though the legal purpose of an inquest was limited to determining the cause of death, the coroner, in fact, wielded significant power. The coroner’s inquest was a highly important stage in the legal process since it generally determined whether anyone would be criminally prosecuted. The jury decided the guilt or innocence of various people involved in a case, and, if the jury determined that the woman’s death was the result of “murder by abortion,” it ordered the police to hold the suspected abortionist and accomplices. Suspects remained in jail or out on bail until the case was concluded. After the inquest, prosecutors brought the case before the grand jury, which then indicted the suspects. Both prosecutors and the grand jury tended to follow the findings of the coroner’s jury; if the coroner’s jury failed to accuse anyone of criminal abortion, then prosecutors generally dropped the case. Abortion cases did not come to trial solely after inquests into abortion-related deaths, but most cases in this period followed the death or injury of a woman.  

Most of the women subjected to official investigations into their abortions were, like Carolina Petrovits, working-class women and either foreign-born themselves or daughters of immigrants. The state’s focus on working-class women in abortion cases matched the greater policing of working-class people in general. Working-class women’s poverty made it more likely that they, rather than middle-class women, would reach official attention for having abortions. All of the forty-four Cook County coroner’s inquests available to me were investigations into the abortions and deaths of white, working-class women. Over half were immigrants or daughters of immigrants. Because of their lack of funds, poor women often used inexpensive, and often dangerous, self-induced measures and delayed calling in doctors if they had complications. By the time these women sought medical attention, they were likely to have reached a critical stage and, as a result, come to official attention. Affluent women may have avoided official investigations into their abortions because they had personal relations with private physicians, many of whom never collected or destroyed dying statements or falsified death certificates. Investigations in New York and Philadelphia found 25 to 30 percent of all abortion deaths were falsely attributed to some other cause such as pneumonia or heart failure. If necessary, wealthier families could pressure or pay physicians and officials to keep quiet about a woman’s abortion-related death. I found mention of only one case in which the Cook County coroner investigated the abortion-related death of an African American woman dur-
ing this period, unfortunately, no record of the case exists. If black women were questioned by officials after their abortions, they may have found it upsetting to be questioned by white authorities. An African American physician prosecuted for abortion complained of racist remarks by the coroner’s office; African American women dying as a result of abortions may have suffered similar treatment.

For doctors, like Dr. Kahn, who had been called in to attend an emergency case, caring for patients who had had abortions was both a medical challenge and a legal peril. The appropriate response was unclear; even specialists disagreed on what a doctor should do. In emergencies, physicians performed curettings, repaired uterine tears and wounds, tried to stop hemorrhaging, and, most difficult in an age without antibiotics, fought infections. Once a woman had a widespread, septic infection (characterized by chills and fever), death was very likely. If a woman died despite a doctor’s efforts, the doctor became a logical suspect in the criminal abortion case. According to New York attorney Almuth Vandiver, police arrested physicians “simply because they were the last physician attending the patient and they had not made their report to the coroner.”

The state needed medical cooperation to investigate abortion cases, and state officials won that cooperation by threatening physicians with arrests and prosecution. Physicians learned that if they failed to report criminal abortion cases, the investigative process could be turned against them. At a 1900 meeting of the Illinois State Medical Society, Dr. O. B. Will of Peoria, Illinois, warned his associates of the “responsibilities and dangers” associated with abortion by relating his own “very annoying experience” when a patient died as a result of an abortion. He was indicted as an accessory to a murder for “keeping the circumstances quiet, by not securing a dying statement from the patient, and in not informing the coroner.” Will declared that he was not required to notify the coroner and that the woman had refused to make a statement, but his story implied that cooperation with the authorities might help doctors avoid similar notoriety. One doctor told his colleagues horror stories of Boston physicians who had been arrested, tried, and, though acquitted of abortion charges, ousted by the Massachusetts Medical Society. In addition, doctors associated with illegal abortion risked losing their medical licenses. In Illinois, a physician had to be convicted of abortion to lose his or her license, but other states revoked medical licenses without a trial. Physicians learned from tales like these that if they treated women for complications following abortions, they should report the cases to local officials or collect dying de-
declarations themselves in order to avoid being arrested and prosecuted.

Coroner's inquests into abortion deaths, and the negative publicity the coroner could cause, helped enmesh doctors and hospitals within the enforcement system. At inquests into abortion deaths, the coroner regularly reminded attending physicians of "the rule" to call the police or coroner whenever there was evidence that a woman had been "tampered with" and reprimanded those who failed to follow this policy.\textsuperscript{26} The fragile reputations of hospitals and physicians could be damaged simply if they were named and associated with an abortion case in the newspapers. At a 1915 inquest into the death of a woman as a result of abortion, the coroner's jury suggested that Rhodes Avenue Hospital, which had cared for the woman, "be severely censured for lax methods in not complying with the rules required in notifying the proper officials . . . and the seeming indifference on the part of physicians and assistants . . . to ascertain who performed said abortion." The hospital protested the censure and the notoriety resulting from newspaper coverage of the case. The superintendent wrote that the hospital had always cooperated with the coroner's office and that "the hospital was not on trial."\textsuperscript{27} This publicized reproof warned hospitals and physicians that if they failed to cooperate with state officials, their institutions and careers could be hurt.

