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Abortion in the Nineteenth Century Through the Lens of Ann Lohman

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Abstract

Ann Lohman, a midwife in the 1800s also known as Madame Restell, deserves our attention following the US Supreme Court decision in *Dobbs v Jackson Women's Health Organization* in June 2022. As abortion regulations change, it is important that health care communities learn from past experiences. This article examines the historical context in which Lohman practiced and draws out key lessons to be applied today.

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Who Was Ann Lohman?

The 19th-century midwife Ann Lohman deserves our attention as clinicians practicing medicine following the 2022 US Supreme Court decision in *Dobbs v Jackson Women's Health Organization*, which overturned *Roe v Wade* and thus ended federal protections for the right to legal abortion.¹ In the 1800s in New York City, a similar time of legal flux for abortion, Lohman, under the name of Madame Restell, offered vital reproductive health care—including abortion services—to women for nearly 40 years. A controversial figure, she was publicly ridiculed as “notorious” and described as growing rich by the “practice of a nefarious business.”²

During our current time of social and legal change, what allowed faculty and preclinical medical students at our Florida medical school to openly discuss the contentious topic of abortion was reading *My Notorious Life*,³ a novel based on the life of Ann Lohman. This article examines the historical context in which Lohman practiced, including resolutions and advocacy of the newly minted American Medical Association (AMA) and laws criminalizing abortion. Additionally, the article details the evolution of the fields of midwifery and obstetrics and of medical practice and techniques for abortion. At a time when laws regulating abortion are again in flux, it is important that health care communities **learn from their history** and past experiences to inform current practice.

Lohman's Life

Some details about Lohman's life, such as date of birth, date of first marriage, and first husband's date of death, are unclear due to contradicting information in various primary

and secondary sources.^{2,4,5,6} It is known that Ann, her first husband, Henry Summers, and daughter, Caroline, moved to the United States in 1831 from England.^{2,4,6,7,8} After Ann was widowed in 1831 or 1833, she began to work as a seamstress.^{5,6,7,8} She remarried in 1833, becoming Ann Lohman. Six years later, in 1839, Lohman listed her first advertisement as Madame Restell in the *New York Sun*.^{2,5,6,7,8} Sources differ on where Lohman learned midwifery, with her first advertisement saying she learned it from her grandmother,⁵ although others theorize she learned it from neighboring physician and pill compounder, Dr William Evans.^{4,6} As Madame Restell, Lohman sold abortifacients and performed procedural abortions^{2,8}—this article uses the term *abortion* to indicate medication or procedural termination of pregnancy.

As Lohman's practice became more successful and lucrative, competitors—Dr Ward, Mrs Mott, Mrs Bird, Dr Monroe, and Catherine Costello—joined the reproductive health care market by advertising abortifacients to treat “menstrual stoppage.”⁷ Neither Costello nor Lohman were physicians, although they advertised themselves as “female physicians.” It is unknown whether Drs Ward and Monroe were trained physicians.⁷ Lohman opened a boardinghouse where patients could give birth and could also pay an additional fee for her to facilitate adoption.⁴ In this way, Lohman facilitated choices—abortion, birth, and adoption—for her patients.

Practicing during a time in which laws regulating abortion were changing, Lohman served a 1-year sentence from 1847 to 1848 for performing a procedural abortion.² She was arrested a second time and released in 1856.² The year following her second husband's death, Lohman was arrested for a third time for selling abortifacients.² Lohman died of suicide in 1878 at age 65, just prior to her scheduled trial.² Her story highlights the fear experienced by many current-day abortion providers as they navigate a volatile and often confusing legal landscape.

