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Women's Rights in Stalinist Hungary: The Abortion Trials of 1952-53

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[Translated from the Hungarian by Éva Kossuth]

“The gravid state is an intimate matter” — one gynaecology specialist exclaimed during a debate in 1949 over possible new regulatory measures respecting pregnancy-termination.¹ In the mind of Hungary's public, the time of the demographic policy known as the “Ratkó-era” was synonymous with the most brutal interference in the “intimacy” of pregnancy.

This question is an important one in the larger context of post-1945 Hungarian history. After the collapse of the Nazi and Hungarian war efforts in the Carpathian Basin in the spring of 1945, all of Hungary came under occupation by the Red Army. The country's reconstruction — and the democratization of its politics — was undertaken precisely at a time when arrangements were being made for the long-term stay of this occupation force in the region. At the same time, political power in Hungary began to pass more and more into the hands of the recently re-organized Communist Party, while the Social Democratic Party — with its rather different values and historical experience — was being relegated to the sidelines, often through the behind-the-scenes machinations of the Soviet occupation apparatus. The process gained momentum in 1947. After the international organization of Communist parties (the Comintern, which had been disbanded — to foster Allied unity — during the war) was reestablished under the new name Communist Information Bureau or Cominform, Soviet leader Joseph Stalin instructed his Hungarian followers to accelerate the process of gaining total control over their country's affairs. This became possible with the victory of the Leftist Bloc in the hotly contested 1947 elections. The left wing of the Social Democratic Party was forced to merge into the Communist Party, which was

renamed as the Hungarian Workers' Party (HWP). The HWP next embarked on the elimination of all other political parties and the establishment of a totalitarian political system. As a part of this attempt at imposing totalitarian rule, women's bodies also became the subject of state — or, more precisely, party — regulation.

The attempt to establish, with relentless speed, a totalitarian political system in the country, failed; and in June, 1953 the HWP had to beat a partial retreat from its radical agenda: it appointed the "moderate" Imre Nagy as Prime Minister and introduced a more modest program, the so-called "New Course," of building socialism. This article describes one aspect of the failure of the Hungarian Communists' attempt to impose a totalitarian regulatory system in Hungary between 1947 and 1953.

* * *

In Hungary as elsewhere, the termination of pregnancy has always been a political issue, for it touches upon one of the most fundamental aspects of human rights: has the woman the right to be in control of her own body, i.e., is she considered a responsible citizen? According to certain people, in this matter there definitely is a need for the overseeing or controlling role by the state and its various institutions. The utilization and control of the female body as the most productive tool in the human reproductive process became a political target at the end of the 19th century. At that time there began a more widespread medical knowledge about the mechanics of conception and contraception. Abortion, however, remained for a long time the most widespread means of contraception, used on a broader social scale than most other contraceptive methods. The forming of policy concerning the family became a matter for the state only at the end of the 19th Century. Since that time, women's reproductive ability has been controlled by all political regimes concerned about the decrease in population.² Since the 1970s, writers on women's history placed special emphasis on the disclosure of the historical antecedents of contraception, since a woman's free will over her body was one of the main demands in the social battle for women's equality. This gave ground for the historical analysis of the policies and practices of reproduction control in Nazi Germany, fascist Italy, Stalinist USSR and, for example, in Communist Romania.³

For the historical examination of the question in Hungary, we first have to scrutinize the source material at our disposal. To the parliamentary debates regarding its regulations and to the analysis of newspaper articles on the subject we can add the debates carried on by members of the medical profession, as well as the analysis of the exceptionally unreliable statistical data available on the abortion question. "Oral history," i.e. personal interviews about these experiences, could provide a more complete picture. However, research into the history of women with regard to birth control is only now beginning in Hungary. The subject is very timely, as we are daily confronted with newspaper articles in Hungary today about mothers who killed their infants, or about the loose morals of the abortion seekers. In this study I attempt to demonstrate how the "intimate relationship" mentioned at the beginning with regards to pregnancy, developed in 1952. Hereinafter I will examine the changing dimensions of this intimate relationship between mothers and fetuses, men and women, as well as women and physicians.

A short history of the legal control of abortions

In Hungary, the termination of pregnancy had been prohibited by paragraphs 285 and 286 of Statute No. V of 1878; however, by a 1933 High Court decision, justifiable medical interference in pregnancies ceased to be a criminal offence.⁴ Gynaecologists in private clinics and offices performed these surgeries for which there was a demand among the more affluent. At the same time, in rural areas people carried on with the centuries-old abortion techniques. The change in law regulating termination was the result of the high number of rape cases committed by soldiers of the Soviet Army in 1945.⁵ At the time the government made abortions permissible at health care facilities free of charge, if authorized by a medical officer. During this revamping of the abortion laws, in order to prevent unavoidable emotional outbursts in the domestic political arena, Hungary's rulers deliberately created a judicial uncertainty about the issue. The communist-dominated Ministry of Health did not want to exacerbate the daily conflicts in the ranks of the country's coalition government with a new issue; instead, the matter was regulated through direct ministerial orders. In this way confrontation was avoided between the Social Democratic Party whose members supported unrestricted access

to abortion, and the members of the Smallholders' Party who demanded strict regulations on religious, or rather, pro-life grounds.

The changes in Hungary's abortion laws came in the wake of the 1948 capture of political power by the Communists. What followed was the adoption of the Soviet model which had forbidden abortions in 1936.⁶ The Hungarian health administration decided concurrently with the other Eastern European Peoples' Democracies in favour of regulating the termination of pregnancy. A Hungarian Health Ministry directive issued in the summer of 1952, proclaimed in force on August 1, amended the "permissive" legislation of the post-1945 period. Its new feature was that it set the limit of termination of pregnancy at 28 weeks; furthermore, the termination had to be approved by a two-level committee. Abortion therefore was not prohibited; rather, a committee examined the medical reasons necessary for its implementation, with a long list of requirements attached. The "social reason" — with which the request for abortion could be been justified — was missing, for, according to the authors of the legislation, in the "dynamically developing socialist Hungary" no woman could claim that she was burdened by social or economic circumstances. The public referred to these times as the *Ratkó-era*, although Anna *Ratkó* headed the Ministry "only" until April 3, 1953. However, the "era" itself lasted until the summer of 1953, when *Imre Nagy* relaxed the regulations against abortionists.

