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In sickness and in health. Expert discussions on abortion indications, risks and patient-doctor relationships in post-war Poland

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Introduction

This article examines expert discussions on abortion in Poland between 1956, the year state-socialist authorities legalized abortion for “social” reasons, and 1993, when social justifications were removed from abortion legislation by the democratic parliament. In

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addition to underscoring continuities and ruptures in expert discourse relating to abortion during state socialism and the early democratic transition, this article provides a glimpse into debates about the clinical practice of pregnancy termination in the Polish context. I explore these discussions by analyzing the main—and for almost the entire period, the only—professional journal for gynecologists and obstetricians, *Ginekologia Polska*. Focusing on the meanings and values attached to expert representations of abortion between 1956 and 1993, for which the journal became a forum, this article presents various interpretations of communist abortion legislation. It demonstrates ways in which women and physicians participated in defining the instable and malleable categories of “therapeutic” and “social” justifications for abortion within the dominant framing of abortion as an inherently dangerous surgery. While this framing was relatively nuanced during the late 1950s and 1960s, from the 1970s onwards, a link between abortion and infertility was consolidated and often represented in terms of cause-and-effect. Simultaneously, opposition to abortion based on the idea of defense of the nation and the fetus, presented in scientific rather than religious terms, surfaced in expert discourse. My analysis therefore provides insights, not only into the history of Polish abortion expertise and abortion practice in general, but also post-socialist abortion history in Poland, which, unlike other countries in East Central Europe, most of which maintained the liberal abortion laws enacted during the second half of the 1950s,¹ radically restricted abortion access during its democratic transition, an issue that continues to generate heated debates and controversies.²

¹ Henry P. David and Joanna Skilogianis, eds. *From Abortion to Contraception: A Resource to Public Policies and Reproductive Behavior in Central and Eastern Europe from 1917 to the Present* (Westport; London: Greenwood Press, 1999).

²Julia Hussein, Jane Cottingham, Wanda Nowicka, and Eszter Kismodi, “Abortion in Poland: Politics, Progression and Regression,” *Reprod. Health Matter* 26 (2018): 11–4.

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The reconstruction of expertise this article proposes follows a path established by a number of recent contributions to the history of reproductive expertise in East Central Europe and the impact of this on contemporary ideas relating to sex.³ It also dialogues with historiographies that have examined the complexities and contradictions relating to abortion “on demand”, namely the embedded anti-abortion discourse that linked abortion to infertility, as well as physicians’ engagement with abortion regulations, provision, technology and innovation in the wider region of East Central Europe.⁴

Scholarship on the history of abortion in Poland has begun to trace the origins of the radical shift in abortion access during the 1990s back to the state-socialist period. Some have emphasized the decades-long conflict over abortion between communist authorities and the Polish Catholic Church, the hierarchy of which fiercely opposed the legalization of abortion on social grounds immediately after the law was passed, and, along with affiliated pressure groups, continued to protest throughout the following decades.⁵ Catholic historians have tended to emphasize how many medical

³ Natalia Jarska, “Modern Marriage and the Culture of Sexuality: Experts between the State and the Church in Poland, 1956–1970,” *Eur. Hist. Q.* 49 (2019): 467–90; Agnieszka Kościańska, “Sex on Equal Terms? Polish Sexology on Women’s Emancipation and ‘Good Sex’ from the 1970s to the Present,” *Sexualities* 19 (2016): 236–56; Kateřina, Lišková, “‘Now You See Them, Now You Don’t’. Sexual Deviants and Sexological Expertise in Communist Czechoslovakia,” *Hist. Hum. Sci.* 29 (2016): 49–74.

⁴ Amy E. Randall, “‘Abortion Will Deprive You of Happiness!’: Soviet Reproductive Politics in the Post-Stalin Era,” *J. Womens Hist.* 23 (2011): 13–38; Gail Kligman, *The Politics of Duplicity: Controlling Reproduction in Ceausescu’s Romania* (Berkeley; London: University of California Press, 1998); Mie Nakachi, “Liberation without Contraception? The Rise of Abortion Empire and Pronatalism in Socialist and Postsocialist Russia,” in *Reproductive States. Global Perspectives on the Invention and Implementation of Population Policy*, eds. Rickie Solinger and Mie Nakachi (Oxford: Oxford University Press, 2016), 290–328; Branka Bogdan, “Cold War Entanglements and Abortion Technology: Writing Yugoslavia into the Global History of Vacuum Aspiration, 1964–1974,” *Austral. J. Polit. History* 64 (2018): 407–21; Radka Dudová, “The Framing of Abortion in the Czech Republic: How the Continuity of Discourse Prevents Institutional Change,” *Czech Sociol. Rev.* 46 (2010): 945–75; Radka Dudová, “Regulation of Abortion as State-Socialist Governmentality: The Case of Czechoslovakia,” *Polit. Gend.* 8 (2012): 123–44; Kateřina, Lišková, *Sexual Liberation, Socialist Style: Communist Czechoslovakia and the Science of Desire, 1945–1989* (Cambridge: Cambridge University Press, 2018).

⁵ Jarska, “Modern Marriage” (n. 3); Katarzyna Stańczak-Wiślicz, “Od neomatriarchatu do Szpitala-Pomnika Matki Polki. Ideologie macierzyństwa w dyskursach władzy i opozycji w Polsce (1945–1989),” in *Niebezpieczne związki. Macierzyństwo, ojcostwo i polityka*, eds. Renata E. Hryciuk and Elżbieta Korolczuk (Warszawa: Wydawnictwa Uniwersytetu Warszawskiego, 2015), 45–74; Michael Zok, “Wider die angeborene und nationale Mission der Frau? Gesellschaftliche Auseinandersetzungen um

professionals rejected the 1956 law and underscored how communist authorities used it as a tool to pressurize and persecute Catholic medical professionals. Their willingness—or lack thereof—to comply with the 1956 law served as a test of their ideological adherence to the communist regime.⁶ Others have discussed the impact of the 1956 abortion law on state-socialist healthcare and argued that suppression of abortion during the early years of state socialism, as well the 1956 legalization itself, were politically instrumental: the Party-State’s control over healthcare provision was extended and women’s reproductive health became medicalized and controlled.⁷ While laying the groundwork for a historical examination of abortion expertise in Poland, most of these contributions have taken a narrow focus on the 1956 abortion law, a limitation the extended framework of this article will address. For this first systematic study of expert discourse on abortion through the entire period the procedure was available on demand in Polish public healthcare, I further problematize the 1990s shift by examining its longer history from the perspective of gynecologists, many of whom practiced abortions and participated in professional debates during the state-socialist period. This article therefore contributes to a more nuanced understanding of the discourses and cultures of abortion in state-socialist and contemporary Poland.

Abtreibungen in Polen seit der Entstalinisierung,” *Zeitschrift für Ostmitteleuropa-Forschung/J. East Central Eur. Stud.* 68 (2019): 249–78.

⁶ Katarzyna Jarkiewicz, “Primum non Nocere. Stanowisko środowiska medycznego wobec problemu aborcji a jego relacje z Kościołem w okresie Wielkiej Nowenny (1956–1966),” *Pamięć i Sprawiedliwość* 2 (2017): 398–433; Jacek Tomasz Persa and Aneta Krawczyk, “Kościół, władza, lekarze w PRL w latach 1956-1969,” in *Zawód lekarza na ziemiach polskich w XIX I XX wieku*, ed. Bożena Urbanek (Warszawa: Śląski Uniwersytet Medyczny Instytut Historii Nauki Polskiej Akademii Nauk, 2009), 421–49.

⁷ Aleksandra Czajkowska, “O dopuszczalności przerywania ciąży. Ustawa z dnia 27 kwietnia 1956 r. i towarzyszące jej dyskusje,” in *Kłopoty z seksem w PRL. Rodzenie nie całkiem po ludzku, aborcja, choroby, odmienności*, ed. Marcin Kula (Warszawa: Wydawnictwo Uniwersytetu Warszawskiego, 2012), 99–186; Barbara Klich-Kluczevska, “Making up for the Losses of War. Reproduction Politics in Post-War Poland,” in *Women and Men at War. A Gender Perspective on World War II and Its Aftermath in Central and Eastern Europe*, eds. Maren Röger and Ruth Leserowitz (Osnabrück: Fibre Verlag, 2012), 307–28; Barbara Klich-Kluczevska, “Przypadek Marii spod Bochni. Próba analizy mikrohistorycznej procesu o aborcję z 1949 roku,” *Rocznik Antropologii Historii* 1 (2012): 195–209; Sylwia Kuźma-Markowska, “Walka z ‘babkami’ o zdrowie kobiet: Medykalizacja przerywania ciąży w Polsce w latach pięćdziesiątych i sześćdziesiątych XX wieku,” *Polska 1944/45–1989 Studia i Materiały* 15 (2017): 189–215.

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In what follows, I first discuss the sources used to reconstruct expert discourse on abortion in Poland. I then examine shifts in the legal framework regulating abortion in Poland between 1956 and 1993, and link these to changes in state-socialist population policy and Party-State relations with the Catholic Church. This discussion provides context for the following two sections. The first explores the various and changing definitions of abortion indications in gynecological discourse in Poland between the late 1920s and early 1990s, and how these definitions mirrored and prompted shifts in the patient-doctor relationship. The second looks at the changing associations established between “abortion” and “health” within expert discourse.

Sources and methodology

The main source for this analysis is the journal *Ginekologia Polska*, a space where representations of expertise, research and practice intersected. The journal was established in 1922 and, apart from a 9-year interruption (1939–1947) during and immediately after World War II, has continued publication to the present day, with 12 issues a year since 1965. As well as research articles, descriptions of medical cases, reports, clinical and experimental studies, and reviews, since 1970 the editors have invited commentaries relating to themes they deemed crucial to Polish gynecology and obstetrics. Summaries of foreign medical literature also appeared, including articles published in the Soviet *Akusherstvo i Ginekologiya*, as well as Western journals, such as *Journal of Obstetrics and Gynaecology of the British Empire* and *American Journal of Obstetrics and Gynecology*. Opinion pieces have been uncommon; the discussion around the idea of legislating a total abortion ban in 1989 and 1990 was a rare circumstance in which the editors published exchanges of opinion, although with explicit reluctance.