By 1917, if not earlier, state authorities had persuaded Chicago's hospitals to pledge their cooperation in the investigation of abortion cases. The city's hospital superintendents reached an agreement with the coroner, chief of police, and state's attorney's office to notify the coroner's office when they saw patients who had had abortions. Furthermore, if it seemed that the woman would die before an official investigator arrived, hospitals agreed to collect the dying declaration themselves. The coroner even provided hospitals with a "blank form" for dying declarations.\textsuperscript{28} The official expectation that doctors would report abortion cases to the coroner was not codified, but in the minds of both doctors and state officials, reporting abortions was, as one doctor described it in court, "compulsory."\textsuperscript{29}

A few New York physicians voiced the indignation many may have felt towards coroners. They resented the way that police pursued them when they were the last attending physician in an abortion case and then subjected them to "disagreeable inquests."\textsuperscript{30} New York physicians felt harassed by the city's coroners, who, the doctors complained, were far too ready to arrest and investigate physicians in criminal abortion cases.

One way to protect themselves from legal trouble and notoriety in
girl, but would attempt to protect her." Two Philadelphia doctors believed medical ethics barred them from testifying against an abortionist if it violated a patient's confidentiality.43

The names of women who had illegal abortions and the intimate details of their lives periodically hit the newspapers. Press coverage of abortion-related deaths warned all women of the dangers of abortion: death and publicity. Sometimes newspapers covered abortion stories on the front page and included photos; more often, abortion-related deaths and arrests of abortionists appeared in small announcements. The story of an unwed woman's seduction and abortion-related death made exciting copy and could dominate local newspapers for days. Anna Johnson was the center of attention in 1914; a year later Chicago and Denver newspapers published Ruth Merriweather's love letters to a Chicago medical student on trial for his involvement in her abortion-related death.44 In 1918, the Chicago Examiners ran a series of "tragedies," excerpted from coroner's inquests, which told the stories of unwed women "who were killed through illegal operations." The articles in this series warned young women of the dangers of seduction and abortion and also warned rural fathers of the need to protect their daughters from the dangers of city life.45 The names and addresses of married women who had abortions often appeared in the press, but not as seduction tales.46 Newspapers sometimes highlighted the fact that police had found thousands of women's names in an abortionist's records.47 In doing so, they threatened women who had abortions that they too could be named and exposed to the public in the newspaper.

Public exposure of a woman's abortion—through the press or gossip—served to punish women who had abortions, as well as their family members. A Chicago police officer recalled that when he questioned Mary Shelley, she "remarked that she didn't want the statement in the newspapers." A few women whose abortions had been reported in the local press lived to face the shame of public exposure. Doctors observed that even when a woman died after an abortion, families did not want authorities to investigate because they wanted "to shield her reputation."48 Some families invited state investigation of abortions and prosecuted abortionists, yet they may have resented publicity about the case. One mother, whose daughter had died because of an illegal abortion, cried at a public hearing that her whole family had "keenly felt the disgrace" of the crime.49 When Frances Collins died, police visited "all houses on both sides" of her home as well as "some ladies" in her old neighborhood and questioned them in hopes of finding a "woman
confidant." The police failed to locate the friend, but they informed the woman's entire community of her death by abortion and displayed the state's interest in controlling abortion. 50

For the women whose abortions came to the attention of medical and legal authorities, the demands for dying statements by physicians and police felt punitive. One woman described her hospital experience after an abortion as "very humiliating. The doctors put me through a regular jail examination." 25 In their efforts to obtain dying declarations, police and physicians, usually male, repeatedly questioned women about their private lives, their sexuality, and their abortions; they asked women when they last menstruated, when they went to the abortionist, and what he or she did. Were instruments introduced into "their privates"? If so, what did the instruments look like and how were they used? If the woman was unmarried, she was asked with whom she had been sexually intimate and when, precisely the information that she may have hoped to keep secret by having an abortion. Furthermore, as in the Petrovits case, it was routine for police to bring the suspected abortionist to the bedside of the dying woman in order for her to identify and accuse her abortionist. 52 Hundreds of women who had abortions may have been questioned annually by physicians, police, or coroner's officers without ever entering official records because they survived their abortions.

To the women, being questioned by police officers about their abortions could seem cruel, to the police officers, the questions, however intrusive, seemed necessary. In the Petrovits case, Sgt. O'Connor mentioned his own fear of getting in trouble if he failed to question the dying woman. The case was out of his precinct, but he took a statement anyhow, as he testified, "to protect ourselves." He "took no chance" and investigated the case in order "to protect the police department." 53 The sergeant did not explain himself further, but his remarks suggested that in 1916 the police felt under pressure, no doubt from many quarters after the Johnson case the year before, to investigate abortion cases carefully. He did not want to be blamed for ruining the investigation and making prosecution impossible. When presented with an abortion case, this police officer, like the doctor, felt the need for self-protection.

Investigations into a woman's abortion-related death were shameful events for the woman's relatives and friends because state officials required that they speak publicly about sexual matters that they ordinarily kept private and rarely discussed. At the Petrovits inquest, police officer John A. Gallagher recalled that Petrovits's sister had translated