

## GROUP REPORTS

BRISTOL: It all started when some of us who had been talking together at Women's Lib. Groups about abortion and contraception realised that we wanted to do something concrete about it. A number of us had our own personal experience to draw on. We had known unwanted pregnancy through failed contraception, back-street abortion, abortion on the National Health Service and privately, and pregnancy carried to term because of refused abortion.

We talked for a long time at several meetings about how we felt, about how we had been treated by doctors, gynaecologists etc. We talked about how we felt about using the pill, dutch caps, condoms, I.U.D. etc. We decided that none of the methods were really satisfactory and pleasant to use. We also talked about our own feelings about our sexuality and about sex education. We arrived at the conclusion that controlling our own fertility is an essential pre-condition for the liberation of women and that we should be able to choose whether or not to have children. We decided that at the present time we do not have this choice.

We started from the Women's Liberation Movement but we now have women involved who did not come from Women's Lib. Groups, and for some of them the Campaign has proved to be a way in to Women's Liberation. Our strength, I believe, lies in the fact that the group is composed of women from different social backgrounds, different political viewpoints and different approaches to the Campaign. We agree on the demands, and we think that women are grown up enough to make their own decisions. We will not be satisfied until we control our own fertility - we are not prepared to be told we must NOT have children any more than being told we MUST have children. We believe it is only when enough women get together in action around our demands that we will be near to achieving success, and we are confident we can build a movement powerful enough.

### The International Movement

At the Skegness Conference of Women's Liberation in September 1971 we realised we were not alone. Women from a number of groups met together in a Workshop and the Nottingham Group suggested that we should try to have some kind of activity (a march, a meeting, a leaflet distribution) on November 20th.

On that day the American Abortion Campaign (WONACC) were initiating a series of actions in the United States and women in many different countries were planning to recognise it as an International Day of Action on Abortion.

The Press reported very little of what happened, but we found out during the next few months that over 15,000 women in the U.S.A., Canada, France, Switzerland, Australia, New Zealand, Japan, Italy, and Germany as well as Britain demonstrated against restrictive laws controlling abortion and contraception on that day.

### Getting together and forming the National Campaign

All this time the movement was growing nationally. In January we were invited to a meeting by the London Abortion Action Group. Together with women from other parts of the country we formed the WOMEN'S ABORTION AND CONTRACEPTION CAMPAIGN; we discussed and drew up a policy statement, which contains three main demands:- 1. Free contraception on the N.H.S. 2. A Woman's Right to Choose abortion. 3. No compulsory sterilisation.

The Lane Commission We had been collecting evidence for the London Group to present to the Lane Commission which is looking into the workings of the 1967 Abortion Act. We continued with this until the end of April when it was presented to the Lane Commission from the Women's Abortion and Contraception Campaign as a whole. The evidence was collected all over the country, and consisted of women's own experiences, set down on paper, of obtaining an abortion, or of being refused an abortion. With one or two rare exceptions, the Press did not consider these experiences to be of 'news value' although the views of gynaecologists and other eminent medical people are worthy of front-page treatment.

In Bristol we held a Teach-In on November 20th. We invited other organisations, ranging from the Conservation Group to the Co-op Women's Guild. Out of the 50 to 60 people present the most important experts were our own women who described their experiences. After the Teach-In we held a public meeting with an American speaker from WONACC, Linda Sheppard.

During all this time we had been making visits to the Bristol authorities on one or other related aspects. Each time three or four of us would go along, and although it wasn't always the same three or four, we found it useful to have that number.

One of us would usually remember something the rest of us had forgotten, and we found that our different approaches were valuable - Sisterhood is Powerful! We visited:

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Medical Officer of Health and his  
Secretary; A schools inspector; The  
Secretaries of two Hospital Boards; The  
Secretary of the Head Teacher's Association;  
Labour M.P., Mr. Arthur Palmer (and his  
wife who happened to be in his 'surgery'  
and who is a psychiatrist). A gynaecologist.