Early American Practices

In colonial America, midwives were prominent, respected community members who provided the majority of obstetric care.⁹ Midwifery was primarily provided by women, although a midwifery school led by a male, Dr William Shippen, Jr, opened in 1762.⁹ At the time, generalist medical care required no formal education and was provided by both men and women.⁹ As medical schools began to open in the United States, starting in Philadelphia in 1765, male physicians slowly replaced midwives in attending to the care of upper-class patients, and women were relegated to the confines of providing midwifery services.⁹

Common law guided early American abortion practices. In the absence of modern-day pregnancy tests, pregnancy was not confirmed and fetal existence was not recognized before “quickening” (ie, feeling fetal movement).¹⁰ At that time, prior to quickening, to be pregnant was to carry an “inert non-being” or a “potential for life rather than life itself,” which was not a living soul.¹⁰ That quickening was well accepted as marking the beginning of fetal existence in the United States was evident in the contrast between English laws (from which many American laws originated) criminalizing abortion prior to quickening and laws in the early 1800s in the United States that upheld the quickening doctrine—or the idea that fetal existence did not occur until this point in the pregnancy.¹⁰ In 1812, the Massachusetts Supreme Court dismissed criminal abortion charges because the woman had not experienced quickening.¹⁰ This decision set the legal precedent that stood through 1850: that an abortion before quickening was not criminal.¹⁰ On the other hand, providing an abortion after quickening was illegal; in New

York State, abortion after quickening could be punished with a \$100 fine and one year in prison.⁸

In early America, women presenting with amenorrhea were diagnosed with menstrual obstruction, which might be due to a number of causes, including pregnancy.¹⁰ The treatment for menstrual obstruction was to bring on the woman's menses, which might have ended the pregnancy, just as a medication abortion does today. At the time, treatments for menstrual obstruction were considered appropriate medical practice.¹⁰ Thus, physicians and midwives at that time could be considered to be following the principle of beneficence, in that they were providing the standard of medical care, and of nonmaleficence, in that many treatments for menstrual obstruction were no more dangerous than childbirth.

Treatments for menstrual obstruction included various pills and powders. In New York City, Lohman commercialized traditional remedies used by enslaved midwives and Native Americans that were discussed in midwifery medical guides and textbooks and taught in medical schools at the time.^{10,11} Midwifery practices of enslaved African Americans consisted of application of "centuries-old African folk knowledge," including placing poultices of petroleum jelly and quinine at the cervix; douching with alum water, water from boiling rusty nails, or turpentine; and oral intake of quinine tablets, turpentine, or laxatives such as pennyroyal or papaya seeds.¹¹ Native Americans used black root and red cedar to induce abortion; red cedar was also known as savin or sabina and similarly used by colonial women.¹² Other oral abortifacients included pills made of "ergot, calomel, aloe, black hellebore, or ergot mixed with oil of tansy," which were called "female monthly regulating pills."⁷ These treatments, which only worked some of the time, were deemed relatively safe by the clinical standards of that era.¹⁰ Furthermore, some physicians considered violent purgatives and poisons to be dangerous to the woman and ineffective.¹⁰

In the 1830s, abortion marketing in penny papers emerged, offering treatment of "suppression, irregularity, or stoppage of the menses" or "female obstruction."⁷ Lohman advertised surgical abortions, with one advertisement citing a cost of \$20 for poor women and \$100 for the wealthy.⁸ Figures 1 and 2 are 1840s Lohman advertisements from the *New York Herald*; they show that while surgical abortion was legally precarious, it was openly advertised and sought out by women.^{13,14} Surgical abortions consisted of dilation of the cervix or rupture of the amniotic sac, causing uterine contraction and fetal expulsion. A surgical abortion was not considered to be more dangerous than childbirth, as "a physically produced abortion handled by a competent physician was not a fearsome process."¹⁰

