I guess this is the sort of attitude that developed.

DS: Speaking of Anderson and others, a large number of these alleged abortionists are osteopaths, chiropractors, naturopaths, all of the irregular physicians of different kinds. Do you think there's a connection there?

SP: Only my bias, my elitist bias, let's put it that way.

DS: Tell me about that.

SP: Is that they're not legitimate practitioners anyway, and, therefore, they had no code of ethics. Now whether that's true or not, I don't know. Now this was back in the days before an osteopath was an accepted physician, as he is now.

DS: So they didn't have a code of ethics, so therefore....

SP: This was, yes, therefore, QED, you know, which the QED does not necessarily follow. I guess that's all I can think of right now.

DS: Approaching that from the opposite direction, do you think there might be any validity to the argument that because so many of these irregular physicians were involved in practices such as illegal abortion, that that might account in any way for their reputation?

SP: Oh, I don't think so, because I knew, F. L. did obstetrics, too. He delivered, he had his own little hospital there and his own, can't think of the name, they didn't even call it, I guess they called it—

DS: They called it a sanitarium or something.

SP: It was right on Main Street, a big house, and he did deliveries there. He did obstetrics. Some friends of mine, personal friends, had their babies there. It just wasn't my position to say, look here, I don't think you're getting good obstetrical care. There are certain things you do and certain things you don't do. Particularly, they might think, well, he's mad because I went to him instead of to me, that sort of thing.

DS: Well, it's just interesting to me, because so many of them do seem to have some medical training, but they're these irregular medical people. Does some of our stigma about chiropractors and osteopaths not being quite okay medical people come partly because they are involved in these kind of activities, or is it the other way around?

SP: No, no, it's because of their basic training. Medicine has never accepted chiropractic as being a science. It's a cult, as far as physicians are concerned. Osteopaths used to be, but it's been fifteen years or so, pushing twenty years, that schools of osteopathy upgraded themselves. And the training that you get in the modern day school of osteopathy is exactly the same as you get in medical school, except that I think they get a couple lectures a year on the Still theory, Dr. Still's theory of osteopathic nerve pressure something like that. That's the only difference. They take internship, they have their residencies, they're licensed, and there're osteopaths in Montana that are licensed, have the full medical privileges, they take the same Boards. Of course, the State Board of Medical Examiners has an osteopath on it now.

DS: What about midwives in the early days in Miles City? Were there any around when you began practicing there?

SP: Can't think of any, not identified as midwives. Probably on the reservation, but other than that, no.

DS: You said you thought you had heard of maybe three lay practitioners who were doing abortions when you first got there.

SP: I can think of two, a husband and wife team.

DS: Husband and wife team?

SP: Yeah.

DS: And the other person was a woman, a man?

SP: No, did I say three?

DS: I thought you said three, but I may be wrong.

SP: I meant, no, I can't think of a third one. But, no, it was just a husband and wife team, and I honestly can't think of their name. They're both dead.

DS: Did you hear anything more about them, that they lived in the country, farmers?

SP: No, they lived up in the north end of town, up in Miles City on the, that part of town, across the slough. It had a name. They did all sorts of weird things. I remember that she had a tremendous thyroid on her, big goiter. Her husband treated goiter, too. Something else, he was never able to cure his wife's goiter, which I always felt was rather strange.

DS: Were they involved in a range of practicing medicine without a license?

SP: You know, massage and whatnot. I don't think he gave any pills or anything like that. He probably pulled some herbs up out of the ground and fed to the people. He eventually just, attrition took care of him, and took care of her, too. I don't know of any others that ever took their place.

DS: What did they do for a living, do you remember?

SP: No, I don't know what he did. I think he probably had a job. Being Miles City at that time, he was probably working for the railroad.

DS: But they were into a variety of practices besides abortion, that wasn't their only....?

SP: Yeah, that's right. This was just definitely a side line. Maybe they made more money off of that than anything else.

DS: How would someone find out about them in the community?

SP: Word-of-mouth. Who'd tell, I have no idea. I was there a long time before I even heard about them.

DS: You never heard in your whole practice, then really, of anyone trying to self-abort?

SP: Oh, I'm sure a lot did. Probably didn't succeed, most of them.

DS: Did you, or were you aware of, physicians routinely asking that question of a pregnant woman?

SP: You mean, have you tried to abort yourself? No. There wasn't any reason for it, unless she came in bleeding.

DS: When you first started practicing, were there still any of the folk medicines being talked about?

SP: Oh, I suppose there were, particularly in the eastern end of the state. When you get down closer toward Baker, there were German, Russian, Russian-German communities down there. I think there was probably a lot of folk medicine being practiced there. There was probably always some grandmother that was able to do certain things.

DS: So you weren't hearing of people trying Tanzee or Penny Royal, or any of that stuff?

SP: Tanzee T's, did you ever read that poem? Tanzee T's and soft bougies, and local applications, could not return what Rose most yearned, those absent menstruations. The Ballad of Chamber Street.

DS: The Ballad of Chamber Street? I would have loved it.

SP: The Ballad of Chamber Street.

DS: Oh, I've never heard that. Where did you learn that?

SP: Oh, back in my internship days.

DS: Say it again.

SP: Oh, it's a long, long poem. That's the only part I can remember. The Tanzee T's and soft bougies, and local applications, cannot return what Rose most yearns, those absent menstruations.

