

The First Self-Help Clinic

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INTRODUCTION

The Los Angeles Women's Self-Help Clinic was started early in 1971 by Carol Downer and Lorraine Rothman, both mothers of six children. Downer originated the idea of vaginal self-examination. With the help of a plastic speculum and a mirror the group "reached a level of awareness and self-knowledge from which we can never retreat."

The Self-Help Clinic's work on menstrual extraction has already had a significant effect on the Establishment. For example, the 1973 Supreme Court decision legalizing abortion lists menstrual extraction as one of the new technologies which are making anti-abortion laws more and more difficult to enforce.

Nevertheless the effect- and perhaps the intent- of the Supreme Court decision was anti-self-help because the court explicitly provided for state laws requiring a physician to perform the abortion.

The following article was written after attending a demonstration in New York of the group's concepts during their first national tour. Since then new self help clinics have organized in Atlanta, Chico (California), Salt Lake City, Detroit and Tallahassee, based on the model of this first one and working in coordination with each other.

For all practical purposes, men have probably had more intimate contact with, and certainly far greater accessibility to the vagina than women ever had. The male organ, on the other hand, has always been exposed. The male organ, you see, is external and we really do seem to feel that seeing is believing. Thanks to the (Women's Liberation) Self-Help Clinic of Los Angeles, however, the same possibilities are now available to women.

This self-help clinic is a group of women who got together as a result of the feminist movement in Los Angeles. They began fighting the California laws against abortion and soon came to the conclusion that if women were ever going to win this fight, they would have to have a lot more knowledge about their bodies and familiarity with the medical procedures themselves. In the course of doing this they have come up with some astounding results. They have been traveling around the country telling women of these researches, asking women to share their own private investigations and just generally bombing out the Mystical Medical Mystique which insists that only your doctor knows for sure. The conference in New York was held at Queens College the 20-21st of November and Carol Downer and Lorraine Rothman, originators of the group, lost no time in introducing us first off to the vaginal speculum.

The vaginal speculum is a \$2 duck-billed bit of plastic technology which puts you in touch with yourself, i.e. it lets you view your cervix. I suspect it will do for modern women what the mirror did for primitive women — allow them to see. As I sat there at the conference handling my speculum and becoming familiar with the rather easy manipulation of the duck-bill, I suddenly began to wonder about the absurdity of male gynecologists. I mean what would motivate a man to spend the rest of his life absorbed in examining and palpating organs which must be as foreign to him as appendixes to non-surgeons. I decided not to think about that too much and instead returned to the conference absorbed in my own rather sudden love for my female gynecologist.

They started off with slides of various organs and pictures of equipment which would become more familiar as the day wore on. "Here's a slide of a cancerous tumor of the cervix," said Carol. "The danger signs we're supposed to look for however are associated with late stages of the disease. If you could frequently check your own anatomy, you would notice any changes and very early. In the next slide, you'll see what the speculum we've brought you here exposes. That tiny slit-like opening is the entrance into

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图1 “火罐”式吸宫瓶的构造

图2 用火柴投火盖塞的姿势。图中瓶塞是专为“火罐”式吸宫瓶设计的

图3 用小棉球投火盖塞时的姿势

图4 用漏斗和薄橡皮膜制成的简便负压测量器

图5 用一端密封的软橡皮管估计瓶内负压



图6 弯式简便负压计



图7 直式简便负压计

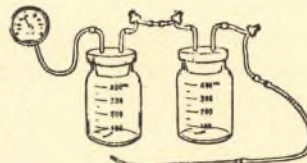


图8 两个吸宫瓶直接连接法

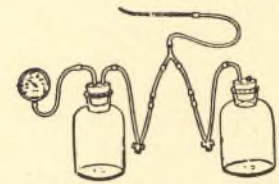


图9 两个吸宫瓶间接连接法

- Diagrams: 1. Structure of "fire stoppered bottle."
 2. & 3. Create a vacuum by lighting a match or cotton ball in the bottle.
 4. A simple pressure gauge consists of funnel and thin rubber membrane.
 5. Use a rubber tube which is clamped off at one end to estimate the pressure in the bottle.
 6. A curved tube containing a measuring material can measure the pressure.
 7. A straight tube containing a measuring material can measure the pressure.
 8. A "direct" connection of two stoppered bottles.
 9. An "indirect" connection of two stoppered bottles.