The subjects we discussed (at least one with  
each person):

Free contraception under the National  
Health Service; Sex Education in primary,  
secondary and comprehensive schools;  
Contraceptive advice to women on leaving  
hospital after abortion; The Abortion  
Act; Methods of abortion; Attitudes of  
medical and nursing staff to women having  
abortion; The Age of Consent.

WHAT WE ARE DOING NOW

"Women and Abortion" We are concentrating  
on selling the pamphlet "Women and Abortion"  
as widely inside and outside the women's  
movement as possible, as it contains our  
evidence to the Lane Commission. Price is  
10p (plus 5p postage) and it is obtainable  
from: Helen Seed, 37 Elliston Road,  
Bristol BS6 6Q.

Contraceptive Leaflet Our latest  
effort is a leaflet on contraception  
addressed to young people, especially  
girls. We decided on this because we  
think it is still difficult for unmarried  
girls to find out where to go and what to  
do. In 1970 there were 526 abortions  
performed on single women in Bristol, 39 of  
them on girls under 16.

We have distributed the first 2,000  
leaflets outside of dance halls, and we  
are now collecting money together to get  
another 5,000 printed. We shall, we hope,  
cover youth clubs, polytechnics, bus stops,  
in the City Centre late at night. The  
University Women's Lib. Group is selling  
some in the University, and there are girls  
taking them into their schools to give to  
their friends.

ILFORD GROUP:

We have recently met the local group  
of the Birth Control Campaign, and we were  
reassured to find that they're not into  
keeping the population down, but are very  
much thinking along our own lines - the  
quality as well as the availability of  
facilities, the right to choose whether  
and when to have children. So we are  
working with them in distributing information  
leaflets about local birth-control  
facilities, and in meeting our new MOH for  
discussion. Our borough is one of a small  
minority of London boroughs which does not  
provide free contraceptive advice.

We are also starting a free pregnancy  
testing service, on Saturday mornings,  
hoping to provide a service for women who  
slip through the net of institutionalised  
pregnancy testing and who cannot afford the  
exorbitant commercial fees.

GLASGOW: Women in Action (Glasgow  
Womens Liberation Group) have decided  
to start a campaign for "Free contraception  
and abortion on demand".

MANCHESTER: We are running a free  
Pregnancy Testing Service at the  
Womens Liberation Centre, 218 Upper  
Brook Street, Manchester 13 Tel:  
061-273-2287 on Saturday mornings  
10-12 noon. We find that we are getting  
many more women coming after a slow  
start in July. We now average 6 tests  
a morning which keeps us busy, as we  
also talk to the women either about  
Contraception if the test is  
negative or what they want to do if the  
test is positive. We find that many  
women who come do want advice on these  
two topics especially abortion. We  
keep a record of the tests we do and  
the advice wanted for future reference.

At the start of the pregnancy testing  
we had a good report in the local evening  
paper, with a photograph of us doing  
a test for a women. The reporter was the  
husband of one of the group and his  
editor cut out the sentence about the  
test only costing us 15p to do, whereas  
agencies in town and chemists charged  
£2 - £4 for a test. The paper refused  
to take an advert in the personal column  
but several other alternative papers run  
one free every issue.

We also run an information service from  
the Centre and the majority of our calls  
are from women who want abortions and  
have been refused one on the NHS. We  
usually refer them to the Liverpool branch  
of the B.P.A.S.

We had some T.V. time about the info-  
service and pregnancy testing.

On the contraception side we have been  
collecting and collating information  
about the facilities offered in  
Manchester, which has an illegitimacy rate  
of 19.06%. We have also been leafletting  
a new council estate about the clinic  
facilities offered there and the doctor  
concerned is doing a follow up with her  
new patients to see if they come as a  
result of our leafletting and flyposting.

Our general contact address is:-  
218 Upper Brook Street, Manchester 13  
061-273-2287

or in a hurry  
Jenny Collard, 41 Whalley House, Wood Rd,  
Manchester 16. 061-881-3801.

Could you send us some copies of the  
newsletter.

BANGOR: There are only a few W.A.C.C.  
supporters known in Bangor; but we shall  
follow the campaign's plans and progress  
with much interest, and lend direct  
support when geographically practicable.