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Established by the Gynaecological Societies of Cracow, L'viv and Poznań, and later run by the Polish Gynaecological Society,⁸ *Ginekologia Polska* was the most important print platform for Polish gynecology as a medical specialty throughout the twentieth century, and a fundamental resource for the reinforcement of Polish gynecologists' professional identities.⁹ As the journal's chief editors have been renowned Professors of gynecology and obstetrics, including Ireneusz Roszkowski (1962–1982), Tadeusz Pisarski (1982–1989) and Zbigniew Słomko (1989–1998), the journal's contents have been defined by key Polish academic centers for research and teaching in gynecology and obstetrics. These centers have been responsible for roughly three quarters of all publications in *Ginekologia Polska*, a proportion which remained relatively stable between the late 1950s and late 1970s.¹⁰

The journal thus exhibited not only peer-validated expertise, but also representations of elite practice developed in the main academic centers, which, with early access to new technologies and international knowledge, were establishing standards and aspirations for the rest of the country. While archival material and medical textbooks could also provide valuable insights to normative debates on abortion amongst Polish experts and providers, systematic historiographic analysis of a public and periodic source such as *Ginekologia Polska* enables me to systematically trace, both quantitatively and qualitatively, long-term shifts in expert debates on abortion, and particularly in (expected) providers' self-positioning with regards to abortion practice.

My compiling process was based on a manual review of issues published between 1922 (when the journal was established) and 1993 (when abortion for “social” reasons

⁸ Edmund Waszyński, *Historia położnictwa i ginekologii w Polsce* (Wrocław: Volumed, 2000), esp. 448–450.

⁹ Zbigniew Słomko, “Od redakcji,” *Ginekologia Polska* 61 (1990): 1–2.

¹⁰ Zbigniew Łapiński, “Wkład „Ginekologii Polskiej” w rozwój polskiej wiedzy położniczej i ginekologicznej - z okazji ukazania się 50 rocznika czasopisma,” *Ginekologia Polska* 50 (1979): 1–22.

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became illegal in Poland). With the assistance of Endnote software, I registered 1214 articles on topics linked to reproductive health and gynaecological practice in Poland, 1140 of which were published between 1956 and 1993. Abortion (understood as artificial termination of pregnancy) was discussed or mentioned in 171 articles between 1922 and 1993; the 127 published in the period between 1956 and 1993—when abortion was legal for “social” reasons—constitute the basic corpus for my analysis. The following discussion focuses on three interconnected themes I identified in this material as fundamental and defining for the abortion debate in expert circles in post-war Poland: the procedure’s indications, its (dis)connection to health, and the patient-doctor relationship. Meanings contained in these categories were in some cases stable, and in others shifted—radically at times—during the period under discussion. Simultaneous analysis of these themes has enabled me to explicate the history of abortion expertise in state-socialist Poland.

My analysis is contextualized and historicized through a number of additional sources, including publications in other medical journals, such as *Wiadomości Lekarskie*, *Zdrowie Publiczne* and *Polski Tygodnik Lekarski*; popular medical literature on family planning published by the state publisher *Państwowy Zakład Wydawnictw Lekarskich*; articles on abortion and contraception published in women’s magazines, such as *Przyjaciółka* and *Kobieta i Życie*; and archival material produced by the state-sponsored family planning organization, Society for Conscious Motherhood [*Towarzystwo Świadomego Macierzyństwa*, established in 1957, in 1970 renamed *Towarzystwo Planowania Rodziny* and in 1979, *Towarzystwo Rozwoju Rodziny*].

Regulating and providing abortion

This section traces the legal regulation of abortion in Poland during the second-half of the twentieth century in relation to shifts in state-socialist population policy and the changing relationship between the Party-State and Catholic Church, an important social and political agent in a country where over 93% of the population was Catholic in the early 1970s, rising to almost 96% by 1987.¹¹ I also discuss registered abortion figures during this period, thereby contextualizing my subsequent analysis of debates about abortion amongst (potential) providers.

Abortion for medical and criminal reasons was first legalized in Poland in 1932.¹² In 1956, in response to regional trends and local demand, state-socialist authorities added another indication: “difficult life circumstances”.¹³ Neither the 1956 law, nor its first Executive Order published by the Ministry of Health in May of that year, provided advice on how to interpret “difficult life circumstances”. Initially, a doctor approached by a woman seeking abortion referral who remained unconvinced by her description of economic and social adversity was obliged to investigate her claims, but the second Executive Order to the law in 1959, removed this obligation.¹⁴ Thereafter, the doctor referring a woman for abortion merely “took note of her declaration in the medical history and obtained her signature”.¹⁵ Historian Aleksandra Czajkowska has argued that

¹¹ Lucjan Adamczuk and Witold A. Zdaniewicz, *Kościół Katolicki w Polsce, 1918–1990: Rocznik Statystyczny* (Warszawa: Główny Urząd Statystyczny, 1991), 50–52.

¹² Ewelina Ciaputa, “Abortion and the Catholic Church in Poland,” in *Abortion Across Borders. Transnational Travel to Access Abortion Services*, eds. Christabelle Sethna and Gayle Davis (Baltimore: Johns Hopkins University Press, 2019), 278–309.

¹³ Sylwia Kuźma-Markowska, “Marx or Malthus? Population Debates and the Reproductive Politics of State-Socialist Poland in the 1950s and 1960s,” *Hist. Fam.* (2019): 1–23, esp. 6.

¹⁴ Kuźma-Markowska, “Walka z ‘babkami’” (n. 7).

¹⁵ Ministerstwo Zdrowia (1960) “Rozporządzenie Ministra Zdrowia z dnia 19 grudnia 1959 w sprawie przerywania ciąży,” *Dziennik Ustaw* 2 (1960): 32–4.

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the simplification of this procedure was a response to demands the burden be lifted from an overloaded gynecological sector.¹⁶

Further, and perhaps more importantly, the legalization of abortion and liberalization of access in the second half of the 1950s, together with the launching of an extensive public health campaign to popularize family planning, were essential components of the Party-State policy which historian Sylwia Kuźma-Markowska interpreted as moderate anti-natalism.¹⁷ This policy remained in place throughout the 1960s.¹⁸ In the 1970s, under the new First Secretary of the Polish United Worker's Party, Edward Gierek, in office between 1970 and 1980, the population policy began to shift towards incentivizing rather than limiting births.¹⁹ This shift was applauded by the Catholic hierarchy,²⁰ which, from the late 1960s onward, had intensified the popularization of its own population policy: pronatalism based on an unconditional rejection of abortion and "artificial" contraception. Promotion of these ideas intensified through, for instance, the mainstreaming of institutionalized Catholic marriage preparation courses informed by

¹⁶ Czajkowska, "O dopuszczalności przerywania ciąży" (n. 7), 176.

¹⁷ Czajkowska, "O dopuszczalności przerywania ciąży" (n. 7), 177; Agata Ignaciuk, "No Man's Land? Gendering Contraception in Family Planning Advice Literature in State-Socialist Poland (1950s–1980s)," *Soc. Hist. Med.* (2019). <https://doi.org/https://doi.org/10.1093/shm/hkz007>; Sylwia Kuźma-Markowska and Agata Ignaciuk. "Family Planning Advice in State-Socialist Poland, 1950s–1980s: Local and Transnational Exchanges," *Med. Hist.* 64, no. 2 (2020): 240–66; Jarska "Modern Marriage" (n. 3).

¹⁸ Kuźma-Markowska, "Marx or Malthus?" (n. 13)

¹⁹ Barbara Klich-Kluczevska, "Biopolitics and (Non-) Modernity. Population Micro-Policy, Expert Knowledge and Family in Late-Communist Poland," *Acta Poloniae Historica*, no. 115 (2017): 151–74, esp. 168.

²⁰ Konferencja Plenarna Episkopatu Polski, "Memoriał Episkopatu Polski do Rządu w sprawie zagrożeń biologicznych i moralnych narodu polskiego, 18 June 1970"; Episkopat Polski, "Memoriał Konferencji Plenarnej Episkopatu Polski skierowany do Premiera P. Jaroszewicza w sprawie zagrożeń biologicznych i moralnych narodu polskiego, 21 January 1977"; Episkopat Polski, "Memoriał Konferencji Episkopatu Polski skierowany do Premiera P. Jaroszewicza o problemach rodziny polskiej, 8 February 1978".

All published in Peter Raina, *Kościół w PRL. Dokumenty 1960–1974* (Poznań: W Drodze, 1995), 545–54; 43–52; 75–88.

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the Encyclical *Humanae Vitae*, which itself reiterated the ban on non “natural” family planning methods for the Catholic community.²¹

From the mid-1970s onward, arguments against liberal abortion access and in favor of “natural family planning” appeared in a number of popular magazines, both Catholic and secular.²² Some, such as the popular women’s magazine *Przyjaciółka*, devoted increasing space to natural family planning presented by Catholic doctors who, without revealing their religious identities, seeped Catholic anti-contraception and anti-abortion doctrine into the mainstream media.²³ Historian and literary scholar, Katarzyna Stańczak-Wiślicz, has attributed this intensification to attempts by the Catholic Church to change the language of the abortion debate in Poland, framing the practice as a threat to the nation and the State.²⁴

Despite the alignment of demographic goals between the Party-State and Catholic Church in the 1970s, the legal regulation of abortion remained unchanged until the beginning of the next decade. The Catholic Church’s influence on social and political life in Poland had been enhanced by the 1978 election of Karol Wojtyła as Pope John Paul II, who was extremely vocal in his condemnation of abortion and artificial contraception. The emergence and institutionalization of the Solidarity movement in 1980, some leaders of which had strong links to the Church and fervently promoted a

²¹ Agata Ignaciuk, “‘Marital Intercourse is Togetherness and Parenthood’: The Biopolitics of Catholic Preparation for Marriage in Poland in the 1970s” [manuscript in preparation]; Agnieszka Kościańska, “*Humanae Vitae*, Birth Control and the Forgotten History of the Catholic Church in Poland,” in *The Schism of ’68: Catholicism, Contraception and Humanae Vitae in Europe, 1945–1975*, ed. Alana Harris (Cham: Springer International Publishing, 2018), 187–208.