— Translation

Simple abortion technique, using an ordinary stoppered bottle in which a vacuum has been created by burning alcohol is described in the Peking Journal of Nursing,

March 1966. Abortion by suction originated in China where smaller vacuum jars are used to cure headaches and other minor ills.

the uterus; it's called the external os. The mass surrounding the os is the cervix, that part of the uterus which extends downward into the vagina."

"The vagina, you know, is not really an internal organ," she said, "I mean it's about as internal as the mouth." The mouth — Goddamit, I thought, why hadn't anybody ever said that before! She went on. "We try, as in consciousness-raising, to stick to our own experiences and those of the women we come in contact with. For example, we've found that the typical textbook position of the uterus is not typical at all. The uteruses we've seen are tipped or flexed more commonly than not. The exact angle of the uterus is probably as relevant or irrelevant as the color of your eyes except we know someone who underwent surgery to have the shape corrected."

"We see a lot of infections" said Carol, "most times the women don't even know they have them. Here in the next slide you'll see an inflammation of the cervix, usually called cervicitis. This is very often treated by cauterization. We've found however that the situation seems to clear up within a few weeks of its own accord. We suggest you watch its course by means of the speculum and probably save your-

self a costly and unpleasant medical treatment." The timing of this conference was perfectly synchronized with my own life. I was due next month to be cauterized for cervicitis. I have subsequently cancelled that appointment and will watch its course, contributing my own personal scientific research.

"We've talked to birth control designers," said Lorraine, "incidentally *all* men. We told them women say the IUD is painful on insertion, during the time it remains in and on extraction. 'They probably have a low pain threshold,' was the reply we got from these so-called experts." All of us! I thought to myself. Well then why not just change the criteria for pain in regards to women and make us credible at least on the new value scale.

"You know all the commotion in the name of safe health care, about getting your routine \$10 IUD office checkup," Lorraine and Carol went on. "Well save your money. In the next slide, you'll see by use of the speculum, what it is exactly the highly trained doctor sees during a routine checkup — a string, exiting from the uterus, *a string*. Why not stay home and check that the string is there yourself."

"Because we came to be interested in the health field through our association with the fight to repeal the abortion laws, we've looked into the abortion techniques and facilities around the country. Two of the most commonly used methods for abortions under 12 weeks are the D&C (dilation and curettage) and some combination of the aspiration technique. I will go into just what is involved in both methods to give you an idea of where we're at now. The D&C involves general anesthesia. The cervix must be dilated, which means the muscles are stretched by use of instruments to allow entry into the uterus. A curette (sharp, scraping instrument) is then introduced to scrape away the uterine walls thus emptying the contents."

"The aspiration method requires only local anesthesia. The cervix is dilated as above and a suction or vacuum curette attached to pressure empties the uterine contents. We found that a lot of abortion centers which stated they used the aspiration method were also scraping the uterine walls with a curette, which is really a combination of both procedures. We'd like to demonstrate for you a technique we've sort of come across in our findings; we call it the period extraction method. By means of a flexible plastic tube or "cannula" (credited to Harvey Karman thus called the Karman cannula) attached to a syringe and 2 air tight bottles which create a vacuum, it is possible to extract your period yourself and thus reduce it from a 5 day period to a 5 minute procedure. Quite simply what is involved is the following. By means of the speculum you can locate the external os. The cannula can then be gently inserted *without dilation*. Manual rotation of the connected syringe (no sharp, scraping instruments necessary) will then exert the necessary suction effect and by means of the vacuum system set up in the air tight bottles, the uterine contents will empty into the bottles."

The equipment used resembled what I had seen written myself of the *abortion* equipment used in China (see illustration). The method seemed very similar. Could you believe it, no more periods and we've really only just begun.

Of course, if you could extract a period you could also extract a 'late' period, up to 5 weeks 'late' I subsequently found out. And of course by means of the speculum it would be possible to know if you were pregnant as early as 2 weeks later.