As of January 1, 1954, abortion for reasons of social difficulties was permitted. It becomes clear from the study of the number of births that, due to the changing political climate, those who became pregnant in the summer and fall of 1952, would not have been able to apply for abortion. (see Table 1 of the Appendix) What also becomes evident from the Table is that desire to have or not to have children was independent of regulation — those who did not want families found the way to have an abortion, regulation notwithstanding. The growing number of registered operative abortions shows that abortions performed in the so-called "grey zones" decreased. When abortions carried out by midwives and quacks became risky, they induced the abortion at home; the process was then completed in a hospital. An abortionist formerly practicing in the grey zone had to face the fact that the already existing prohibition regulation was now enforced with a brutality typical of the communist police force (see Table 2). Therefore, it seemed more expedient to operate within the framework provided by the health authorities (see Table 3).

The knowledge about female fertility was primarily women's knowledge:" the family, the female members of the relatives passed on the knowledge (and/or misconceptions) to the female members of the younger generation. Before the inception of institutional obstetrical care, assisting at birth was also a specifically female expertise, for few women could afford the services of a doctor. The state, during a population growth campaign, in 1952 removed information regarding reproduction from the sphere of the family and relatives, made it into a privilege of male gynaecologists, and, as a means of public control, institutionalized it. Concurrently with the gradual development of national health care institutions, the country began to approach European health norms.

The new law strikes at the abortionists

The first abortionist show trials were conducted in Hungary in the autumn of 1952.⁷ These public trials set the tone and laid down the vocabulary for a later nation-wide police action. The vocabulary and rules of the subsequently peaking population growth campaign were also developed during these trials. The *Szabad Nép* [Free Nation] newspaper reported in its September 4, 1952 issue on the first trial and on the exceptionally severe sentences handed down in the case of the abortionist doctors: they each received a six-month jail sentence, a 10,000 Ft. fine, and were stripped of their medical licence for life. The three women on whom the above two performed the abortions, each got a one-year jail sentence. The trial received especially wide publicity, since the accused gynaecology specialists performed the surgeries in their licensed private offices. Furthermore, one of the doctors was Chief-of-Staff at an obstetrics clinic. The doctors performed the operations with a curette under sterile conditions and with the utmost medical skill and responsibility. The accused women were highly educated and of stable family backgrounds.

The subjects of another case before the courts at the same time were a final-year medical student and a quack doctor practicing with a false medical license. They gave the patients — uneducated women from unstable backgrounds — an injection into the womb. It started the abortion; however, it also considerably imperiled the women's health and their future ability to conceive. In this case the abettors, the men who sired the infants, were also sentenced. The harsh sentences handed down were in direct proportion to the seriousness of the crime: the two accused

injected a 6- or 7-month pregnant woman for several days until the birth process started, then strangled the live infant and buried it. Several similar cases were brought up at the trial, where aborted fetuses were either placed in shoeboxes, or wrapped in sheets and buried at various city locations.

Concurrently with these trials a systematic war was being waged against "folk" abortion techniques practiced since earlier times. The second source group analyzed in this study illustrates the techniques practiced in the provinces at the time when the war against abortion reached its peak. The county courts, in the interest of "eradicating abortion," conducted study sessions with the police physician, the police detective and the county's public medical instructor in attendance. The investigators studied the district's reproduction situation: how many physicians, midwives, births and abortions fell on a given number of inhabitants. The towns that showed the highest number of abortions were studied separately. The authorities created so-called "abortion maps," showing the number of abortions in each location. From the results they could see what tools were used for abortions (goose feather, bicycle spoke, jumping off a high fence, etc.) and who, in a given rural community, resorted to such risky procedures.⁸ The parallel actions of the health and police departments impacted the lives of several thousand women, whose histories have not yet been told.

The knowledge of women respecting the health aspects of conception

Since menses signifies normalcy for the female body, women defended themselves against possible pregnancy by inducing bleeding to produce the desired miscarriage. Based on the level of medical knowledge of a given era, bleeding occurring during pregnancy was interpreted as a sign of miscarriage. Most illegal abortion techniques were based on such knowledge, where they created a bleeding wound in the womb with a pointed instrument. We also know from ethnographic books that the roots of the hollyhock and zoner plants which, when boiled, provide a rubber-like substance, were used for the termination of pregnancy for centuries without causing complications. However, midwives were still employing cruder instruments, such as knitting needle and bicycle spoke. In cases where bleeding was induced in this manner, the physician — for both health and legal reasons — had to perform a termination of pregnancy, in

statistical jargon, due to "incomplete pregnancy," in a safe health facility. The low-level medical knowledge of Hungarian country folk is evidenced by a performance staged in a village against abortion, conducted in the framework of *Free Land Winter Evenings* events, where it emerged that the women present believed that "in one- two- or three-month pregnancies only blood is lost, there is no fetus as yet."⁹

At the two abortion trials it emerged from the testimonies of the 19 women defendants that they knew about the connection between pregnancy and the absence of menses; their knowledge of contraception however, was rudimentary. Of the 19 women questioned, not one mentioned that she did anything to prevent the pregnancy. The appearance of vulcanized rubber could have made condoms and vaginal suppositories available to a large segment of the population; however, the Government prevented the marketing of contraceptives. These devices were already available before the Second World War — however, their display in pharmacy windows, thus their popularization, could not even come into question. The Interior Ministry in a confidential Memorandum notified all medical officers that pharmacists and drug store owners "have to remove all signs advertising the said articles from their shop windows or from other conspicuous places."¹⁰ Contraceptives were dispensed by virtue of Regulation 3.180/32/1949 through medical prescriptions pursuant to the instructions of the Országos Közegészségügyi Tanács [National Health Council], according to which contraceptives could only be used in cases where the mother's health required it,¹¹ for instance, in case the woman contracted a disease during pregnancy that could endanger her health.