²² “Czy miałam prawo,” *ITD* 11 (1972): 6; “Czy miałam prawo,” *ITD* 7 (1973): 8–9; Włodzimierz Fijałkowski, “Skutki przerwania ciąży,” *Tygodnik Powszechny*, July 13, 1975: 1, 7; Wanda Póltawska, “Dzwon bez echa,” *Tygodnik Powszechny*, September 15, 1975; Wanda Póltawska, “Wpływ przerwania ciąży na psychikę kobiety,” *Tygodnik Powszechny*, July 13, 1975.

²³ Włodzimierz Fijałkowski, “Jak stosować metodę Billingsa,” *Przyjaciółka*, October 10, 1975: 14; Anna Śpich, “Kto nas nauczy metody Billingsa,” *Przyjaciółka*, September 5, 1976: 7; Maria Jasińska, “Poważny temat,” *Przyjaciółka*, January 2, 1977: 14.

²⁴ Stańczak-Wiślicz, “Od neomatriarchatu do Szpitala” (n. 5), esp. 65.

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change in abortion legislation, further boosted the public prominence of anti-abortion discourse in Poland.

In November 1981, weeks before the introduction of the Martial Law that remained in place until 1983, the Ministry of Health together with the Ministries of Communication, Defense and the Interior—a collaboration that signified and staged the importance of the issue—released a new Instruction on application of the 1956 law. A doctor should now request a thorough explanation of why a woman was seeking a termination, while also informing her about the associated health risks, especially for a first pregnancy, and “attempt to convince the woman not to terminate.”²⁵ This Instruction re-inclined the power balance from women to doctors, who were once again, as in 1956, entitled and explicitly instructed to enquire into patients’ motivations, as well as encouraged to undermine a woman’s decision to terminate. Legal scholar Małgorzata Fuszara has argued that it is unclear whether this was a response to opponents of the procedure, including the Catholic lobby, or an attempt to deflect threats to the 1956 abortion law, which itself remained unchanged.²⁶ I would suggest that it fulfilled both aims, as, while apparently tightening control over abortion provision in public healthcare, it kept control of the procedure between a woman and her doctor.

The 1981 Instruction, however, preceded further and deeper restrictions to abortion access during the democratic transition. The fourth Executive Order to the 1956 law (1990) re-defined the protocol for terminations in public healthcare, promoting

²⁵ Ministerstwo Zdrowia i Opieki Społecznej, Komunikacji, Obrony Narodowej oraz Spraw Wewnętrznych, “Instrukcja z dnia 21 września 1981 w sprawie niektórych wymagań związanych z przerywaniem ciąży w zakładach społecznej służby zdrowia,” *Dziennik Urzędowy Ministerstwa Zdrowia i Opieki Społecznej* 11 (1981): 50.

²⁶ Małgorzata Fuszara, “Legal Regulation of Abortion in Poland,” *Signs* 17 (1991): 117–28, esp. 123.

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counselling against abortion from a recommendation to a legal obligation.²⁷ Furthermore, women were required to receive a second medical opinion and a psychological evaluation before proceeding. This trajectory of protocolized obstacles to abortion access in public healthcare was therefore implemented years before the ban on socio-economic abortion materialized in 1993. “Abortion on demand”, however, remained accessible in private surgeries and medical cooperatives, which, at least from the 1980s onwards, were already the first-choice abortion providers for many Polish women.

The 1993 abortion law, which restricted legal terminations to public healthcare,²⁸ pushed private abortions underground and further accelerated what anthropologist Agata Chelstowska has argued was the simultaneous process of commercialization and stigmatization of abortion services.²⁹

²⁷ Ministerstwo Zdrowia i Opieki Społecznej, “Rozporządzenie Ministra Zdrowia i Opieki Społecznej z dnia 30 kwietnia 1990 w sprawie kwalifikacji zawodowych, jakie powinni posiadać lekarze dokonujący zabiegu przerwania ciąży oraz trybu wydawania orzeczeń lekarskich o dopuszczalności dokonania takiego zabiegu,” *Dziennik Ustaw* 29 (1990): 382–4.

²⁸ Eleonora Zielińska, “Between Ideology, Politics and Common Sense: The Discourse of Reproductive Rights in Poland,” in *Reproducing Gender: Politics, Publics, and Everyday Life after Socialism*, eds. Susan Gal and Gail Kligman (Princeton: Princeton University Press, 2000), 23–57, esp. 44.

²⁹ Agata Chelstowska, “Stigmatisation and Commercialisation of Abortion Services in Poland: Turning Sin into Gold,” *Reprod Health Matters* 19 (2011): 98–106.

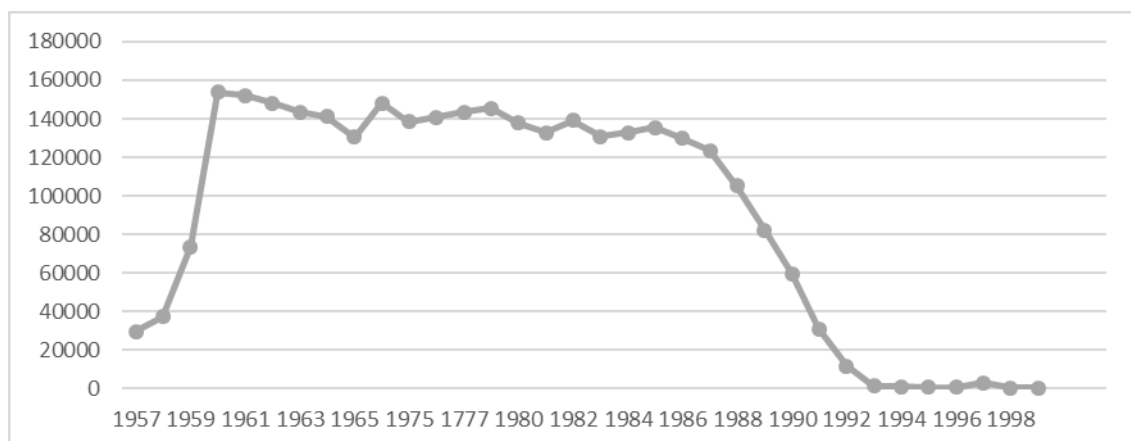


Figure 1. Registered abortions in Polish public hospitals, 1957–1999.³⁰

Official registers (figure 1) show that the number of abortions performed in public hospitals remained around 150,000 per year until the aforementioned decrease during the 1980s. This suggests the process of commercialization had actually started in the 1980s, and may have been linked to the increasing barriers within the public sector encouraging women to seek private providers. In fact, during the 1980s, demographers assessed the total number of terminations as much higher than the official figures, and amounting to between 300,000 and half a million per year, with most private terminations unreported.³¹ What is beyond doubt, however, is that the 1993 ban caused a dramatic increase in the cost of commercial abortions, therefore exacerbating economic and mobility-based inequalities in abortion access.³²

Shaping and interpreting abortion indications

In this section I analyse debates about abortion indications in state-socialist and early democratic Poland. I argue that the idea that women could and were entitled to define

³⁰ Czajkowska, “O dopuszczalności przerywania ciąży”; Rada Ministrów, “Sprawozdanie Rady Ministrów z realizacji w roku 1999 Ustawy z dnia 7 stycznia 1993 roku o planowaniu rodziny, ochronie płodu ludzkiego i warunkach dopuszczalności przerywania ciąży,” [http://orka.sejm.gov.pl/RejestrD.nsf/wgdruk/2136/\\$file/2136.pdf](http://orka.sejm.gov.pl/RejestrD.nsf/wgdruk/2136/$file/2136.pdf)

³¹ Marek Okólski, “Abortion and Contraception in Poland,” *Stud. Fam. Plann.* 14 (1983): 263-74.

³² Anka Grzywacz, Bożena Jawień, Krystyna Kacpura, Karolina Więckiewicz, and Martyna Zimmiewska, *20 lat tzw. Ustawy Antyaborcyjnej w Polsce* (Warszawa: Federacja na Rzecz Kobiet i Planowania Rodziny, 2013).

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their own “social” abortion indications persisted in expert debates during this period, leading to a gradual eradication of the conceptualization of therapeutic abortion motivated by the preservation of women’s health and wellbeing. There were two motives driving this eradication: firstly, classifying an abortion as “social” rather than “therapeutic” was easier for providers; secondly, this conformed with the dominant framing of abortion as a potential threat to health, which I discuss in the next section. However, from the 1970s onward, “therapeutic” abortion re-emerged when foetal abnormalities were detected or suspected. Finally, from the mid-1980s onward, the patient-doctor relationship in relation to indications started to be represented in terms of conflict and nationalistic, anti-abortion arguments surfaced in expert discourse.

Figure 2 shows the number and distribution of articles on abortion published between 1927 (when this topic was first discussed) and 1993. It also shows the proportion of articles in which abortion indications were the principal focus (44 articles). Many implicitly reflected upon abortion indications, including a number of case reports on the practice of terminations at a particular clinic. As can be seen, the periods in which theoretical debates around indications intensified rarely coincide with changes in abortion law.