It was a brilliant discovery and I thought if I ever needed an abortion this is the way I want it to be done. Of course the method is not foolproof as of yet, still in its experimental stages the scientist would say, and can't be used by those with previous gonorrhea or endometritis — anything I guess which would cause bad scarring of the uterus. It was brilliant anyway just because it shows what we're capable of doing, and *are* doing.

The audience was stunned, awed, overwhelmed, shocked and eager. "Can air get into the uterus with this method," one woman asked? "No," said Carol, "the air tight bottles make it a closed system." It was a legitimate concern for, as one woman explained, air injected into the uterus can be fatal. "Isn't this really an abortion technique," asked another. "No," said Carol, for political reasons, "abortion

is illegal; we deal only with period extractions." Subsequently, LA self help has been criticized for not being right-up there and calling a thing what it is. This is nonsense, you can't expect 2 people to take all the risks, we're not in the martyr business.

"Now" said Carol, "we'll show you how to examine yourselves," and in the final denunciation of 'feminine protocol' she whipped off her pants, hopped up on the desk and inserted the speculum. My God, I thought, I'd follow her anywhere! It suddenly occurred to me that in all my nurses' training I had never done a vaginal examination. I had never been taught how to handle a speculum, let alone use it on myself or anyone else. And I had certainly never been presented with such a frank discussion and disclosure. To think that by means of a flashlight and hand mirror you can be put into direct dialogue with your inners.

"You see the os," said Carol. Yes, we all nodded in unison. "Well when you get used to viewing your own bodies you'll notice different changes. You'll be able to see when the cervix softens, and opens a little and the color becomes darker or blotchy red — all of which means you're pregnant in which case you'll know before anyone else does — which is the way it should be."

My reaction to the self-help clinic was sheer joy and still is, despite the unfavorable press reaction and severe criticism launched in some radical and women's movement press in their aftermath. They have since been accused of everything from being against pap smears to helping the Catholic Church turn back progressive abortion laws. This latter attack appeared in the so-called radical newspaper, *The Guardian*.

The radical press seems to have a rather absolutized either/or approach to things. They're all upset that do-it-yourself medicine will stop the revolution. "The way to get better health care," they yell "is not through small group do-it-yourselfism but through struggle, demanding care from the institutions that are supposed to give it." In their dogma have they overlooked the fact that the information uncovered by the self-help clinic, information which up until now has been suppressed, could only further highlight the contradictions between the technological possibilities of providing for people's health needs now and the unwillingness of the present male supremacist state to do so. If they think we have a naive approach to the problems surrounding us in regard to good health care, how sophisticated is it to put down what is being done now simply because the revolution won't be here until tomorrow? Can't we encourage the self-help clinic without giving up our struggle against the hospitals, the doctors and the male supremacist powers that are holding us back. Or does that boggle the mind—that because we're in favor of self-help, we're also in favor of getting the power for medical help and self-help.

Or is the radical press itself so mystified by the medical establishment that it too believes only a doctor can really give good safe health care. Why is it that a procedure such as a D&C which requires a blade in the hands of a doctor or intern (after all how are they going to learn) scraping away