In the doctor-trial, if a woman visited the gynaecologist because of a missed monthly period, the court interpreted it in every instance as a confirmed pregnancy — although the missed period could have had other causes (ovaritis, tumour, menopause). It appeared from the women's testimony — revealed during a series of interrogations — that they were at a loss as to what could have caused the missed period; they didn't really know the reason for it. It was felt within the country's social security apparatus that the women were handled in a callous manner. However, since the majority of them were not eligible for social health care assistance for political reasons, there was no other recourse for them than to seek the services of private practitioners. Only a private physician could remedy their gynaecological problems. Those women who were de facto pregnant, knew that the sooner they saw a doctor with an unwanted pregnancy, the easier the surgical procedure would be. This was the

reason why physicians performed dilatation and curettage in cases where the woman was late only by 5-7 days, although one admitted at the trial that pregnancy can not be established with certainty at such an early stage. The doctor justified the surgical intervention by stating that the patient was "nervous" and a postponement would have made her even more nervous.

In the "quack doctors" case the women were convinced that a missed period could only mean pregnancy. One also referred to the shame she felt at the police station: "I was ashamed to tell [the police] that I went not for the termination of the pregnancy but because of the bleeding." Even the thirty-eight-year-old woman, who kept on insisting that she could not be pregnant as she didn't have a sex life, was persuaded by the quacks about the necessity of the interference. According to the woman: "something had to be removed from me, although in my mind I knew that I was not pregnant." As one of the defendants put it: "he told me that I was pregnant; for me the main thing was to get my period as soon as possible" — in other words, to reestablish the status quo. The quacks were sought out to "start the bleeding," which was achieved by injecting glucose and glanduitrin into the womb. The women who turned to the quacks were 2-3 months pregnant. The more advanced the pregnancy, the more dangerous the injection; the police called it the "G-method" intervention, as it also appears in the indictment after the name of the principal defendant. One woman in the 4th month of pregnancy hemorrhaged so severely that one of the quacks called an ambulance to save the woman's life — by which act he delivered himself, his partner, and his assistants into the hands of the police.

It was typical of the female defendants in both cases that they blindly trusted the persons they thought to be physicians. If the quack decided by looking at the women that "they will have a difficult pregnancy" — as it happened several times in both cases — it was enough for the women to take on the risk of terminating the pregnancy in their fear of later difficulties and the pain involved. These uneducated women of unstable backgrounds believed in the miraculous faculties of the "injection." One woman sought out the quacks only because she "didn't feel very well" and expected a relief for her cramps. The women expected a relief for all their health problems from these injections of unknown substances.

During the "population growth" campaign, the task fell to the gynaecologists to popularize all health-related issues concerning abortion

that would serve the purposes of the campaign. With the prohibition of abortion, the authorities focused attention on its harmful health and societal effects as a method of birth control. At the same time, no other form of birth control was available until the 810-9/1953 directive, when the word "prevention" found its way into the dictionary of the medically more enlightened. The new era was signalled by directive 105/1956 of the Ministry of Health when the *Timodon anticoncipiens* pill came to be sold without prescription.¹² However, from April of 1957 on, following the unsuccessful revolution of the fall of 1956, the government stopped supporting the country's social security institutions in their drive for the use of contraceptives.

The female responsibility

The woman, as the carrier of the fetus, bears the responsibility meted out to her by the respective society.¹³ Pregnant women, if married, stated during testimony that they shared the responsibility of the decision to conceive with their husbands. This was the way they attempted to lessen their own *moral responsibility*. That this was not only a defense tactic employed in court is proved best by the fact that the husbands accompanied their wives to the doctor's office. In the quack doctors' case the husbands played no role; but the lovers, charged with aiding and abetting, were sentenced. The court held that the man who deserted the woman with whom he established a sexual relationship and made her pregnant, did not commit a crime. On the other hand, the man who considered desertion to be an "immoral act," "leaving a woman in trouble" and, in the interest of maintaining their relationship, encouraged the woman to have the prohibited operation, was held guilty. The active, collaborating man — i.e. the one who found out where to turn in such cases, accompanied the woman and waited until the operation was over — was severely punished. The woman, a victim of abetting, came under lighter judicial consideration than the woman who came to the decision on her own to have the illegal abortion. To use the argument that she was the weaker sex and at the mercy of others sometimes proved successful in obtaining a lighter sentence from the court. Beside their sex partners, the women also discussed the matter with relatives. According to the court registers, the acceptance or termination of pregnancy was a usual topic of conversation: "One of my relatives warned me that if I am delicate, I

should not carry the pregnancy to full term" — confessed one of the women.

The abortion cases put an end to the notion that pregnancy is the sole responsibility of the woman, for the abettors as well as the executors of the procedure were severely punished, provided the courts managed to shed light on their identities. The state wedged itself between the woman and the medical expert by issuing abortion permits only after thorough bureaucratic inquiry by the appropriate abortion committee. If the woman, not wanting to continue the pregnancy, chose the illegal way, i.e. chose to circumvent the law, her responsibility in the decision was considered greater. Most illegally performed interference only started the abortion; a specialist later completed it at a health facility. According to records from rural areas, if the doctor began to harbour suspicion that nature was helped along, the woman usually claimed that she manipulated her own body. This way she assumed full responsibility. The law did not punish self-destructive and self-mutilating women. The fetus is part of a woman's body, and self-mutilation is not a criminal offence. Therefore the law did not come down as hard on the self-mutilating woman than on the abortionist. The High Court of Justice made the provisions of the penal code respecting self-aborting women more stringent by a ruling dated November 26, 1952: now the woman, who manipulated her own body received a jail sentence. However, this was reduced to a fine by a ruling dated December 17, 1952. The penalty for women therefore was in effect for barely a month.

In the Hungary of the times, a woman, on conceiving, had to make a decision not only about the fate of her infant, but also about her own subsequent situation in her community. In rural areas the woman, in order to avoid gossip, more often than not, chose to have the baby, rather than appear before an abortion committee composed of members of the local community. It was the sign of the woman's independence to be aware of her special interests in the face of official authority and, based on this, to make her own decision. At the same time, the use of questionable abortion techniques could imperil the woman's health and her future ability to conceive. The propaganda campaign was founded on this maxim, maintaining that even the most professionally performed abortion could imperil the woman's life, body and health, therefore every conceived child had to be born.