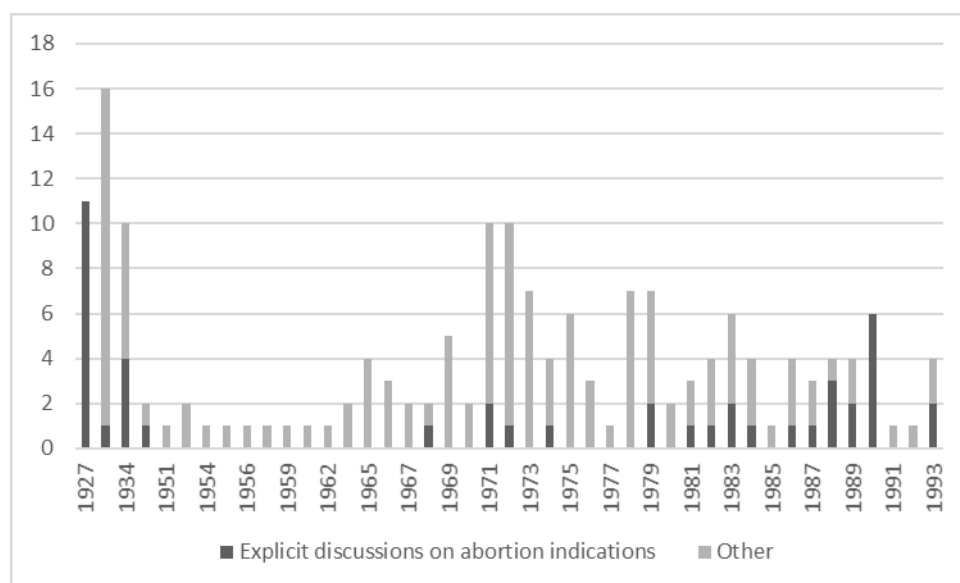


Figure 2. Abortion indications vs. other themes in *Ginekologia Polska*, 1927–1993. Author’s own elaboration.

This disconnection can be explained by the value that gynecological expertise has been afforded in legislative debates. A concentration of these articles in the late 1920s reflects the leading role the specialty was assigned in discussions relating to abortion during elaboration of the post-World-War I Penal Code. From 1932 onwards, this Code set the penalty for abortion self-induced or induced by others at 3 years of imprisonment, but, as mentioned, decriminalized terminations performed by doctors for medical reasons (to preserve health of the pregnant woman – Art. 233) or when the pregnancy itself was a consequence of sexual abuse, rape, incest or sexual relations with a minor under 15 (Arts. 203-206).³³

The debate that took place on the journal pages in 1927, reflecting a scientific meeting organized in March 1927 by the Warsaw Gynaecological Society, was specifically about delimiting what, if any, medical indications existed. As prominent gynecologist and at that time President of the Society, Professor Adam Czyżewicz underlined in the

³³ Ewelina Ciaputa, “Abortion and the Catholic Church” (n. 12).

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introduction to the special issue, “unblemished doctors” would find support within the pages for their aspiration to “remain clean in the swamp that surrounds them”.³⁴ Through eleven articles, the entire issue, doctors from various specialties, including obstetrics, psychiatry, neurology and ophthalmology, presented their opinions on indications. Zofia Garlicka—the only female physician to feature here—explicitly blurred the boundaries between “social”, “medical” and “criminal” indications, and claimed that rape was the only indication that justified a medically-approved termination. She did propose two social indications: pregnancy out of wedlock, and when a working woman was the sole breadwinner. Garlicka also insisted that under no circumstances should women be penalized for having a termination.³⁵

The lack of a similar discussion around the legalization of abortion in *Ginekologia Polska* during 1956, or relating to the second Executive Order of 1959, indicate a possible disconnect between the medicalization of abortion as a public health venture and the position of gynaecological elites, which viewed the pre-war legislation, restored after the war, as sufficient, or even exhibited a clear anti-abortion position. When this happened, however, it took place outside the professional journal. One example is an exchange in the journal *Śłużba Zdrowia*, which covered themes relating to medical workplaces and healthcare provision. As Sylwia Kuźma-Markowska has shown, this exchange was initiated by an “Open Letter to our Colleagues, Gynaecologists” published in autumn 1957, in which doctors from various specialties called on gynecologists to respect the new law for the good of their patients. Proclaiming

³⁴ Adam Czyżewicz and Henryk Zborowski, “Słowo wstępne,” *Ginekologia Polska* 6 (1927): 1003–4.

³⁵ Zofija Garlicka “Wskazania społeczne przerwania ciąży,” *Ginekologia Polska* 6 (1927): 1161–77.

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themselves as representatives of the profession, a group of Warsaw-based Catholic gynecologists responded by claiming that abortion inflicted irreparable harm to health.³⁶

This framing of abortion, which became more commonplace on the pages of *Ginekologia Polska* in the 1970s, was largely absent during the 1950s and 1960s, as I will discuss in the next section. Similarly absent were discussions about abortion indications during the years immediately following enactment of the 1956 law, perhaps due to the removal of medical authority to set these indications.

On the pages of *Ginekologia Polska*, the fact that women “defined” the indications for abortion—without validation by doctors—was often linked to the progressive disappearance of those indications labelled as “medical” or “therapeutic” and therefore authorized by gynaecological expertise. This process was a reversal of that taking place in contexts with punitive or partially decriminalized abortion legislation. In Britain, the 1967 Abortion Act had installed doctor’s authority over whether “continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family”, and the idea of undesired pregnancy as a disruptor of women’s health solidified amongst practitioners over the decades the Act was in place.³⁷ Similarly, in Spain between 1985 and 2010, partial decriminalization of abortion led to legal terminations to safeguard women’s health; private clinics used a broad interpretation of “health” to provide abortion services in the first trimester.³⁸

³⁶ Kuźma-Markowska, “Walka z ‘babkami’” (n. 7), esp. 206–207.

³⁷ Sally Sheldon, Gayle Davis, Jane O’Neill, and Clare Parker, “The Abortion Act (1967): A Biography,” *Leg Stud* 39 (2019): 18–35.

³⁸ Agata Ignaciuk, “Abortion Travel and the Cost of Reproductive Choice in Spain (1967–1985),” in *Abortion across Borders: Transnational Travel and Access to Abortion Services*, eds., Christabelle Sethna and Gayle Davis (Baltimore: Johns Hopkins University Press, 2019), 231–51.

Therefore, in these contexts, the meanings of “therapy” stretched to embrace a variety of bodily, social and personal circumstances, often discursively validated through the World Health Organization (WHO) definition of health as not only an absence of disease but a state of holistic wellbeing.³⁹ Historians have shown similar trends in “therapeutizing” oral contraception in countries where birth control has been prohibited, such as Spain (1942–1978) and Ireland (before 1979). In such circumstances, the oral contraceptive pill has often been officially prescribed as a “menstrual regulator” rather than contraception, and any prophylactic properties represented as side effects of the “therapy”. This “therapeutization”, however, has been shaped by the prescriber’s ideologies and the patient-doctor relationship, which often included payment in exchange for services, as in private gynecological surgeries in Spain that co-existed with the public healthcare system.⁴⁰

From the late 1950s through to the mid-1970s, however, Polish gynecologists noted that the use of “therapeutic” indications decreased as the term “social” came to be understood by both women and professionals to mean “on demand”. A number of gynecologists recognized their own role in driving this change, emphasizing the time-saving advantages of classifying abortion as “social” and therefore dependent on a woman’s statement alone, as opposed to “therapeutic” and requiring a more comprehensive justification. In 1968, Zbigniew Sternadel, together with Witold Wendolowski and Zdzisław Jabłoński, published a report on ten years of abortion practice in the First Clinic of Obstetrics and Women’s Diseases of Warsaw Medical

³⁹ World Health Organisation, “The Constitution of the World Health Organisation (1946),” in *World Health Organisation – Basic Documents* (Geneva: WHO, 2014), esp. 1.

⁴⁰ Agata Ignaciuk, Teresa Ortiz-Gómez, and Esteban Rodríguez Ocaña, “Doctors, Women and Circulation of Knowledge on Oral Contraceptives in Spain: 1940s–1970s,” in *Gendered Drugs and Medicine. Historical and Sociocultural Perspectives*, eds. Teresa Ortiz-Gómez and María Jesús Santemas (Farnham: Ashgate, 2014), 133–52.

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School, the first and most important teaching clinic for gynecology and obstetrics in the country, established in 1920:

As the years passed after pregnancy termination had been legalized, our clinic as well as others noted a systematic decline in [reported] medically indicated abortions. It would be a mistake to attribute this to an actual decline in the incidence of such indications. Their downward trend—or a trend to disappear—is in fact caused by the fact that it is much easier to certify social indications than medical ones.⁴¹

Six years later, in a follow-up report with Anna Pęksa and Andrzej Łysikiewicz, Sternadel estimated that reported medical indications accounted for 0.5% of all abortions, and again insisted this figure was artificially lowered due to the simplicity of classifying the procedure as “social”.⁴²

Other contemporary commentators on the pages of *Ginekologia Polska*, however, viewed the low proportion of abortions classified as “therapeutic” as a reflection of social and medical reality. A 1972 report by Kazimierz Waszyński on abortion practice in Warsaw between 1957 and 1968—roughly the same period as that covered in the 1968 report by Sternadel, Wendolowski and Jabłoński—claimed that once the 1959 Executive Order had removed the need for certificates attesting to a “difficult living situation” and given women “complete freedom in terminating an undesired

⁴¹ Zbigniew Sternadel, Witold Wendolowski, and Zdzisław Jabłoński, “Niektóre aspekty przerwania ciąży wykonywanych w warunkach klinicznych,” *Ginekologia Polska* 39 (1968): 1126–30, quotation on 1126.

⁴² Zbigniew Sternadel, Anna Pęksa, and Andrzej Łysikiewicz, “Przerwanie ciąży w warunkach klinicznych (studium z lat 1968–1973),” *Ginekologia Polska* 45 (1974): 871–75.