Figure 1. Madame Restell Advertisement in the *New York Herald*, April 13, 1840

TO MARRIED WOMEN—MADAME RESTELL, Female Physician, is happy to have it in her power to say, that since the introduction into this country, about a year ago of her celebrated Preventive Powders for married ladies, whose health forbids a too rapid increase of family; hundreds have availed themselves of their use, with a success and satisfaction that has at once dispelled the fears and doubts of the most timid and skeptical; for, notwithstanding that for twenty years they have been used in Europe with invariable success, (first introduced by the celebrated Midwife and Female Physician Madame Restell, the grandmother of the advertiser, who made this subject her particular and especial study,) still some were inclined to entertain some degree of distrust, until become convinced by their successful adoption in this country. The results of their adoption to the happiness, the health, nay, often the life of many an affectionate wife and a fond mother, are too vast to touch upon within the limits of an advertisement—results which affect not only the present well-being of parents, but the future happiness of their offspring. Is it not but too well known that the families of the married often increase beyond the happiness of those who give them birth would dictate? In how many instances does the hardworking father, and more especially the mother, of a poor family, remain slaves throughout their lives, tugging at the oar of incessant labor, toiling to live and living but to toil; when they might have enjoyed comfort and comparative affluence; and if care and toil have weighed down the spirit, and at last broken the health of the father, how often is the widow left, unable, with the most virtuous intentions, to save her fatherless offspring from becoming degraded objects of charity or profligate votaries of vice? And even though competence and plenty smile upon us, how often, alas! are the days of the kind husband and father embittered in beholding the emaciated form and declining health of the companion of his bosom, ere she had scarce reached the age of thirty—fast sinking into a premature grave—with the certain prospect of himself being early bereft of the partner of his joys and sorrows, and his young and helpless children of the endearing attentions and watchful solicitude which a mother alone can bestow, not unfrequently at a time when least able to support the heart-rending affliction! Is it desirable then—is it moral for parents to increase their families, regardless of consequences to themselves or the well being of their offspring when a simple, easy, healthy and CERTAIN remedy is within our control? The advertiser feeling the importance of this subject and estimating the vast benefits resulting to thousands by the adoption of means prescribed by her, would respectfully arouse the attention of the married, by all that they hold near and dear to its consideration. Is it not wise and virtuous to prevent evils to which we are subject by simple and healthy means within our control? Every dispassionate, virtuous, and enlightened mind will unhesitatingly answer in the affirmative. This is all that Madame Restell recommends or ever recommended. Price Five Dollars a package, accompanied with full and particular directions. For the convenience of those unable to call personally, "Circulars" more fully explanatory, will be sent free of expense (postage excepted) to any part of the United States. All letters must be post-paid, and addressed to MADAME RESTELL, Female Physician. Principal office 148 Greenwich street, New-York. Office hours from 9 A. M. to 7 P. M. Philadelphia office, 38½ South Eighth street.

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Reproduced from the Library of Congress.¹³

Figure 2. Madame Restell Advertisement in the *New York Herald*, September 7, 1842

MADAME RESTELL,

FEMALE PHYSICIAN, Office and residence, 113 Green-
wich street, between Courtlandt and Liberty streets, where
she can be consulted with the strictest confidence on com-
plaints incident to the female frame.

Madame Restell's experience and knowledge in the treatment
of obstinate cases of female irregularity, stoppage, suppression,
&c., is such as to require but a few days to effect a perfect
cure. Ladies desiring proper medical attendance during con-
finement or other indisposition, will be accommodated during
such time, with private and respectable board.

"Preventive Powders," for married ladies, whose de-
licacy or precarious health forbids a too rapid increase of family,
will be sent by mail to any part of the United States. Price
\$5 a package. All Letters (post paid) addressed to "box 664,
New York. Boston Office, No. 7 Essex street."

N. B.—Madame RESTELL would inform ladies residing
out of the city, whose health would not admit of travelling, that
she would devote her personal attendance upon them in any
part of the United States within reasonable distance. at 1m^{rs}

FEMALE MONTHLY PILLS.