DS: That's wonderful.

SP: This place in Boston. All of the well-known doctors of that time, back at the turn of the century, their names are in that, and I'm sure that it was, obviously a well-known poem, but they probably hated it.

DS: Oh, sure.

SP: That's the only time I ever heard of Tanzee T's. I probably wouldn't have known otherwise.

DS: Well, those were in fairly common use, particularly here in Helena at the turn of the century. A number of these cases are involved with....

SP: Attempts were made with ergot. So that never works, as far as I'm concerned.

DS: Oh, I think of a question. People I talked to who went to either, someone who went to Dr. Sadie talked about turpentine pills at one point, and another person talked about ergot. Were you aware those were being used in the '50s and '60s?

SP: I can imagine that ergot would be. The turpentine...

DS: In what form?

SP: In tablet form, because, the only reason for that is that...Oh, this case went way, way back in the Nineteenth Century, the Eighteenth Century in Europe, when the bread, the rye bread that had ergot in, the spoiled ergots, or whatever they had, but the women that took it would abort.

DS: Why medically would you use it if you were already going to do a D & C or some kind of packing?

SP: I don't know, unless you just wanted to, might be a little the safe way of getting some pills, and if it worked, fine. If it didn't, then you might go ahead and do something else. Might not. But, I don't know. If I were going to do it, that's what I would do. I would take the safest course first. Then, of course, we used to use ergot after, women who would come in and spontaneous abort, and we would give them ergot then to contract the uterus down and stop any...

DS: In the pill form?

SP: In the pill form, yeah.

DS: What are the potential side effects of ergot? What were the risks of administering it?

SP: I don't think there were very many of them, except uteran contraction. I can't remember any.

DS: So it's quite effective?

SP: Well you know, migraine headaches, ergotamine tartrate, if you've ever heard of that, is used for migraine headaches. And it causes a constriction of the blood vessels, or relaxation of the blood vessels, rather, the cerebral vessels, but you'd never use that during pregnancy, because there's always the chance that it could produce an abortion. Another trick I never tried, never tried any of these, of interest. When ultra-sound, ultrasonic, no wait a minute, no, it was ultrasonic, no, what did they used to use, it's been so long, heat producing machines with sound waves, and it's not ultra-sound.

DS: Right, but it's for a massage and muscles.

SP: Yeah, and you'd put the plates on either side, and as the heat wave, as the sound waves went through, it produced local heat, and you'd use it for arthritis. That was reputed to be a good abortifacient, and that's, you could if you needed an abortion, that's the best way, put one electrode in front and one behind and run the sound through, and you know, there's no invasion or anything like that. I have an idea that was a concern when the machine first came out for a while, but then it kind of disappeared. Either it didn't work, or it worked so well that nobody paid any attention to it.

DS: Do you have any educated guesses...

SP: Diathermia, diathermia was the coming out.

DS: Diathermia. Any educated guesses or information on when or why abortionists switched from doing some kind of packing to doing D & Cs?

SP: Well, in the first place, you couldn't put a pack in without dilating the cervix.

DS: Right.

SP: I suppose, I really don't know but I just visualize, I can see where you would put the sterile gauze in the dilated cervix and leave it there, it would stimulate, being a foreign body, it would stimulate the contractions and maybe would produce an abortion. I would suspect that if it was used routinely for a while, then moved on to the D & C, because if it was not successful, they'd have an incomplete abortion and leave a lot of placenta, you see, then they'd hemorrhage, then

they'd have to go in and do a curatage. That would be my guess. Now whether it's an educated guess or not, I don't know, just a guess.

DS: Did you ever suspect in any of the miscarriages that came into you, that they were intentional abortions?

SP: Self-induced? Oh, I think I wondered on occasions. In fact, I suspected, I would look back on them and ask them if they had had anything done, pointing out to them the importance of it, because if they'd had any manipulation, there's the danger of infection and everything like that. I don't recall, actually.

DS: There's another question on miscarriage I wanted to ask you. It slips my mind. Well, is there anything else you would want to say about that whole time period, as a physician?

SP: I think that we pretty well covered it, one way or the other. No. My only other comment, I guess, is looking back now after thirty years or something like that, their practicing medicine compared to the way medicine's practiced now, well, it just didn't compare. Tough people, they all survived. We were using the accepted techniques. You know, there was an article in the New England Journal of Medicine, and as the press always says, the prestigious New England Journal of Medicine. It must be prestigious; otherwise the journalists don't use it. And I forgot when it was I read it, a number of years ago. Somebody wrote an article about all of the remedies and all of the things, treatments that had been touted by the Journal, the New England Journal of Medicine, twenty years before, and maybe five percent of them were still in existence. The other ninety-five percent had disappeared from the scene as being bad, ineffectual, dangerous and what-not. Which has got nothing to do with anything.

DS: How do you think most physicians in the community you were working in felt when abortion became legal? Was that something that was generally supported by the medical community, not relevant, or...?

SP: Oh, I suspect it was looked upon by the medical community with a kind of a sigh of relief. At least there's somebody now above ground that is doing it. A lot of them did abortions in their offices, either suction abortions or what they could do in their offices. Most of them didn't go into the hospital to have it done because of the cost. Nothing to do with this whatsoever, but, you can leave—

[End of Interview]