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pregnancy”, “therapeutic” indications became limited to “real” ones: the author did not specify what these “real” ones were.⁴³

During the 1970s, the professional forum for Polish gynecologists became a space for the definition and construction of a new indication: fetal malformation. This had not been considered for the 1956 law, as the technologies that increased detection and proliferated in the West from the 1950s onwards,⁴⁴ only began to circulate in Poland from the mid-1960s. This coincided with production of the first Polish ultrasound devices to be used in gynecology and obstetrics,⁴⁵ followed by a boom in articles dedicated to the subject in *Ginekologia Polska* from 1970 onward. Between 1970 and 1993, the journal published almost a hundred articles covering various applications for ultrasound in Polish gynaecological clinics. As in the West, the irruption and spread of technologies for fetal viewing, diagnosis and monitoring had a profound impact on gynecological practice, becoming an essential element and strengthening practitioners’ authority. At the same time, as feminist scholars have argued, the proliferation of these technologies transformed the experience of childbirth and pregnancy itself, subjecting it to new forms of scrutiny and self-scrutiny.⁴⁶

Prenatal diagnosis became a prominent topic on the pages of *Ginekologia Polska* from the 1970s onwards, having first been broadly discussed in a 1971 editorial by W. L. Whitehouse from the London hospitals of Westminster and Queen Mary’s. The editorial’s title was translated into Polish as “Preventing damage in fetuses and new-

⁴³ Kazimierz Waszyński, “Analiza wykonania ustawy z 1956 roku o dopuszczalności przerywania ciąży w Warszawie w latach 1957–1968,” *Ginekologia Polska* 43 (1972): 371–76, quotation on 373.

⁴⁴ Ilana Löwy, *Imperfect Pregnancies: A History of Birth Defects and Prenatal Diagnosis* (Baltimore: Johns Hopkins University Press, 2017).

⁴⁵ Jerzy Groniowski, Ireneusz Roszkowski, and Grażyna Łypacewicz, “Ultrasonografia w diagnostyce ginekologicznej,” *Ginekologia Polska* 39 (1968): 427–34.

⁴⁶ Barbara Duden, *Disembodying Women: Perspectives on Pregnancy and the Unborn* (Cambridge: Harvard University Press, 1993); Lynn M. Morgan and Meredith W. Michaels, eds. *Fetal Subjects, Feminist Positions* (Philadelphia: University of Pennsylvania Press, 1999).

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borns”,⁴⁷ indicative of the discursive framing of prenatal diagnosis and its links to “therapeutic” abortion in the decades to follow. Prenatal diagnosis was represented as preventive, protecting healthy fetuses from unnecessary abortions, a framing similar to that which sociologist Radka Dudová detected in contemporaneous Czechoslovakian expert debates on abortion.⁴⁸

However, as techniques for the diagnosis of fetal defects—chiefly amniocentesis and ultrasound—were only employed at around 20 weeks of pregnancy, the prognosis of such defects did not automatically lead to abortion. Although not legally stipulated until 1990, abortion in the public healthcare system was generally limited to the first trimester. According to two reports on medical malpractice published in *Ginekologia Polska* in 1984, later on-demand terminations were available in private practice but were far riskier procedures often performed in ill-equipped surgeries; the majority of abortion-related fatalities analyzed in these two articles resulted from private, beyond first trimester terminations.⁴⁹

A diagnosis of fetal malformation in later in pregnancy, which experts represented as both a “therapeutic” and “social” indication, could entitle the pregnant woman to an elective termination in a public hospital. The dual possibility of this indication was discussed in a 1974 article, “Preventing genetic diseases through prenatal diagnostics”, by Henryk Hubner and Helena Szlojdo from the Military Medical School in Łódź:

A question arises whether detecting a serious genetic disease of the fetus is a medical, or a social indication for abortion. If the decision of termination is

⁴⁷ W. L. Whitehouse, “[Artykuł redakcyjny] Zapobieganie uszkodzeniom płodów i noworodków,” *Ginekologia Polska* 42 (1971): 1197–205.

⁴⁸ Dudová, “Regulation of Abortion” (n. 4).

⁴⁹ Tadeusz Heimrath, “Wykroczenia zawodowe pracowników służby zdrowia w położnictwie i ginekologii,” *Ginekologia Polska* 55 (1984): 365–70; Zdzisław Marek, “[Artykuł redakcyjny] Błąd medyczny w położnictwie,” *Ginekologia Polska* 55 (1984): 545–52.

made because serious chromosomal anomalies or biochemical alterations in the fetus have been detected, this speaks in favor of medical indications. Our legislation, however, does not contemplate termination because of the condition of the fetus. Classifying it as such could stand in conflict with the law. We can also see it conflicting with the basic duty of a doctor—that of protecting human life. But, from a society’s point of view, it does make a difference whether the new-born will be a fully-able (*pełnowartościowy*) citizen or will require hospital or nursing home care for the rest of their life. It could be postulated, then, that a genetic disease detected in a fetus is a social indication for abortion.⁵⁰

Tinted with neo-eugenic ideas contrasting “fully-able” and “valid” citizens with those who would be a burden to society, the intensification of which during the 1970s and 1980s in state-socialist Hungary and Czechoslovakia has been documented by Eszter Varsa and Vera Sokolová respectively, this discourse persisted in the 1980s, with prenatal diagnosis viewed as a measure to prevent both unnecessary births and unnecessary abortions.⁵¹

In a 1981 article on the possibilities and methods of prenatal diagnosis, Przemysław Czernski and Ewa Manikowska-Czerska, based at one of the pioneering Polish centers of prenatal diagnostics, the Area of Genetics at the Mother and Child Institute in Warsaw, explained that: “it enables the parents to give birth [sic!] to a healthy child”.⁵² The

⁵⁰ Henryk Hubner, and Helena Szlojdo, “Zapobieganie chorobom genetycznym na drodze diagnostyki prenatalnej,” *Ginekologia Polska* 45 (1974): 1313–23, quotation on 1320.

⁵¹ Vera Sokolová, “Planned Parenthood Behind the Curtain: Population Policy and Sterilization of Romani Women in Communist Czechoslovakia, 1972–1989,” *Anthrop. East Europe Rev.* 23 (2005): 79–98; Eszter Varsa, “The Gypsy Population Is Constantly Growing. Roma and the Politics of Reproduction in Cold War Hungary,” in *From the Midwife’s Bag to the Patient’s File. Public Health in Eastern Europe*, eds. Heike Karge, Friederike Kind-Kovács and Sara Bernasconi (Budapest: CEU Press, 2017), 263–91.

⁵² Przemysław Czernski and Ewa Manikowska-Czerska, “Prenatalna diagnostyka chorób genetycznych. Znaczenie, możliwości i metody,” *Ginekologia Polska* 52 (1981): 1055–62, quotation on 1056.

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authors framed the possibility of termination at around twenty weeks if malformation was diagnosed as preventing abortion of a potentially healthy fetus; one that parents may have demanded earlier in pregnancy because of fears produced by a previous child with Down syndrome or a neural tube defect.⁵³ In this realm, many experts emphasized the agency of women and (prospective) parents in deciding whether to carry to term what historian Ilana Löwy has termed an “imperfect pregnancy”.⁵⁴ By the late 1980s, “genetic indications” had been accepted by most Polish gynecologists despite a lack of explicit legal support. In a 1988 article on the ethical aspects of abortion, the first to be published in *Ginekologia Polska*, Zbigniew Szawarski claimed “genetic” and “social” were the only indications that existed in Poland at that time: therapeutic indications relating to women’s health had disappeared.⁵⁵

While for some gynecologists, “social” and “therapeutic” indications had merged, the questioning of both became explicit in the pages of *Ginekologia Polska* during the last decades of Polish state socialism. This was fueled by a number of factors, including increasing censorship of “immoral and obscene publications,” and the aforementioned intensifying diffusion of anti-abortion arguments based on fetal personhood into public discourse.⁵⁶ In *Ginekologia Polska*, the appearance of “natural” Catholic family

⁵³ Ibid.; Bogdan Chazan, Włodzimierz Sawicki, Stefan Myszyński, and Krzysztof Tomasz Niemiec, “[Prace kliniczne] Ocena skuteczności i bezpieczeństwa metod uzyskiwania kosmków trofoblastu w pierwszym trymestrze ciąży,” *Ginekologia Polska* 59 (1988): 521–27, esp. 521.

⁵⁴ Mirosław Piotr, Czarkowski, Anna Firkowska-Mankiewicz, Tadeusz Mazurczak, Krystyna Mikiel-Kostyra, and Ana Titkow, “Postawy pacjentek wobec diagnostyki prenatalnej na przykładzie rodzin obciążonych dzieckiem z zespołem Downa,” *Ginekologia Polska* 55 (1984): 569–75; Małgorzata Krajewska-Walasek, Lucjan Wisniewski, Krystyna Chrzanowska, Jan Jezuita, Zbigniew Papierowski, Zbigniew Sternadel, and Andrzej Chaciński, “Ośmioletnie doświadczenie poradni genetycznej Centrum Zdrowia Dziecka w zakresie poradnictwa genetycznego ze szczególnym uwzględnieniem diagnostyki prenatalnej,” *Ginekologia Polska* 58 (1987): 718–28; Krystyna Mikiel-Kostyra, and Teresa Dipont, “Diagnostyka prenatalna wodogłowia sprzężonego z chromosomem X,” *Ginekologia Polska* 54 (1983): 549–52.

⁵⁵ Zbigniew Szawarski, “[Artykuł redakcyjny] Spór o przerywanie ciąży,” *Ginekologia Polska* 59 (1988): 121–32.

⁵⁶ Mikołaj Kozakiewicz, “[Country Profiles] Poland,” in *Planned Parenthood in Europe: A Human Rights Perspective*, eds. Philip Meredith and Lyn Thomas (London: IPPF Europe, 1985), 183–92, esp. 185.