The women displayed different attitudes during the proceedings, extracting themselves from the burden of responsibility differently. The

defendants and the witnesses in the courtroom. "I can't remember any more what I confessed at the police station, I was so nervous." Nervousness is a well-known stereotypical female reaction to an unknown situation. The other excuse was fear with which women justified why they changed an earlier testimony. "I was very frightened" — said one of them, or "I felt very ill." These were the two arguments the defendant used. Amnesia caused by excitement, fear and illness was a legal remedy used by well-paid lawyers. "At the police station I said yes to everything" — asserted one of the defendants similarly to others, supporting the show-trial character of the case. A woman taken to the police station at 4:30 a.m. in the morning presented the following argument at the advice of her lawyer: "there are many mistakes in the police record." As a matter of fact, they crossed out by hand the part that recounted the operation with suspicious detail and medical accuracy, the medical instruments used, the pattern of the sofa in the waiting room, and the amount of money agreed upon, putting it all in the mouth of one of the defendants charged with misdemeanour. There was only one woman who did not refer to her emotional state: the one that was probably sent to the doctors' office by the police to help in the arrest of the gynaecologists.

The other defense technique was total denial: she carried a sum equalling a small fortune around with her in July, because she wanted to "buy a winter coat." It is not altogether surprising that the court found it somewhat spurious. When no amount of denial worked, the victims pleaded that "please don't punish me, I would like to work" — the last resort therefore being a desire to take part in the productive work of Socialism. Even when the old family friend, the doctor performing the procedure admitted to three consecutive abortions, the accused woman claimed that she is as good as married, therefore attained quasi-respectability in society, in other words, impunity. As the family acquired an important role in court as a model for respectability, the defendants were eager to speak of an established couple-relationship, even when it was evident that there was none.

Another type of feminine defense was to cite the husband's authority: "I went where my husband took me." If the husband judged it to be proper, then there was nothing objectionable about it. At the same time, in the quack-case, lacking a decision-making husband, the defendant used the defense that she didn't know what she was doing. "I am a simple village woman, didn't know what great sin I was committing." The reason

for her ignorance was that she is from the country, lived in a village for a long time and wasn't familiar with city ways. "I didn't know this was such a great sin" — confessed another. Somewhat more artful was the argument presented by another woman, who explained her action on legal grounds: "I knew nothing of legal matters." In her case there is no mention whatsoever of morals or consciousness of guilt in the religious sense, only of ignorance of the law.

The *causative responsibility* of the woman, i.e. that she alone is responsible for the pregnancy, was a moral question. If the pregnancy was proven to be the result of rape, then the woman was considered a victim. All other pregnancies — according to the terminology of the population growth campaign — were "appropriate" pregnancies, be it that of an unwed mother or the result of an extramarital relationship. In the quack doctor's case the women seeking abortion became pregnant in the first sexual relationship. For the women this sexual relationship meant an emotional bond as well. For this reason she assented to the abortion arranged by the man. At the same trial the man said he would gladly marry her, but lacked the financial means necessary for it. The woman, albeit with sadness, but nevertheless familiar with the values of the prevailing legal mechanism, confessed — not without risk — that following the abortion "she saw the man less frequently." The number of abortions resulting from sexual relationships without the promise of marriage was greater than that of married women with children. Hospitals, in accordance with the regulations, did not even report abortions performed on married women, as marriage ascertained the control of the husband. The abortions performed on unmarried women deserved special attention from the police in the hope of uncovering suspicious circumstances. The unmarried but pregnant women usually claimed a "social reason," such as unsatisfactory housing conditions. In the court register, these abortions were documented as the unanimous decisions of married couples.

There was no mention of *parental responsibility* in the course of the trials. With the acceptance of motherhood, the woman made the long-term decision about her capabilities in fulfilling the requirements of her parental responsibilities. However, this question did not arise in 1952. When the women were recounting their motivations that led to the abortion, they mentioned mainly their own, short-term interests. This manner of reasoning was classified as "egotistic," and was the one that officialdom was especially sensitive about in their efforts to "protect the

Hungarian people, which received ample press coverage in connection with the well-publicized court cases. For surely, socialism "is so advanced" that a whole institutional network awaits the newborn: from state-run nurseries to adoption, everything is provided so that the country's new citizen could consider him/herself looked after, therefore the need for personal judgment with respect to the control of female fertility became unnecessary.

The concealed safety net: who knew what to do and where to turn?

Knowledge about the female body, besides the circle of friends and family, also had its origins in the respective community. Community awareness played an especially important role in poorer peasant communities, where there was neither hospital nor doctor close by. Knowledge about female fertility gained in value, for appearance before the abortion committee would have been a public admission of "shame" and "sin," something pregnant women wanted to avoid at all cost.

The most important criterion for midwives, who played a key-role in the population growth campaign, was "reliability." The midwives possessed the knowledge about hygiene and the means with which to avoid the controlling authority.¹⁴

Women discovering an unwanted pregnancy first looked for help in the immediate family circle. In the doctor-trial the women were either patients of the gynaecologist's practice, or came from his wider circle of clientele. In the case where they were, in fact, performing a prohibited surgery, one of the doctors defended himself by saying that he had been known to the woman's family for a long time. There was only one witness who walked in from the street when she noticed the doctor's sign on the Pozsonyi street house; it can be deduced from her statement however, that she was the agent who brought the whole matter to the attention of the police.

Folk abortion techniques were not held to be dangerous even by the scrutiny of the Public Prosecutor's office; they did not leave any trace, and as such were difficult for the police to identify. "Abortion methods form a tradition that were passed from village to village, neighbour to neighbour, family to family. Charlatans, midwives and witch doctors all acquired great facility and expertise with the result that they were able to perform an abortion without any visible sign, or danger" — reads the

... Even if the courts convicted the local abortionist, after the amnesty "[the abortionist] soon returned to his/her former location where, among familiar surroundings, he/she was able to continue to practice."¹⁶

In the quack doctors' case too, "social acquaintance" status was important; but the female co-worker or the wife of the district medical officer also knew the desired address, even if there was no brass plate with the doctor's name on the front door. The local doctor in Tatabánya similarly provided the address of a doctor in Budapest, where the woman could "perhaps" look after the matter. That doctor then referred her to another doctor. When someone new came into the office, the most important question asked was who sent the patient, who recommended the address. Such connection network was also true in the doctor-trial between the two accused, albeit not on the same level, for one was "beholden" to the other and was not in the position to refuse "women in trouble" sent to him by his senior colleague higher up on the professional ladder.