OWING to the celebrity, efficacy, and invariable success of
Madame Restell's Female Monthly Pills in all cases of
irregularity, suppression, or stoppage of those functions of na-
ture upon which the health of every female depends, since
their introduction into the United States, now about four years,
counterfeits and imitations are constantly attempted to be
palmed off for the genuine. Cheap common pills are purchased
at twelve cents a box, put up in different boxes, and called—
"Female Monthly Pills," with the object of selling them, if
possible, at one or two dollars a box. Females are therefore
cautioned against these attempts to impose upon them. It is
sufficient here to state that all Female Monthly Pills are coun-
terfeits, except those sold at Madame Restell's Principal Office,
113 Greenwich street, New York and 7 Essex street, Boston.
Price \$1. Madame Restell's signature is written on the cover
of each box.

N. B.—They can be used by married or single, by following
the directions enclosed inside of each box. Sold also by ap-
pointment at 204 Grand street, corner of Allen, New York.
at 1m^{rs}

Reproduced from the Library of Congress.¹⁴

Changing Abortion Regulations

In 1847, the AMA was founded at the National Medical Convention in Philadelphia, where it sought to establish itself and the medical profession by detailing medical training and professional licensure.¹⁵ Medical school-trained physicians had "denounce[d] the amateurs"—including midwives and informally trained generalists—"who dominated the field" and explicitly sought to criminalize all abortion, which was, at that time, legal before quickening.¹⁶ Lohman, as a midwife without formal training who performed abortions, was among those targeted by these efforts.

The AMA's motivations for criminalizing abortion were multipronged.¹⁶ Women sought abortions from skilled practitioners, and, because many physicians lacked skill in performing abortions, physicians might gain control over abortion by criminalizing it.¹⁶ With obstetrics evolving as a profession, midwives were viewed as competition who might decrease physician profit and societal standing.⁷ The AMA also espoused the argument that abortion was immoral and violated medical ethics in adopting a resolution referring to it as "unwarrantable destruction of human life."¹⁷ By depicting

abortion as evil, the AMA sought to uplift medicine as the standard of morality.¹⁶ A visual representation of this perspective is Figure 3, an 1847 sketch of Lohman hovering over a creature with a baby in its mouth, which was published in the *National Police Gazette*.¹⁸

Figure 3. The Female Abortionist, *National Police Gazette*, March 13, 1847



Reproduced from Wikimedia Commons.¹⁸

In 1859, the AMA unanimously adopted Dr Horatio Storer's 4-page proposal, "Report on Criminal Abortion."¹⁷ The report simultaneously recognized the social acceptance of abortion while deeming it immoral: "The heinous guilt of criminal abortion, however viewed by the community, is everywhere acknowledged by medical men."¹⁷ Storer noted that physicians "are the physical guardians of women" and that abortion was "the wanton and murderous destruction of her child" and called on "governors and legislatures of several States, and, as representing the federal district, to the President and Congress" to carefully examine and revise the statutory and common law.¹⁷ The

AMA formally espoused the idea that life begins at conception, rather than at quickening, and resolved to publicly protest abortion, lobby lawmakers to criminalize abortion, and enlist AMA-associated state medical societies in the cause.¹⁷ The AMA's campaign resulted in the passage of over 40 anti-abortion statutes in state and territorial law codes between 1860 and 1880.¹⁶ Today's increase in state-level abortion regulations is reminiscent of this period.

The AMA physicians declaring recommendations regarding the care of women's bodies did so without a woman's voice.^{15,17} While the 1859 AMA "Report on Criminal Abortion" was about women's health care, there were no women authors. Similarly, the AMA campaign for abortion criminalization was led by men, especially Storer.¹ In the 1847 and 1859 AMA proceedings, physicians are always referred to as "men," whereas women are referenced as "wives" or "patients."^{15,17} Today's new legislation regulating abortion is similarly written and championed by primarily male politicians who are not familiar with its medical or procedural aspects.