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planning, presented as an ideologically neutral and scientifically justified system for the “natural regulation of conceptions”, began in the mid-1970s through articles by one of the main proponents of fertility awareness-based contraception in Polish professional forums, the gynecologist Włodzimierz Fijałkowski.⁵⁷ As I have argued elsewhere, the expanding spaces carved out in these forums for Catholic systems of family planning, contributed to the increasing dissemination of anti-abortion ideas based on fetal personhood.⁵⁸

These debates intensified in *Ginekologia Polska* as “social” indications for abortion became increasingly controversial and calls for urgent revision emerged during the 1980s. Paradoxically, authors contributing to this debate did not always wish to restrict women’s agency in deciding the fate of their own pregnancies. One example of such ambiguous representations of “social” indications is a 1984 article published by Lidia Hirnle from the Department and Clinic of Obstetrics at Wrocław Medical School. She concluded that “neither the health risks, nor religious beliefs or legal bans” would prevent a woman from terminating a pregnancy that could produce “a child that would complicate her current family life or would discredit her in the eyes of society.”⁵⁹ An editorial on medical errors by Zdzisław Marek from Cracow Medical School’s Department of Forensic Medicine published that same year, similarly stated that “it is the woman herself that defines the indications [for termination].” At the same time, Marek speculated about the consequences of a prospective abortion ban:

⁵⁷ Włodzimierz Fijałkowski, “[Artykuł Redakcyjny] Postępy naturalnej regulacji poczęć,” *Ginekologia Polska* 45 (1974): 385–89.

⁵⁸ Agata Ignaciuk, “Sensing Nature. Expert Discussions on ‘Natural Family Planning’ in State-Socialist Poland (1950s–1980s)” [manuscript in preparation].

⁵⁹ Lidia Hirnle, “Przerywanie ciąży, czy zapobieganie jego przyczynom,” *Ginekologia Polska* 55 (1984): 701–3.

The legal ban on abortion (because of doctors' moral dilemmas) limits the woman's [possibility] to decide on the things that interest her intensely, therefore violating her basic rights. But in regards to the formal and legal side of things, the doctor cannot refuse to perform an abortion in a hospital unless there are medical indications for such refusal. On the contrary, the refusal may cause the doctor to be accused of acting against the law and face consequences.⁶⁰

Marek's analysis offers another meaning of "therapeutic" (counter-)indications for abortion: as the only legal possibility for a public healthcare doctor to veto the procedure, an instrument that could act as a replacement for conscientious objection, not sanctioned as physicians' right in communist Poland. The editorial also demonstrates that a possible abortion ban was discussed by Polish professionals in the mid-1980s and that the relationship between women and their abortion providers had begun to be represented as one of conflict, not cooperation.

Towards the end of the 1980s, proposals that access to abortion should be restricted for nationalistic reasons began to appear in the journal. In 1988, an editorial on the ethical aspects of abortion by the ethicist, Zbigniew Szawarski, leaned towards defending the ultimate right of women to decide the fate of their own pregnancies, concluding that "each women's moral duty to give birth to the child depends on her own interpretation of this duty".⁶¹ A reply to Szawarski was published in a 1990 issue featuring several articles discussing abortion, together with the position of the Polish Gynaecological Society in the early democratic abortion debates, which I will discuss more in the next section. In relation to abortion indications, however, one article was especially emblematic. Józefa Dzban, a female physician who did not describe herself

⁶⁰ Marek, "[Artykuł redakcyjny] Błąd medyczny" (n. 50), quotation on 548–549.

⁶¹ Szawarski, "[Artykuł redakcyjny] Spór o Przerwanie ciąży" (n. 56), quotation on 131.

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as a gynecologist, argued that “social indications bring shame upon the couple, the society and the State. Every child is the nation’s priceless treasure, thus killing it—is a crime, and every act in favor of abortion is an act against the human being, the society and nature”.⁶² Although Dzban’s anti-abortion argument was fundamentally demographic and nationalistic, the addition of the emotionally charged phrase “killing a child” exemplifies the Catholicization of public debates on abortion during the final decades of Polish state socialism.

In a 1989 interview, Ireneusz Roszkowski, one of the most renowned Polish post-war gynecologists and editor of *Ginekologia Polska* between 1962 and 1982,⁶³ also depicted abortion as “destruction of life” and a threat to the nation:

During the 20 years I was editor of *Ginekologia Polska*, I ensured that all the articles published in the journal were linked to the *creation, not the destruction of life* [emphasis mine]. Speaking of destruction—in 1956 the law on legal pregnancy termination was dictated, but thanks to me it only started to be put into practice in 1960. I counted that, because of these 4 years, the nation owes me at least 750,000 [citizens] that I managed to save from destruction. I did it as a Pole for my country.⁶⁴

The nationalistic and demographic anti-abortion rationale this extract exemplifies had been present in Catholic anti-abortion rhetoric since 1956 and proliferated in public discourse from the 1970s onwards. As I will discuss in the next section, this extract suggests that such discourse also operated in *Ginekologia Polska* in a more implicit

⁶² Józefa Dzban, “[Listy do redakcji] Spór o przerywanie ciąży,” *Ginekologia Polska* 61 (1990): 98–100.

⁶³ Zbigniew Słomko, “W hołdzie nestorowi polskiego położnictwa i ginekologii Prof. Dr Hab. Ireneuszowi Roszkowskiemu w dniu 80 rocznicy urodzin,” *Ginekologia Polska* 60 (1989): 446–48.

⁶⁴ Jadwiga Kuczyńska-Sicińska, “Rozmowa z Profesorem Ireneuszem Roszkowskim,” *Ginekologia Polska* 60 (1989): 446–48, quotation on 451.

way, promoting representations of abortion as inherently risky and unhealthy, and limiting the exposure of research on how to increase the safety and comfort of abortion procedures.

Between “health” and “sickness”: defining abortion risks and procedures

In this section I discuss intersecting representations of abortion and health in Polish expert discourse. I argue that, while the dominant framework for this representation was that abortion was a potentially risky surgery, from the mid-1950s to the late 1960s this framework was nuanced through concurrent representations of legal abortion as an ally in combating maternal mortality. In the 1970s, however, abortion began to be linked to infertility, often in simplistic cause-and-effect terms, despite poor supporting evidence. At the same time, systemic causes of the risks in abortion, such as limited supplies of drugs and a lack of less trauma-inducing technology, were often ignored.

Over the two decades after abortion was legalized, the dominant framing of legal abortion in *Ginekologia Polska* was as a protection against an unsafe and unhealthy termination, a framing very similar to that detected by Radka Dudová in Czechoslovakian expert discourses on abortion following national legalization in 1957.⁶⁵

In articles discussing maternal mortality in the mid-1950s, abortion occupied a prominent place in causality. A 1954 report on fatalities from air embolism at Łódź Medical School described several cases of women who claimed they had “fallen” from a haystack or down the stairs, therefore possibly delaying diagnostics and the

⁶⁵ Dudová, “Regulation of Abortion” (n. 4), esp. 136.

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appropriate treatment.⁶⁶ A 1957 report from the same university but in the new legal context, underlined that doctors were obliged to inform patients that the 1956 law removed all criminal responsibility from women procuring an abortion herself or with the help of others, thereby preventing the patient from lying and “[she] can be saved.”⁶⁷

From the late 1950s onwards, it was relatively common to represent (legal) abortion in terms of protecting, rather than damaging women’s health and fertility, a rhetoric aligned with the 1956 abortion law.⁶⁸ This rhetoric continued in reports on the advances of Polish gynecology in professional journals published in the mid-1960s. In one 1965 report, the prominent gynecologist Wojciech Gromadzki framed the legalization of “social” abortions in public healthcare as diminishing injuries resulting from illegal terminations.⁶⁹ In a contemporary report on the clinical practice of abortion in the II Clinic of Obstetrics and Women’s Diseases at Gdańsk Medical School, Tadeusz Lakomy emphasized that not a single abortion-related death had occurred in that clinic since legalization.⁷⁰ Other authors emphasized how fatalities from illegal abortion had dramatically diminished, radically changing the panorama of maternal mortality in Poland.⁷¹

⁶⁶ Jerzy Ernest, “Przypadki zatorów powietrznych w położnictwie i ginekologii,” *Ginekologia Polska* 25 (1954): 345–65.

⁶⁷ Jacek Budkiewicz, and Jacek Gzik, “O tak zwanej chorobie mydlanej,” *Ginekologia Polska* 30 (1959): 15–20.

⁶⁸ Kuźma-Markowska, “Walka z ‘babkami’” (n. 7).

⁶⁹ Gromadzki, Wojciech, “Dorobek w problematyce niepłodności w dwudziestoleciu Polski Ludowej,” *Ginekologia Polska* 36 (1965): 223–31.

⁷⁰ Tadeusz Lakomy, “Problem sztucznych poronień na materiale II Kliniki Położnictwa i Chorób Kobietych AM w Gdańsku,” *Ginekologia Polska* 35 (1964): 413–19.

⁷¹ Jan Lesiński, “Walka z umieralnością kobiet z powodu chorób ciąży, porodu i położu w Polsce w 20-leciu 1945–1964 – osiągnięcia i perspektywy,” *Ginekologia Polska* 36 (1965): 325–28; Sternadel, Wendolowski, and Jabłoński, “Niektóre aspekty” (n. 42).

Other gynecologists classified abortion as a “minor surgery,”⁷² or underlined the (relative) safety of the procedure. In a 1978 article, Mieczysław Cisło and Marian Gryboś from the Institute of Gynecology and Obstetrics at Wrocław Medical School (a pioneering medical center in the development of new contraceptive and abortion technologies, the IUD and vacuum aspiration) highlighted the low incidence of complications resulting from abortions performed by “qualified doctors in a clinical setting” and added that “new methods of termination [performed early in pregnancy] further enhance safety”. This was followed by the customary warning that “despite their low incidence there still might be immediate or long-term complications”, an aphorism that appears to have been a compulsory addition to any discussion on abortion in *Ginekologia Polska*. However, Cisło and Gryboś mitigated this warning by reminding readers that such complications could also take place when a curettage was performed after miscarriage.⁷³

During the 1970s, such nuances and mitigations became the exception. In a political climate increasingly shaped by the alignment of State and Church’s populational goals, and increasing Party-State anxieties about the deceleration of population growth—attributed to, among other factors, extensive access to abortion⁷⁴—*Ginekologia Polska* shifted focus from abortion indications to counter-indications.⁷⁵ In particular, the

⁷² Tadeusz Wyrzykiewicz, “Golenie sromu przed drobnymi zabiegami ginekologiczno-położniczymi – postępowanie celowe czy rutyna?,” *Ginekologia Polska* 53 (1982): 385–87.