Locations where abortions were performed could become quite well known after a few enquiries, be it the place of a "witch," a quack, or the office of a successful physician. One had only to inquire about it among one's circle of acquaintances, hoping that no one would report it to the police. During the war against abortion, the authorities tried to discover in the countryside the identity of those to whom the "women in trouble" turned. For this purpose they used the so-called abortion maps, where they marked with a dot the locations where a high number of abortions occurred, supposing that the pregnant woman would only go to someone she knew, i.e. to a person who lived in the neighbourhood. Thus the thickening of the dots would indicate an abortionist. However, the hitherto well-working network of community solidarity was not prepared for the eventuality of a police raid, in which case they really would have to forego the presence of the local "witch."

Solidarity within society was able to function — and did function — even in the face of ever increasing police vigilance. Solidarity between the women and their helpers developed in spite of the prohibition of abortion. Even the police did not deploy the best of their force in the war against abortionists; they were content with the occasionally dilettante reports of police constables. The women protested with massive signature-collecting campaigns against the unjustified hunt for scapegoats even during the most stringent police terror. Even the Democratic Federation of

Hungarian Women [MAGYAR NŐK DEMOKRATIKUS SZÖVESEGE ÚJMÉNDEZ] intervened against the sentencing of a midwife in Nyiregyháza, the woman being the only midwife in the district.¹⁷ Next to the midwives, centrally controlled intervention affected the gynaecologists most, for even the shadow of suspicion could imperil their professional reputation. The doctors' professional competency was seriously threatened by the ignorant interference on the part of the courts. "In some cases they started legal proceedings against doctors who injected pregnant women either with vitamin B or Arzotomin." Consequently, the doctors didn't dare touch even women who were genuinely in danger of a miscarriage, for they would have been blamed whatever the outcome.¹⁸ Not surprisingly, many failed to report it when a woman came for a diagnosis of pregnancy, then, soon after the confirmation of pregnancy, appeared bleeding amidst suspicious circumstances; instead, they reported the case to the statisticians as a miscarriage. The best defense was not to ask unnecessary questions on admission of the patient, but record only the minimally required information. The doctors employed a stereotypical way of keeping medical records; this way these could not be used in the course of prosecution. "The doctors at the Pécs and Mohács hospitals refrained from detailed questioning of the patients, because it was perceived as interrogation and third-degree questioning."¹⁹ A possible defense tactic for the aborting woman was to register under a false name in the hospital, although it carried some risks.²⁰ Aborting women were unwilling to discuss who or what started the miscarriage. Silence protected the midwife, because if she managed to outwit the vigilance of the authorities, it meant the freedom of choice for other "women in trouble" later. The self-mutilating woman was not punished as severely as the abortionist, therefore silence carried less risk.

The legal system did not function too efficiently; therefore, in drawn-out court cases, the defendant had a greater opportunity for — in legal jargon — "collusion." The women were presented in the propaganda literature of the population growth campaign as passive and desperate. In spite of this, in most of the cases the woman alone made the difficult decision to have a secret abortion. These women behaved bravely in the face of officialdom and did not reveal the name of the abortionist. No one could escape the humiliating questioning, however.²¹ But the axiom "who gains time gains life" proved true, for the Ministry of Justice, while in their circulars continuously instructed the courts how to proceed against abortionists, gradually eased up, as of 1953, on their initially unbending

severity. In the end, they gave amnesty to the hundreds of abortionists who fell victim to the abortion show-trials and, according to a directive, as of the summer of 1953 "no further actions were to be initiated."

The termination practitioners: the abortionists

During the inquiries, judicial reports often referred to those providing abortion as "Gypsy women." The hysteria was permeated with a strong anti-Gypsy sentiment, where the abortionist murders — nay, assassinates the most defenceless human being, the fetus. According to the population growth campaign literature, only a Gypsy is capable of committing such heinous an act with premeditation, for material gain and without professional knowledge. We also get an exact, but folklore-type descriptions of the abortionist "who is known to the wife of the cartwright-master, who lives in the half-finished house next to the church."²² From the report one can deduce the logic of the investigation: there is no abortion performed in the area not because they eliminated the former abortionist, but because they haven't yet unmasked the new one. And until a "new enterprising person surfaces in the area," there will be no abortions.²³

The quack doctors' trial also fits into this line of reasoning. One, a medical student in the final year of his medical studies, the other a quack, misled the women who gave them their trust. According to the charge, they did not treat the women in a professional manner, which was in fact, true. In the doctors' case this is also an important charge, for they demanded large sums of money from the women in the hope of financial gain. In the 1952 court cases the concept of "professionalism" did not relate to operative pregnancy termination: according to state and police definition, this type of operation could not be termed "professional."

Rural abortionists, quacks and physicians all admitted at the trials that they considered pregnancy termination a lucrative source of income. Abortion, the only fertility regulating tool before the advent of contraception — practiced with centuries-old routine by abortionists — became the logical target of the anti-abortion campaign. It was always and everywhere forbidden to perform an abortion in the home; however, the communist police force took up the fight against it with considerably more efficient results. Consequently, the attack led by the pro-abortionists hit the unprepared hospital systems.

prevalent political situation. According to the admission of one, they performed abortions on women who were not even pregnant, purely for material gain. The *genius loci* here was the defendant, who acquired a medical license in a devious way, and received his "professional knowledge" from the medical student. They performed the abortions in homes on plastic sheets. The medical student at least had the conscience to call an ambulance when it became evident that the unprofessionally injected woman in the fourth month of pregnancy would die of hemorrhage.

In the doctor-trial two doctors with different backgrounds ended up on the stand. They worked together as partners and sent each other patients. One of them attained his position as Chief of an obstetrics clinic by going through the traditional educational system. It was not only his background that brought upon him the notice of the example setters. He must have had a lucrative practice if, in 1952, he could afford a car — which also caught the attention of the authorities. At the police inquiry he tried to explain, not too convincingly, his need to augment his income by performing abortions in order to support an "over-sized household." He later attempted to explain away this ill-considered statement at the public trial; however, without doubt, he fitted into the stereotype of the "unconscionable doctor, taking lives for material gain." The doctor kept records, and as a defense he claimed that because filing cards necessary for record-keeping were a short-supply item, he made notes of the particulars on the back of a prescription form. This contained all data pertaining to the women who came to him with a gynaecological complaint. The police found this document despite the desperate efforts of the doctor to "get rid of his notes" (to eat them — A. P.). On the strength of this document, they took his earlier patients into police custody. In his private office his wife assisted him at the examinations and operations.