In 1873, Anthony Comstock, Postmaster General special agent and Society for the Suppression of Vice secretary, proposed the federal bill that later that year became the Comstock Law, which criminalized the use of mail to communicate information about preventing conception.¹⁹ Comstock visited Lohman's office twice under an alias to learn about her practice and buy an abortifacient.² On his third visit, 5 years after the passage of the Comstock Law by Congress and 19 years after the AMA's "Report on Criminal Abortion," Comstock arrested Lohman for selling abortifacients.² The *New York Times* reported on April 1, 1878, that Lohman was "driven to desperation" and "came to a violent end by cutting her throat from ear to ear."² The Comstock Law is being considered as one possible way for legislators to regulate access to abortion pills today. Although the Comstock Law is federal policy, some city and county ordinances state that mailing or receiving abortion medications is illegal.²⁰

Today

In 2020, Dr Meera Shah, chief medical officer of Planned Parenthood Hudson Peconic in New York State, wrote that "remaining silent about providing abortion care perpetuates the stereotype that abortion is unusual or deviant or that legitimate, skilled, intelligent doctors do not perform them."²¹ Shah's words invite a comparison with the mid-19th-century delegitimization of abortion in AMA proceedings as unskilled medical care and the **derogatory language** used to describe those who performed abortions, epitomized by the 1878 *New York Times* article referring to Lohman as "mysterious," "notorious," and "nefarious" for practicing abortion.²

Abortion regulations are once again changing. The *Dobbs* decision has allowed individual states to recriminalize abortion.¹ Indeed, after the 2023 change to the US Food and Drug Administration Mifepristone Risk Evaluation Mitigation Strategy, which allows certified pharmacies to dispense mifepristone, 20 attorneys general posted communications to 2 major national pharmacy retailers citing the Comstock Act as criminalizing the mailing of abortifacients and asserting that their states could enforce the Comstock Act.²⁰ Thus, in the wake of the *Dobbs* decision, the Comstock Act is again the word of law, and conservative interpretation could lead to federal prosecution of those mailing abortifacients or even medications that may threaten pregnancies, such as methotrexate.²⁰

In Texas, Senate Bill 8 bans abortions after fetal cardiac activity is detected (approximately 6 weeks gestational age) and Senate Bill 4 makes it a felony, punishable by jail time and a \$10 000 fine, for a physician to medically terminate a pregnancy after 49 days gestational age.^{22,23} A study that explored the effect on **maternal morbidity** of these 2 abortion restrictions implemented in 2021 found that women in Texas did not receive what was once standard of care,²² indicating that physicians could no longer practice beneficence and justice. In Texas, physicians observed women for an average of 9 days until patients experienced severe complications that threatened their lives, such as hemorrhage and infection.²² As a result, the Texas patients had nearly double the morbidity rate of women in states without abortion restrictions.²²

In 2022, 160 years after its initial condemnation of abortion, the AMA adopted policies opposing abortion criminalization and supporting abortion access: “The AMA is steadfastly opposed to governmental interference in the practice of medicine, especially for well-established, medically necessary treatments. Patients and physicians need assurances that they won’t be accused of crimes for medically necessary treatment ... that medically necessary treatment can be criminalized speaks volumes about these misguided abortion laws.”²⁴ The AMA’s statement supports physicians practicing the standard of care, which is embedded in the ethical pillars of beneficence and nonmaleficence. Additionally, the AMA states that the decision to terminate a pregnancy “should be made privately within the relationship of trust between patient and physician.”^{25,26} In light of the *Dobbs* decision, the AMA is explicitly recognizing the sanctity and privacy of the patient-physician relationship, one which centers patient autonomy despite legal restrictions.

Lohman’s story remains relevant as we experience a movement towards limiting women’s bodily autonomy and access to reproductive care. Criminalization of abortion during Lohman’s lifetime parallels the restrictions occurring in the present day. Considering the motivations for and impact of laws restricting reproductive care during Lohman’s time provides a medium through which to further reflect on our current laws and their impact today.

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