

David P Cline, *Creating choice: a community responds to the need for abortion and birth control, 1961–1973*, Palgrave Studies in Oral History, Basingstoke, Palgrave Macmillan, 2006, pp. xiv, 290, £14.99 (paperback 1-4039-6814-4).

Creating choice is a compilation of interviews conducted between 1999 and 2004 with the “amazing web” (p. vii) of people committed to providing access to birth control and abortion for women living in one Western Massachusetts community—Pioneer Valley—and some of the women who accessed these services, at a time when both were illegal. The *dramatis personae* are divided into five sections: women who underwent and survived an illegal abortion; doctors, health educators and illegal abortionists who provided these services; clergy; feminist counsellors; and “connectors” who united medicine, religion and feminism. This geographical region was an important battleground in the fight for social and legislative change. A progressive educational influence, partly due to the presence of two of the nation’s premier women’s colleges, conflicted with Pioneer Valley’s large Catholic population and the fact that conservative Massachusetts was the last state to legalize contraception for married women (in 1965).

These oral histories, and the interesting short introduction that Cline provides to each section and to the volume as a whole, illustrate the lengths to which women went and the ordeals they faced. Their stories range from legal therapeutic abortions where extreme illness threatened the mother or a greedy physician could be found, to cloak-and-dagger backstreet tales. After police crackdowns in the 1950s, illegal abortionists went to increasingly clandestine lengths to conceal their practices. One woman’s 1964 abortion involved a complex series of phone calls, a roll of cash, an abortionist whose face she never saw, and a terrifying, blindfolded drive in a pink Cadillac. Beyond this lay the very real possibility that she would not survive the procedure.

Women who faced unwanted pregnancies were not as alone as they may have felt. The right social contacts could reveal a network of health professionals, feminist activists, and—more surprisingly—members of the clergy, many with differing motivations, but all providing information about or access to birth control and abortion. Their work was done in defiance of the law, sometimes in secret, sometimes surprisingly openly. Although each of these groups worked mainly in isolation, and in some cases were entirely unaware of nearby kindred groups given the secrecy they were labouring under, they came together around key events or overlapped in significant ways. This rich array of voices teaches us much about the daily work of fertility limitation, particularly the financial, logistical and political obstacles, and the spiritual and moral dilemmas faced.

While some interesting work has been published on illegal abortion in North America, there is relatively little emphasis upon the related and contemporaneous battle for legalized access to birth control, so the fact that this book explores both is welcome. Due to the illegal nature, as well as the perceived moral shortcomings, of these activities, their histories have been problematic to uncover. Actors have, understandably, tended to act in a covert and undocumented manner. Oral history has great potential in unlocking such fields and in providing new interpretive perspectives. Another praiseworthy aspect of this volume is its geographically localized nature, which allows us rich insights into the individuals involved, and is all the more compelling for it. It opens with an account of an illegal abortion performed by a desperate college student upon his girlfriend, which resulted in her death and his arrest, and served as a catalyst to the fertility limitation network in Pioneer Valley. The emotional impact of such stories effectively brings this history to life.

Several reservations should, however, be noted. The structure is a little weak. The introduction includes detailed archival work that would have been better placed in the main body of the book. More basic commentary that

relates to all sections of the book and should have been in the introduction is not provided until much later, including a history of legal and illegal abortion in the United States. It is also repetitive in places, and suffers issues of continuity, as though each section were designed to be read in isolation rather than as forming part of a whole. Thus, there are no cross references to actors who are mentioned in multiple sections of the book, and we are still being told by the third section that abortion was illegal before *Roe v Wade*.

One might also question how representative the interviewees are. No doubt the varied range builds up a fascinating picture. However, only one woman willing to share the story of her illegal abortion in Pioneer Valley was found. The author simply notes, slightly unconvincingly, that her story “stands in for the silent voices of the many thousands of Pioneer Valley women who experienced the difficulties of illegal abortions” (p. 26). Cline also claims that other individual stories were “undoubtedly . . . repeated in some way in towns and cities throughout the country” (p. 66), without even a historiographical footnote to back up the statement. Alongside the “small numbers” problem, the narrative is inevitably skewed because only the most “progressive” seem to have been willing, or were invited, to share their experiences.

Such criticisms notwithstanding, *Creating choice* is a highly readable and thought-provoking book for those interested in the history of reproductive rights and provision.

Gayle Davis,

University of Edinburgh

David M Turner and Kevin Stagg (eds), *Social histories of disability and deformity*, Routledge Studies in the Social History of Medicine, 25, London and New York, Routledge, 2006, pp. xiv, 198, £65.00 (hardback 978-0-415-36098-2).

In the afterword Sharon Snyder and David Mitchell suggest that a disability studies

perspective is somewhat lacking in this volume; this may be the case, but is it the point? I may seem facetious, but this is an important issue raised by this collection. At present, disability history and historians sit uncomfortably between the edge of mainstream historical research and the more overtly politicized disability studies. This is nothing new and has been evident in histories of race, class, and gender. Do we explore the undoubted exclusionary nature of the past? Should we embrace emancipatory research methods? Should we use disability as a lens through which to view history? These questions should be explored by the individual, not at the dictate of the sub-discipline. To follow one predetermined intellectual path is in itself exclusionary, unproductive, and stultifying. From the outset, David Turner and Kevin Stagg’s project is to consider disability as a way to understand society, to explore the impact medicine had on legitimizing notions of normalcy, and to think about shifts in perceptions surrounding disability and deformity over time.

Kevin Stagg’s exploration of monstrous births through the medium of early modern broadsheets indicates the importance of thinking about how such ideas expressed the wider workings of society. The broad implications of disability are also considered by Ayça Alemdaroğlu through twentieth-century Turkish nationalism and eugenic ideology. Whilst such ideas seem to spring from post-Enlightenment rational thought that supported the medicalization of disability, Alemdaroğlu suggests that the populace still believed in the connection between deformity and religion. This may indicate that shifts in understanding overlapped, but show the need to understand attitudes towards, and experiences of, disability in all their complexity; acknowledging continuity as well as difference. Thus, Suzanne Nunn’s description of anti-vaccination satires in the nineteenth century supports the continuity of fears surrounding the loss of humanity that disability or deformity deemed to express. Sharon Morris shows that this was not the