The life of the other doctor convicted in the doctor-trial turned out to be more adventurous. He came from an affluent, upper class Jewish family. In 1919 he had participated in the Republic of Council as a Red Army soldier. As a consequence, after the defeat of Hungary's first Soviet experiment, he was able to continue his medical studies only later, and only at provincial universities. During World War II, he served as a labour conscript in the army of Regent Miklós Horthy. Then, after the liberation of Hungary in 1945, he finally managed to establish a successful medical practice. His main sin was having treated female

patients without being a qualified specialist in gynaecology. The other reason why he proved to be an ideal victim was that in his private practice he did not keep records. This was no doubt stated by the key-witness in the case, who "accidentally" happened to walk into the man's Pozsonyi street office from the street. As the doctor stated at the trial: "I haven't kept any records since the war." Actually, record keeping was not compulsory; but doctors in private practice nevertheless kept records for self-protection. But the court physician at the trial indignantly stated: "As a rule, such records don't usually come to light except when seized in a police raid." The many people passing through the busy office and the lack of documentation helped to establish the nature of the indictment, as it made it difficult to follow the true development of the treatment. What really happened in the course of the examinations and treatments we don't really know, as so many different descriptions survived in any given case. However, it is noteworthy how people changed their stories in court. In the course of the trial so many different stories were heard — that of the police, the versions of the defense, not to mention the versions presented by the defendant — that it was difficult even to reconstruct whether or not the women found guilty of having an illegal abortion were pregnant in the first place. Against the doctor in the case however, there were already two previous proceedings for illegal abortion. But, as he stated in his deposition: "they were based on error." He was not only an ideal target in this trial because of his origins, his chaotic medical records and his past, but also because he "violated the [Government's] planned foreign exchange policy." He concealed in the back of a hairbrush — now kept as a memento — a 20 US Dollar banknote, which he voluntarily handed over to the police detectives inquiring after the whereabouts of his Napoleon gold coins. Although the place of concealment escaped the notice of the guards in the internment camp, it is improbable that at his home the detectives would have been able to discover it without his help. He could not have known that the pre-war Dollar banknote should have been offered to the National Bank for sale. With this, as well as with the two 10 Ruble coins he accepted from Soviet soldiers for treatment (which were recalled from circulation in 1947), he fitted well into the role of the secret abortionist: killer of healthy fetuses for material gain, at the same time a wheeler-dealer in foreign currency and gold.

The two doctors reacted to the police investigation differently. According to police records, the doctor with the lesser problems and a more numerous family to support attempted to smuggle into jail ampoules

of morphine and domatrin along with the necessary syringes, concealed in his socks. In his jail cell he became a nervous wreck, complained at the trial that the investigators "demonstrated a threatening attitude." He was in an unfamiliar situation and, on top of it, his cellmates threatened him with physical violence. Consequently "I confessed to everything, even to what I had not done" — he stated at the trial, where he changed his testimony from the one he had given at police headquarters.

His colleague with the unstable past, who owed a lot to his partner, gave an unnecessarily detailed confession as to how many abortions he performed and when: between January and April of 1952, two per week; in the first week of June five, in the second week seven; in the second week of May four, in the third week five; and in the past two-three weeks, two or three: altogether twenty-two. But at the trial, to his misfortune, the midwife assisting him at the operations told of 70-80 illegal abortions. In the final judgment the doctor was convicted for two "proven" abortions. At the public trial, where he attempted to turn its public nature to his advantage as if it could secure some form of justice for a defendant, the doctor stressed that although he had been performing abortions since November of 1951, he had not performed such operations since August of 1952; and the new system came into effect on April 11, 1952. The doctor tried to defend himself at the trial by stating that he asked women high fees for performing the abortions in order to discourage those requesting it. However, if a particular woman's social circumstance required it, he was ready to reduce the price. The doctor blamed his bad memory for names on the shell shock he had suffered from explosions during the war, and was unwilling to name more of his patients. This way only those came to the notice of the police who were discovered by them. The private clinic kept its secrets, solidarity was working.

At the time, all surgical interference of a gynaecological nature counted as illegal in the eyes of the police. The two doctors presented the same line of defense: they referred to the fact that not all abortions they performed were illegal. Actually, there was a period, after 1945 to be exact, when abortion had been legal. Naturally, abortions performed at private clinics for remuneration were not legal even then. However, a permit issued by the district medical officer in the face of rape committed by Soviet soldiers far and wide at the time, would have lent legality to the interventions. The departments set up for this very purpose, if asked would have approved abortions performed by doctors — stated th

... The doctors also stated that they could be charged only with negligent treatment, but not with illegal abortion. But in fact, it was truly an unforgivable irresponsibility to circumvent legality and perform an abortion on a woman who was suffering from a heart condition and, notwithstanding her illness, was driving a 3-ton transport truck because she was unable to secure other employment due to her upper middle class background; or on another pregnant woman suffering from diabetes and thyroid problems. The two defendant doctors referred to their breadwinner status, and produced several relatives as well, in need of support. They also deposited with the court letters written by their superiors, and a handwritten note by a person of unfortunate circumstance living in the same building, all stating that the doctors supported them. The defense duly used these as proof against the charge of greed. In the absence of medical notes, the doctors presented the argument that not every woman who consulted them was pregnant; some only had gynaecological problems. Both proudly defended their professional integrity: "I didn't perform the operation to make money" — one confidently declared — and with that, he drew the line between the irresponsible abortionist and the responsible specialist, albeit a negligent record-keeper.

The Chief of a clinic, who earlier hid in the grey zone and who, as yet, did not get involved with the law, but in the end was convicted on 11 counts of illegal abortions, did not give up the fight. He hired a well-known lawyer and lodged an appeal. Even before the expiration of the suspension of his license (August 10, 1955), from May 1, 1955 onward, he filled a responsible position at the János Hospital in Budapest. He didn't lose any time in securing a supportive letter from his superior, which he attached to the appeal. On the strength of it, he was acquitted on September 5, 1955. When, during September 1957, the police went to look for him, they didn't find him at his home, for by that time he had legally left the country for the West.