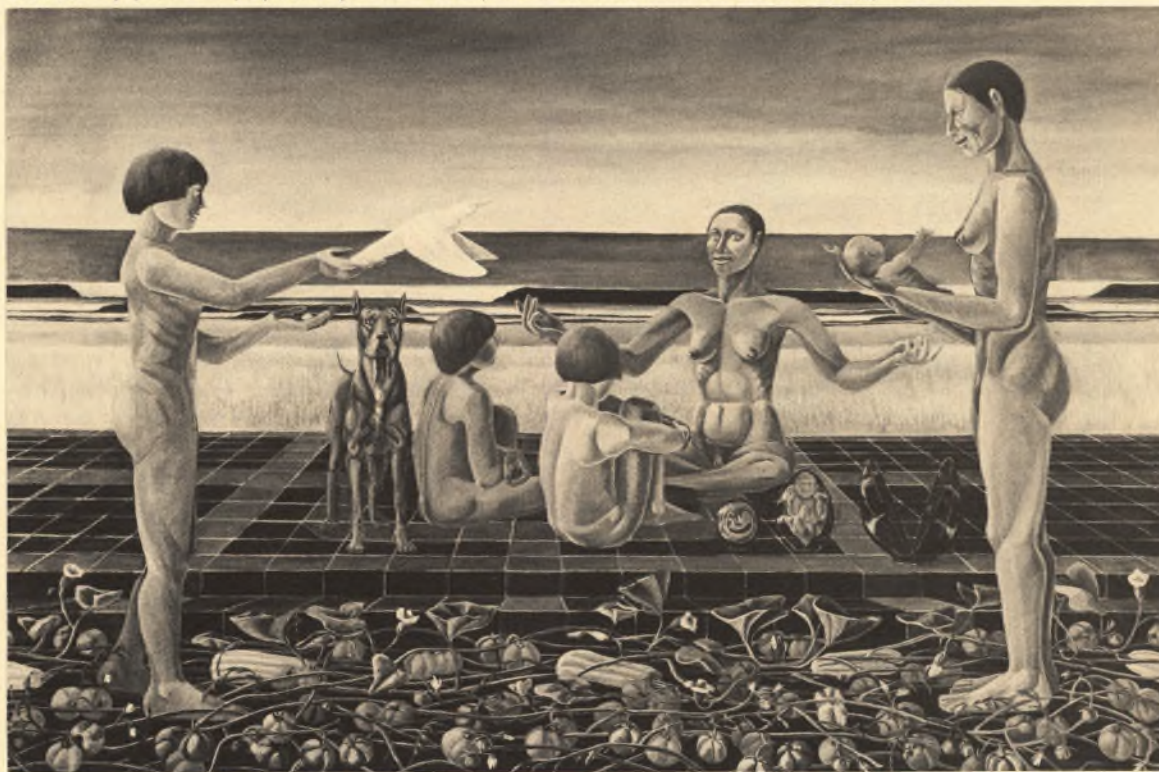
the walls of a muscle with all its possible traumas not to mention lacerations is accepted with the medical seal of approval while the insertion of a cannula into the same organ brings the house down with cries of "infection" and "what about sterile technique?" If we favor self-help it's also because it actually would seem to be the *better* method. It is not perfected, true, but LA self-help didn't tell women to go home and abort themselves either. Anybody who would attempt the method on themselves given the insufficient information about specifics mentioned at the conference would have to be terribly misguided. Throughout the conference the self-help group encouraged all those interested in their techniques to get in further contact with them and explore the possibilities. They have disclaimed anything to do with a do-it-yourself abortion described in the article "Menstrual Extraction," which appeared in the October 26, 1971 issue of *Everywoman*, a West Coast feminist newspaper. They implore women not to attempt to use the items as explained in that article. If you wish to find out what they're really about you should contact the Self-Help Clinic at 1112, Suite 201, South Crenshaw, Los Angeles, California 90019.

Many women's comments have been no better — their big concern revolves around safety and the fears that we're on a trip back to nature. The period extraction method is

actually an improvement on present technology. The method was discovered researching the medical field not from folklore and old wives' tales. Not that there would be anything wrong with finding a method, if it were better, from folklore and old wives' tales (see boxes). China seems to have very successfully incorporated traditional (folk) medicine with scientific medicine. What's all this nonsense about rebelling against technology?

Even the speculum got attacked in the press. Ellen Frankfort, in her article in the *Village Voice*, (12/9/71) for instance, somehow finds it necessary to argue that the metal speculum (the doctor's speculum) is not inherently cold. "Since they should be boiled," states the author, "before each examination warming them *should* present no problem." Well they may not be inherently cold but they're cold all the same, at least the ones I felt. I just have to guess therefore how many of them were not boiled and how many infections I narrowly escaped. She goes on then criticizing the self-help clinic speculum because it's plastic (of all the anti-technological statements) and it melts on boiling. Any fool knows plastic melts on boiling. If you *need* to sterilize it, there's a cold solution spray on the market. Actually your own speculum only requires washing not sterilizing, everything which goes into the vagina is not sterile you know. The vagina is an external

Creation by Janet Sawyer, 1972 (oil on canvass, 46" x 70") Collection of Martha Zweig, Vermont



A maternal vision of extra-uterine gestation

organ, remember, like the mouth.