⁷³ Mieczysław Cisło, and Marian Gryboś, “[Prace kazuistyczne] Tkanka kostna w jamie macicy przyczyną powikłań po usunięciu obumarłego jaja płodowego,” *Ginekologia Polska* 49 (1978): 639–41.

⁷⁴ Klich-Kluczevska, “Biopolitics and (non-) modernity” (n. 19).

⁷⁵ Rozalia Osuch-Janczewska and Jan Tomala, “Wpływ przebytych przerwania ciąży i kolejności ciąży na przebieg następnej ciąży i porodu oraz stan, dojrzałość, dystrofię i umieralność noworodków,” *Ginekologia Polska* 50, no. 2 (1979): 127–33; Ireneusz Roszkowski, “Niektóre problemy wewnątrzmacicznego rozwoju człowieka,” *Ginekologia Polska* 44 (1973): 787–91; Stefan Soszka, “Osiągnięcia położnictwa i ginekologii w okresie od I Kongresu Nauki Polskiej do 1971 r.,” *Ginekologia Polska* 44 (1973): 775–86; W. G. Orłowa, E. A. Czernucha, and A. D. Guriew, “[Przegląd czasopism zagranicznych] Stężenie estrogenów w wodach płodowych, osoczu krwi i tkance łożyskowej w poronieniach, wywołanych działaniem prostaglandyny F2alpha i 15-metyl prostaglandyny F2alpha,”

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termination of a first pregnancy began to be explicitly framed as a counter-indication, symptomatic of the trend to represent abortion as universally and unequivocally linked to infertility.

During this decade, *Ginekologia Polska* published a number of research papers linking abortion away from health and towards pathology, all concluding that an association between terminating a pregnancy and becoming unable to conceive or bring pregnancy to term did exist. These papers by Polish gynecologists were not only disseminated in *Ginekologia Polska*, but also in other Polish and German gynaecological journals and would be widely cited over the following decades. One example is Stanisław Lembrych's "Problems of Fertility in Women with a History of Induced Abortion in the First Pregnancy", published in *Ginekologia Polska* in 1979. Lembrych, based at a Regional Mother and Child Hospital in Opole, a mid-size town without its own Medical School, had published his research on the negative consequences of terminating a first pregnancy seven years earlier in *Zentralblatt für Gynäkologie*, a leading German journal for gynecology and obstetrics.⁷⁶ Together with Janusz Kubicki, Lembrych presented a sample of fifty-two women who had terminated their first pregnancy between ten and fifteen years earlier. The authors concluded that 51.7% of these women, some of whom had undergone more than one abortion, had no complications in subsequent pregnancies. However, the remaining twenty-six women had experienced problems and six were now believed to be infertile. The authors attributed all complications directly to the fact the women had terminated their first pregnancies, concluding that this caused

Ginekologia Polska 46 (1975): 1203; Stanisław Lembrych and Janusz Kubicki, "Problemy płodności kobiet, które przerwały pierwszą ciążę," *Ginekologia Polska* 50 (1979): 669–73.

⁷⁶ S. Lembrych, "Schwangerschafts-, Geburts- und Wochenbettverlauf nach künstlicher Unterbrechung der resten Gravidität," *Zentralbl für Gynäkol* 94 (1972): 164–8.

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“infertility, miscarriage or bleeding in pregnancy in around 50% of cases”.⁷⁷ This generalization of a cause-and-effect relationship was not supported by the actual data presented in the article, taken from an extremely small group of patients.

Similar conclusions based on a higher number of cases were presented by another author, Maria Renkielska, based at a women’s clinic attached to an enamelware factory in Olkusz. Renkielska studied a group of 341 patients during the first half of 1976: 241 had undergone abortion (158 once, 83 twice or more); the remaining 100 women who had not had terminations served as a control group. According to her analysis, abortion had a detrimental impact on women’s fertility and generated complications in future pregnancies: 17.8% of women who had abortions suffered from ovarian inflammation vs. 9% in the control group; 14.5% had experienced cervical trauma vs. 3% of those who never had abortions; and 36% had experienced complications during childbirth, when in the control group this proportion was less than 20%. Renkielska noted, however, that there was no “proportional increase in morbidity in [women who had] more than one abortion”. Similarly, the rate of spontaneous miscarriage amongst women who had an abortion and the control group was similar.⁷⁸

While the risks of legal abortion had become the subject of research, it was unusual to associate these with the provision of health services. However, a 1989 report did examine the complications that women with Rh-negative blood could face in future pregnancies if not given an immunoglobulin injection after a termination. This history of the prevention of RH incompatibility in Poland by Professor Zbigniew Słomko, explained that in the city of Poznan before 1979, supplies of immunoglobulin had been

⁷⁷ Stanisław Lembrych, and Janusz Kubicki, “Problemy płodności kobiet, które przerwały pierwszą ciążę,” *Ginekologia Polska* 50 (1979): 669–73, quotation on 672.

⁷⁸ Maria Renkielska, “Położnicze powikłania po sztucznym poronieniu,” *Ginekologia Polska* 49 (1978): 389–93, quotation on 389.

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too low to include women undergoing abortion in prevention schemes, and even during the mid-1980s, only small numbers of women having terminations in a limited number of facilities would be offered the injection.⁷⁹

Likewise, *Ginekologia Polska* devoted almost no space to the abortion technique itself. An explicit plea for the use of less traumatic abortion techniques by the Polish Gynaecological Society was only published in the journal in 1990, in the context of the early democratic debates about a total abortion ban.⁸⁰ This plea demonstrates that such risks had been recognized by professionals, but perhaps the dominant frame of the discourse of abortion as inherently unhealthy—nuanced and diversified in the early post-legalization years, but solidified from the 1970s onwards—censored or contributed to self-censorship about technological innovations that could diminish the dissuasive health risks.

Historians have shown that in a number of state-socialist regimes, innovation in abortion technology was a significant medical and political endeavor. Yugoslavian doctors, as Branka Bogdan has demonstrated, were pioneers in the transnational knowledge flows about vacuum aspiration during the 1960s and 1970s.⁸¹ This technique was also adopted in the Soviet Union during the 1960s, and endorsed by communist authorities in the 1980s.⁸² In Czechoslovakia, Radka Dudová has argued that the emergence of vacuum aspiration technology was linked to liberalization of the 1957 abortion law. Considered safer and less traumatic, this procedure could only be performed early in pregnancy at around eight to ten weeks, but the requirement for

⁷⁹ Zbigniew Słomko, Katarzyna Baraniecka, Jerzy Kubiak, and Zbyszko Malewski, “Zapobieganie immunizacji kobiet antygenami układu grupowego Rh w latach 1970-1988 w IGP AM w Poznaniu,” *Ginekologia Polska* 60 (1989): 453–57.

⁸⁰ Zarząd Główny Polskiego Towarzystwa Ginekologicznego, “[Listy do redakcji] Spór o przerywanie ciąży,” *Ginekologia Polska* 61 (1990): 105.

⁸¹ Bogdan, “Cold War Entanglements” (n. 4).

⁸² Nakachi, “Liberation without Contraception” (n. 4).

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abortions to be authorized by Abortion Commissions prolonged the administrative procedure and meant many women could not opt for vacuum aspiration. As safety became a priority, Abortion Commissions were removed in 1986.⁸³

In contrast to other countries in the region, however, expert debates on abortion technology were practically non-existent in Poland before the 1970s, and during that decade focused heavily on prostaglandins and their use in after-first-trimester abortions, which authors linked to fetal malformation. While vacuum extraction frequently appeared in context of assisting birth on the pages of *Ginekologia Polska*, use of the technique in abortion was broadly discussed in only one research article, published in 1965. Stanisław Krzysztoporski, previously based in Wrocław but at that time affiliated to Łódź Medical School, described a vibratory dilation device he had begun to use with a vacuum aspirator. As the title of the article declared, this presented “a modified technique of eliminating the fetal egg”: only the English abstract explicitly referred to the device being used in cases of “interruption [sic!] of pregnancy because of social or medical indications”.⁸⁴ Such stylistic choices could be a consequence of (self-)censorship by the author or the journal; Krzysztoporski’s paper is a rare example in which the “potential and immediate health consequences” of abortion do not appear. The fact that another article on vacuum aspiration abortion I located was published not in *Ginekologia Polska* but in the aforementioned German *Zentralblatt für Gynäkologie*, could also be a symptom of this censorship. In this 1966 article, Mieczysław Cisło, Kazimierz Nowosad and Andrzej Reszczyński—the latter two, key names in the development of the Polish IUD, Spiran, in the late 1960s—described the vacuum aspiration device they had used (metal cannulas with diameters between 9mm and

⁸³ Dudová, “Regulation of Abortion” (n. 4), esp. 136.

⁸⁴ Stanisław Krzysztoporski, “[Doniesienia tymczasowe] Zmodyfikowana technika usuwania jaja płodowego,” *Ginekologia Polska* 36 (1965): 71–75, esp. 75.

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13mm) to successfully terminate 300 pregnancies in the First Department and Clinic of Obstetrics and Women's Disease at Wrocław Medical School. Unsurprisingly, most of these procedures were carried out for "social" reasons. They reported that the technique was less traumatic and painful than earlier methods and, in their experience, entirely free from complications.⁸⁵ The extent to which this technique spread through Poland merits investigation, as does the fact these authors chose a German medium to publish their results. Unlike the previously discussed article by Stanisław Lembrych on links between the termination of a first pregnancy and fertility problems, first published in the *Zentralblatt für Gynäkologie* and later in *Ginekologia Polska*, this article was not transferred to the Polish journal.