Both doctors claimed that their patients demanded to know "why did I do it for others and why wouldn't I do it for them" — which proved that the patients knew they were knocking on the right door. The ones in trouble knew the address of those who performed abortions and didn't keep too many administrative records. "I knew one had to report such operations, but I neglected to do so" — confessed one of the doctors. He, therefore, admitted to negligent administrative practices. At police headquarters he, confessed: "in almost all the cases I consented to it (i.e. to the abortions) at the insistence of the patients." The environment of the

private office stood in harsh contrast to that of the state-run clinics. In the private office the relationship between the patient and the doctor was more personal and the former could count on the sympathy of the latter, even though the doctor would warn the patient that the surgical intervention was an illegal act. There was a relationship of trust between those who performed the abortion and the ones seeking it, for both parties were aware of the risks involved.

The Sentences

On July 14, 1952, the accused in the doctor-trial were given — with a clear educative intent — maximum sentences. In April of 1954, the courts mitigated the sentences: confinement was reduced from 7 years and 6 months, to 4 years and 6 months; the 10,000 Ft. fine was later waived, for the court held that there was not enough material gain involved to justify it. The suspension of the medical licenses for life was amended to one year, as the act committed did not pose a real danger to society. At the same time, the cases served as proof that abortion was a threat to society. In April 1954, the court amended the sentences with the following reasoning: “The accused committed, or attempted to commit the abortions they are charged with during the period when the sentencing policy, fundamentally stricter than the previous one, was not yet in place, or more widely known. In the mind of the accused there still lived an assessment of the previous, considerably milder sentencing practice of the judiciary. Therefore, it is evident that its moderating influence had reduced its effectiveness.” The example used is not legal, as the judgment handed down in the above charge was, in fact, only changed on the strength of the case currently before the court. All the factors that were ignored at the previous trial — lack of criminal record, excellent professional standing and responsible family life — two years later became mitigating circumstances.

In the case of the two defendants, the one-year jail terms were amended to 6-month suspended sentences. The responsibility was now borne by the two doctors alone, because the women “could have believed” — read the judgment — that the pregnancy was endangering their life. The women once again became “defenceless and deceived” in legal terminology. The doctors, whose task should have been to “do everything in the interest of the birth of a healthy, vital generation,” were not

to the sewers." The third woman by this time had served her jail sentence. The mitigating circumstance in both cases is worthy of note: one is a "working woman who, in the meantime, had married and now leads a proper family life;" the other is "an obviously seriously ill, distressed woman."

At the review of their sentences, the quack doctors, originally charged with abortion, received a more severe sentence for infanticide. The two men, who earlier did not receive suspended jail sentences for "aiding and abetting," now received such sentences. In the case of the 18-year-old truant girl, jailed for 4 months — which was meant to serve as a lesson — the court withheld judgment holding, that in the meantime she became a trustworthy member of the Student Youth Federation (Hungary's communist youth organization [Demokratikus Ifjusági Szövetség or DISZ]) and, in any event, at the time she acted "on the advice of others." It carried weight in the argument of the suspension of the sentences that one of the women almost died as a result of the operation, which, in view of the court, was punishment enough. With respect of the others, they now "relate well to their jobs," therefore deserve the mercy of the Court of the Peoples' Republic as "misguided workers." As to what means of contraceptive methods the women employed during their lives and with what success we have no information.

Conclusions

In Hungary in 1952-53, in their attempt to control female fertility, the judicial forums were collecting data and mapped out social practices respecting female fertility. Founded on their fear of a decline in the population growth and on their boundless faith in communism, they defined a norm for fertility practices (every conceived child had to be born, and the women who had a sex life had to have a husband). Those who did not follow this norm had to confess their sins in public. The well-publicized abortion cases and police actions served the same purpose: to control the reproduction process and the medical information connected with it. The judicial system especially sanctioned the woman living outside a family unit, who made decisions in an independent, autonomous manner and earned the acceptance of society; but it supported the woman who displayed an attitude of weakness, and therefore could be categorized as the defenceless type complaining of having been deceived.

The reinstatement of the patriarchal respect owed to the family band, weakened during World War II, was assisted by a national policy that supported the subordination of women by forcing them into a weak victim-position.²⁴ In a "matriarchy born out of necessity" — as the war years and the period following it had been called — the typical woman was the independent one, capable of making decisions in emergency situations, which traditionally had been the exclusive privilege of men. The indirect target of the population growth campaign was the liquidation of this autonomous status of women.

The exclusively institutionalized regulation of female fertility failed in less than a year. It failed due to a manipulative judiciary system and its — in some cases still employable — regulations, although in ruins, but nevertheless guaranteeing a semblance of legality. And it failed because of human, female solidarity, which sprang into action out of necessity and as a result of oppression.²⁵ Ultimately the woman decides about the regulation of her fertility; and whether she recognizes the existence and the importance of this decision, is the fundamental question of women's independence. After 1954, the recognition of the intimacy of gravidity was restored; however, this recognition also served as a blueprint for interference for various succeeding state aspirations and ideologies.²⁶

NOTES

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¹ A comment by Professor Pál Kiss, minutes of the Jan. 17, 1949 meeting of the Országos Egészségügyi Tanács (National Health Council). Documents of the National Health Council, XIX-C-9, 15, d. 24. Magyar Országos Levéltár (National Archives of Hungary, hereafter NAH), Budapest.

² Gábor Gyáni, "The Family as Fiction. Scholarly Discourse in the Kádár Era," in *Construction. Reconstruction*, ed. Andrea Pető and Béla Rásky

(Budapest: Central European University, Program on Gender and Culture, 1999), 93-103.

³ Gisela Bock, "Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization and the State," in *Different Voices. Women and the Holocaust*, ed. Carol Ritter and John K. Roth (New York: Paragon House, 1993), 162-186; Victoria DeGrazia, *How Fascism Ruled Women*. (Berkeley: University of California Press, 1992); Christopher Williams, "Abortion and Women's Health in Russia and the Soviet Union Successor States," in *Women in Russia and Ukraine*, ed. Rosalind Marsh (Cambridge: Cambridge University Press, 1996), 131-56; Gail Kligman, "The Politics of Reproduction in Ceausescu's Romania: A Case Study in Political Culture," *East European Politics and Societies* 6(3) (1992), 364-418.

⁴ György Németh, "Volt-e Ratkó törvény?" [Was there a Ratkó-law?] *Társadalmi Szemle* 12 (35) (1992), 81-90.