Frankfort then goes on to say that a medical student (male or female?) and an experienced woman doctor she knows agree that most women do not have cervicitis. I have cervicitis and the first 4 out of 5 random friends I called had it too. It seems to affect women who have had children. I contracted it after the delivery of my first child as did most of my friends. I guess we just know different women. Her medical friend then informs us that if we use the period extraction device, we *will* get an infection and we *will* eventually require hospitalization and a D&C. Well Carol and Lorraine are not hospitalized and they have extracted their own periods many times. I'm sure they'll let us know if and when they are.

In another section from the same article the renowned anthropologist Margaret Mead, is quoted as also finding some of the concerns about safety excessive, particularly those relating to infection during period extraction. "Do you think a doctor's office is a sterile place," she quips.

The author repeats twice that Carol and Lorraine are finished with childbearing because their husbands have vasectomies, implying that they were asking other women to take risks they weren't prepared to take themselves. They performed the period extractions on themselves first, didn't they; they were the guinea pigs. What do you want them to do, get pregnant to prove that they mean what they say about safety?

As far as we're concerned the Health Conference has been a tremendous success. It has done the job both of raising women's consciousness and providing an outlet for

that consciousness, bringing us closer to a safe do-it-yourself abortion method than we ever dreamed possible right now. It's only with technology like this that women will be guaranteed control of their own bodies. In addition, this technology is itself a political force, threatening to outdate all abortion laws, existing or future.

GRANDMA BESSIE'S TECHNIQUE

Among the many medical skills of some of the old time granny women (read folk doctor) was aspiration. My grandmother-in-law, Bessie Wright, who lived and practiced in New Orleans and the surrounding bayous and countryside, was one such granny-doctor and the device described by the sisters in Los Angeles Self-Help Clinic sounds exactly like the one used so successfully by Ms. Wright for so many years. There probably were many others who used this technique and there may be women in isolated communities who, despite modern communications and the attempt to spread "modern medicine," still do.

I find it interesting that in China, folk medicine, including such techniques as herbology, acupuncture and aspiration, (see illustration) has been incorporated into modern medicine, while in this country folk medicine with many of the same herbs, derivatives and aspiration has not. Can the reason be that the "folk" doctors in China are traditionally men while here they are traditionally women?

— ESTHER CROFT

A few years later a revised method competes with the original.

FACTS ON MENSTRUAL EXTRACTION VERSUS MENSTRUAL REGULATION

MENSTRUAL EXTRACTION

1. Menstrual extraction uses Lorraine Rothman's DEL-'EM (patent applied for), a portable, manual kit, which is non-traumatic to the body, relatively painless,* and places control of our bodies back in the hands of women.
2. Menstrual extraction is an experimental procedure being done by groups of women researching the possibility of extracting the menses on or about the day it is due. It is *not* self-abortion!
3. The women are doing research with one another rather than on other woman.

MENSTRUAL REGULATION

1. Pre-emptive abortion uses the vacuum aspirator, a machine. It can be PAINFUL* and places control of our bodies in the hands of doctors.
2. Menstrual regulation or endometrial aspiration (pre-emptive abortion) is an experimental procedure being done by members of the medical profession. It is done only if a woman is between one to ten days late on her period and is done whether or not the prior pregnancy test is positive.
3. It is voluntary, but women are not being told that it is experimental.

— *The Self-Help Clinic of the Los Angeles FWHC*

*The pain question is hard to deal with. Most women have very little discomfort with menstrual extraction (or we certainly wouldn't continue to do it!) A few women do have pain with menstrual extraction. The reverse also occurs. Many women have intense cramping from aspirations done with the vacuum suction machine (it exerts a lot more pressure and works faster than the Del-'Em, causing heavier cramps). There are, though, quite a number of women who don't feel pain with menstrual regulation. Looking at it in perspective, neither of the procedures are as traumatic as D&C's. The primary issue is control. Of course, as you might imagine, menstrual extraction is more gentle, usually less uncomfortable and all in all a more pleasant experience!

— *Francie Hornstein, Los Angeles FWHC*