Ginekologia Polska did, however, host numerous articles and summaries on prostaglandins, the uptake in use of which coincided with the journal's interest in fetal diagnostics during the mid-1970s. Knowledge flows about prostaglandins as a labor-inducing technology in abortions later in pregnancy linked Polish gynecologists with their Soviet and East-Central Europe counterparts, as well as the WHO. Most summaries about these drugs published in *Ginekologia Polska* from 1974 onward originated from the Soviet *Akusherstvo i Ginekologiya* and concerned their use in inducing abortions, with considerable discrepancies in opinions about their safety.⁸⁶ Polish Professors of Gynecology, Stanisław Soszka and Roman Czekanowski, reported on their participation in a seminar on "prostaglandins and fertility regulation" held in

⁸⁵ Mieczysław Cisło, Kazimierz Nowosad, and Andrzej Reszczyński. "Schwangerschaftunterbrechung mit Hilfe einer Saugappatur," *Zentralbl Gynäkol* 88 (1966): 156–8.

⁸⁶ L. S. Persjaninow and E. A. Szeniuca. "[Przegląd czasopism zagranicznych] Zastosowanie prostaglandyny F2alfa celem indukowania poronienia – późnego," *Ginekologia Polska* 45 (1974): 494–95; E. A. Czernucha, "[Przegląd czasopism zagranicznych] Zastosowanie prostaglandyn dla wywołania poronienia," *Ginekologia Polska* 47 (1976): 117; E. A. Czernucha and T. D. Gurlew, "[Przegląd czasopism zagranicznych] Przerywanie ciąży bardziej zaawansowanej wprowadzeniem doowodniowo prostaglandyny i hipertonicznego roztworu soli kuchennej," *Ginekologia Polska* 46 (1975): 1203; W. G. Orłowa, E. A. Czernucha, and A. D. Guriew, "[Przegląd czasopism zagranicznych] Stężenie estrogenów" (n. 76).

Moscow in September 1974, and referred to the possibility of also using these drugs to induce an early termination;⁸⁷ in 1978 the journal published three summaries by WHO on the same theme. In a 1981 report on his visit to several East German gynaecological clinics, Edmund Waszyński highlighted the use of prostaglandins as a standard technique for inducing abortion, often followed by a curettage.⁸⁸ Reports on local clinical practice that mentioned prostaglandins during the 1980s always associated the drugs with “medically indicated” abortion beyond the first trimester, almost exclusively in the context of fetal malformation.⁸⁹ One possible interpretation of the considerable presence of debates on prostaglandins in the main Polish professional forum, alongside the absence of such discussions on vacuum aspiration as an abortion technology, could be the different values attached to first-trimester on-demand abortion and later abortion due to fetal malformation. The first were defined by women, with gynecologists legally obliged to provide the surgery, although in the final decades of state socialism the power balance was shifting, with doctors instructed to convince women not to terminate and increasing challenges to the concept of “social” indications. Gynecologists who detected fetal indications passed the information to women or couples, who would then decide whether to carry the pregnancy to term.

However, while *Ginekologia Polska* gave little space to abortion technology, it did occasionally publish articles on other aspects of the procedure that would enhance comfort and safety. Most of these contributions focused on anesthesia and other drugs

⁸⁷ Stefan Soszka and R. Czekanowski, “Sprawozdanie z sympozjum na temat roli prostaglandyn w regulacji płodności (Moscow September 19–20, 1974),” *Ginekologia Polska* 46 (1975): 450.

⁸⁸ Edmund Waszyński, “[Miscelanea] Wybrane problemy praktyki klinicznej z pobytu w ośrodkach położniczo-ginekologicznych w Niemieckiej Republice Demokratycznej,” *Ginekologia Polska* 52 (1981): 557–62.

⁸⁹ Tadeusz Mazurczak, Lucjan Wiśniewski, Ignacy Wald, and Jacek Zaremba, “[Artykuł redakcyjny] Rozwój i stan obecny diagnostyki prenatalnej w Polsce,” *Ginekologia Polska* 54 (1983): 141–45; Lucjan Wiśniewski, Zbigniew Sternadel, Jan Jezuita, Małgorzata Krajewska-Walasek, and Aleksander Grześ, “[Prace kliniczne] Doświadczenia kliniczne w diagnostyce prenatalnej na materiale Centrum Zdrowia Dziecka,” *Ginekologia Polska* 54 (1983): 679–82.

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administered before, during and after surgery. One such 1970 article by Jerzy Higier and colleagues from the Postgraduate Education Institute of Warsaw Military Medical School, looked at the use of drugs to diminish bleeding during abortion. In the introduction, in addition to the already discussed cautionary adage (“as with every surgery, [abortion] carries some risk of early and late complications”), the authors stated that abortion was one of the most frequently performed gynecological procedures and it was therefore imperative to ensure it was as safe as possible.

In regard to pain relief, research articles by Polish gynecologists as well as summaries of articles published in foreign journals, emphasized that anesthesia was an essential part of the procedure.⁹⁰ Some even argued that the use of anesthesia was essential to the procedure’s safety, such as a 1964 article by Aleksy Jurewicz from Warsaw Military Medical School’s Clinic of Women’s Diseases and Obstetrics, at that time directed by the aforementioned Jerzy Higier. Published in a journal for physicians, *Wiadomości Lekarskie*, this article highlighted that most women undergoing termination were “afraid of pain and requested a painless surgery”. Although anesthesia carried its own risks, and many practitioners believed the short procedure could be successfully performed without the drug, Jurewicz and others working at the Clinic of Women’s Diseases and Obstetrics disagreed: “It is considered that even a short surgery should be painless (...).

⁹⁰ Sternadel, Wendolowski, and Jabłoński, “Niektóre aspekty” (n. 42); Zbigniew Sternadel and Maria Wójcik, “Zastosowanie preparatu Syntometrin w przypadkach opróżniania macicy z jaja płodowego,” *Ginekologia Polska* 40 (1969): 377–80; Z. O. Drozdowejcka, N. G. Drejwa, I. P. Kim, and T. W. Korniejczuk. “[Przegląd czasopism zagranicznych] Dożylnie stosowanie Promedolu podczas znieczulenia zabiegu sztucznego przerwania ciąży,” *Ginekologia Polska* 43 (1972): 764; E. I. Grobec, “[Przegląd czasopism zagranicznych] Stosowanie premedykacji w czasie sztucznego przerwania ciąży,” *Ginekologia Polska* 44 (1973): 608–09.

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A non-anesthetized patient could react to pain with an abrupt movement, and this could lead to harming the uterus, especially a pregnant one”.⁹¹

Further, Jurewicz added, screams from the patient could unsettle the physician performing the procedure and increase the likelihood of mistakes. In anticipation of these risks, the Clinic of the Warsaw Military Medical School had protocolized the routine use of various forms of anesthesia to make terminations safer and more comfortable. This article illustrates not only practitioners’ interest in improving these aspects of abortion, but how this interest was a product of patient demand. Publication in *Wiadomości Lekarskie* could be interpreted as either a desire to broaden readership, or the fact that such framing of abortion was not acceptable in *Ginekologia Polska*.

Conclusion

This analysis of debates about abortion in the primary Polish journal for gynecology and obstetrics provides an insight into historical and contemporary engagements with pregnancy termination by Polish gynecologists, and the ways in which they defined and re-defined indications for terminations. Shortly after the 1956 abortion law was enacted, the overwhelming majority of terminations began to be classified as “social”, with women’s agency in determining these “social” indications not only recognized and promoted by the Ministry of Health, but normalized in the pages of *Ginekologia Polska*. From the 1970s onward, “therapeutic” abortion began to refer to that of a fetus with diagnosis or suspicion of malformation or a genetic disorder, although, in absence of legal regulation of fetal indications for terminations, an emphasis on the social and personal consequences of raising an “imperfect” child blurred the lines between “social” and “therapeutic”. The fetal indication brought doctors back into the decision-making

⁹¹ Aleksy Jurewicz, “Znieczulenie podczas przerywania ciąży,” *Wiadomości Lekarskie* 17 (1964): 31–34, quotation on 31.

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process, although women's agency—and responsibility—was still evident. This process, however, facilitated the subsequent dematerialization of women-related health indications during state socialism, and the predomination of the narrow interpretation of women's "health", omitting personal, social and corporal well-being, that followed the partial re-criminalization of abortion in 1993.

While dire warnings about the risks of abortion were a mandatory attachment to almost all discussion concerning this procedure in expert forums, an unnuanced emphasis on the dangers during the 1970s, and extremely limited space given to safe abortion technologies, also contributed to the positioning of abortion as "unhealthy", and not, as it had been represented in the late 1950s and 1960s, a solution to maternal mortality. Debates about the risks of abortion amongst Polish gynecologists exemplify social and cultural constructions of safety and danger as two ends of a spectrum. Experts' positions on this continuum were deeply rooted in their pre-existing ideas about abortion, as well as women's agency and reproductive autonomy. The growing presence of nationalistic arguments against abortion from the 1970s onwards, showcases the progressive saturation of Polish gynaecological debate by such discourses, or at least their public visibility and legitimization. In this sense, it is fair to speculate that, apart from state censorship, various forms of (self-)censorship operated in professional forums, permanently marginalizing some themes and research (such as safe abortion technology) and freezing and thawing others (such as abortion risks). During the 1970s, a time of increasing public anxieties about (de)population and an alliance between the Party-State and Catholic Church in Poland, the unnuanced representation of abortion as unhealthy, paired with the restitution of gynecologists' unquestioned authority in the abortion decision-making process, infiltrated the professional cultures of abortion

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providers. This contributed to an increasing deauthorization of those who normalized abortion as part of reproductive healthcare in their research and practice.