⁵ Andrea Pető, "Átvonuló hadsereg, maradandó trauma. Az 1945-ös budapesti nemi erőszak esetek emlékezeté" [Transiting Army, Lasting Trauma. Memories of Rape Cases in Budapest in 1945], *Történelmi Szemle* 1-2 (41) (1999), 85-107.

⁶ It would deserve a special study how the respective Hungarian officials attempted to conceal the 1955 Soviet abortion-liberalization. At first they were refuting even its mere existence. Later, putting forward the extraordinary nature of the Hungarian situation as an argument, they attempted to exempt Hungary from the directive; in the end however, the "good example" could not help but have an influence on the arguments of the legislators.

⁷ The material of the two cases can be found in: Dr. L. M. *et al.*, XXXV. 6.b. 3632/1952; and G. I. *et al.*, XXV. 6.b. 4897/1952. Both are in the Records of the Ministry of Justice, Budapest Archives.

⁸ The Pécs-Baranya county investigation was conducted between the 16th and 18th of February, 1953. The text is published in Németh, "Volt-e Ratkó törvény?" 84-89.

⁹ *Ibid.*, 86.

¹⁰ Notes of director Dr. István Lovrekovich of the Győr County Archives, June 9, 1944. Records of the Royal Hungarian Interior Ministry, Győr County Archives.

¹¹ XIX-C-9 15. d. Minutes of January 3, 1949. Records of the Ministry of Health, Magyar Országos Levéltár [Hungarian National Archives] (hereafter MOL).

¹² Circular from Dr. Imre Loránt, Department Head, to the City Chief Medical Officer of the Capital and to the County Chief Medical Officer, January 14, 1956. Records of the Ministry of Health. MOL.

¹³ On the subject of the "fourfold female responsibility" see Catriona Mackenzie, "Abortion and Embodiment," in *Troubled Bodies. Critical*

Perspectives on Postmodernism, Medical Ethics, and the Body, ed. Paul A. Komesaroff, (Durham, North Carolina: Duke University Press, 1995), 38-62.

¹⁴ On the history of midwifery to 1950 see Zita Deák, *A bába a magyarországi népi társadalomban (18. század vége – 20. század közepe)* [The Midwife in Hungarian Folk Society. (End of the 18th Century to the middle of the 20th Century)] (Budapest: Centrál Európa Alapítvány, 1996).

¹⁵ The Pécs-Baranya county investigation, February 16 to 18, 1953. The text is published in Németh, "Volt-e Ratkó törvény?" 87.

¹⁶ Minutes of the Meeting of the Public Prosecutor's Office, 6 March 1954, Records of the Interior Ministry, Győr County Archives.

¹⁷ Documents of the Ministry of Health, Collection XX-10-B, *loc. cit.* 4d., doc. no. 9863, p. 11.

¹⁸ *Ibid.*, p. 10.

¹⁹ *Ibid.*, p. 9.

²⁰ *Ibid.*, p. 10.

²¹ Mrs. P.G., a nurse in the Sopron County Hospital, at one point moved heavy iron beds and, as a result, miscarried. This happened on April 18, 1955; the Sopron County Court ordered the case closed on May 28th. In another case they "unmasked" someone on September 6, 1952 for self-induced abortion and she was questioned on January 3, 1953 (quoted in Németh, "Volt-e Ratkó törvény?" 88)

²² Notes of the Public Prosecutor's Office, Győr County Archives.

²³ Report of Health Team Leader Dr. Mátyás Tálás, October 2, 1952. 814-15-1/1952. Győr County Archives.

²⁴ Andrea Pető, "Memory Unchanged. Redefinition of identities in Post-WWII Hungary," in *CEU History Department Yearbook 1997-98*, 135-153.

²⁵ James Scott, *Domination and the Arts of Resistance — Hidden Transcripts* (New Haven: Yale University Press, 1990).

²⁶ Andrea Pető, "A demokráciában nincsen k. avagy az ellenőrizetlen szexualitás a hidegháború görbe tükrében" ["There are no whores in a democracy" — or unsupervised sexuality in the concave mirror of the Cold War] *Symposium* (Novi Sad) (1998): 46-53.

Appendix of Tables.

Table 1 Live births in Hungary (per month, 1951-1955)

	1951	1952	1953	1954	1955
January	16,722	14,590	16,174	18,052	18,050
February	15,868	14,817	15,593	16,728	17,023
March	17,268	10,179	18,275	19,501	19,889
April	15,671	15,609	17,216	19,152	18,969
May	16,497	15,288	17,791	20,344	19,481
June	15,548	14,588	17,087	18,850	17,367
July	16,736	16,042	18,683	20,148	17,867
August	16,951	16,283	18,594	20,106	18,079
Sept.	16,657	16,781	19,192	19,016	17,590
October	15,329	16,124	17,265	17,863	16,736
Nov.	13,383	14,865	15,282	16,619	14,900
Dec.	13,714	14,654	15,774	17,068	14,478
Total	190,645	185,820	206,926	223,347	210,430

Data provided by György Németh, based on Ministry of Health statistics. The figure in bold represents the first occasion that the number of live births was influenced by the earlier introduction of the regulations limiting abortions.

Table 2 Individuals accused of and sentenced for performing abortions, 1938-1955.

Year Sentenced	No. of accused	No. of convicted
1938	not available	522
1950	764	447
1951	1,025	768
1952	1,383	911
1953	1,834	1,568
1954	797	506
1955	785	476

Data based on statistics compiled by the Office of the Chief Prosecutor of Hungary, NAH, XX-10.

Table 3. The number of known incomplete pregnancies in Hungary, 1950-1955.

Year	Abortions	Miscarriages	Total
1950	n.a.	n.a.	36,000
1951	1,687	36,115	37,800
1952	1,717	43,096	44,813
1953	2,777	39,944	42,721
1954	16,281	42,029	58,310
1955	35,598	43,102	78,500

Data based on statistics compiled by the Office of the Chief Prosecutor of Hungary, NAH, XX-10.

Table 4. The live births and mothers' mortality rates compared, 1938-1955.

Year	No. of live births	Mortality among mothers
1938	182,206	n.a.
1950	196,000	100
1951	190,605	81
1952	186,000	87
1953	207,000	57
1954	223,430	59
1955	210,430	49

Data based on statistics compiled by the Office of the Chief Prosecutor of Hungary, NAH, XX-10.