As it happens each of us is also a member of 'Population Stabilization' - both local group and national membership. I personally am perturbed at the apparent suspicion with which W.A.C.C. supporters seem to regard P.S.? particularly since there could be valuable mutual support in effecting these goals which are shared by each organization. Perhaps W.A.C.C. members could consult PAUL EHRlich's: "How to be a survivor" p24-26 (BALLANTINE PBK 40p) - where they would find convictions expressed in phrases already familiar:

p24: 'Women should above all be able to avoid compulsory pregnancy, the enforced conception and bearing of unwanted children'. If compulsory pregnancy is to be avoided, contraceptive services and voluntary abortion should be available on demand to all women'.

p25: 'No one, of course, should be forced to use contraceptives or have an abortion'. N.B. (p.26) Allowing people access to a service is not necessarily followed by forcing anyone to use it'.

p25: 'Women must have control over what they may or may not do with their bodies'.

LEEDS: BIRTH CONTROL DAY will be held by ECC in Leeds on Saturday October 28th.

'Pregnant' men and 'schoolgirls' will distribute leaflets in the main shopping precinct. There will also be a birth control stall outside Holy Trinity Church on Boar Lane. There will also be an 'old woman in a shoe' for a creche.

There will be a similar leafletting campaign to the one above at the Arndale Centre in Cross Gates on Saturday November 11th. Again, volunteers will be needed to help distribute leaflets.

#### AN OPEN LETTER FROM LONDON:

Dear Sisters,  
We would like to congratulate Rose Knight on the WACC Newsletter, a valuable link between groups and a method of informing all of activities in other areas.

We are anxious to express our point of view on the comments about the debate within the movement at the Manchester Conference and the Manifesto in 'Women and Abortion'. We realise that we should have clarified in that booklet that while the material was gathered with the assistance of WACC groups throughout the country, the compilation and views expressed were the responsibility of the London group. We intended to rectify this omission when we gave oral evidence to

the Lane Commission to supplement and write n evidence. Will anyone who has ideas on this please contact us without delay. We would welcome the representation of other groups on the delegation who will be presenting the oral evidence to the Committee.

Rose sees a contradiction between direct action and mass campaigning where we see none. To us direct action complements campaigning work and vice-versa. Mass campaigning with no practice is in danger of becoming rhetorical and general. We can campaign around the three agreed aims of contraception, abortion, and no forced sterilisation, but unless we work out these aims in practice we will not know how we wish our aims to be implemented, nor be in control of their achievement.

To be specific we want the right of every woman to choose abortion. This should mean more than a legal right to an abortion. To really benefit us it must mean the actual right of choice which comes from a sympathetic and knowledgeable person or persons putting the question in a non-loaded atmosphere at an early stage of pregnancy when the most safe non-traumatic abortion on an out-patient basis will be available. Rose says we must fight the anti-abortionists because they degrade the value of life; it is precisely because of our concern with the value of life that we seek to make abortion not only a positive choice but also a positive experience in the life of women who have them.

We came to see these practical requirements from the evidence collected from women and presented to the Lane Committee. Mass campaigning within the definition given it by Rose of national demonstrations, national conferences, teach-ins and public confrontations would not alone have given us this knowledge.

Now we know what is needed how is it to be achieved? We would not dispute that to benefit all women it should be under the National Health Service. By setting up a pilot scheme we intend to hasten provision for all women and help to ensure that it is the kind of provision we want.

Such a scheme will demonstrate to women and the medical profession that a service designed to cater for all women's needs is feasible medically, socially and economically.

It will show that we, that is women, have the fund of expertise, professional skills and organisational ability that Rose doubts we possess. One of the reasons for the shameful neglect of women's needs by the Health Service is the male dominated Medical Profession. We have made some surprisingly good contacts with women

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and nurses who are working within U.S. at the moment, and have reason to believe that we will find the professional staff we need when the time comes to set the service up. One of our intentions in attempting to set up our health service is to encourage women to be trained to deal with their needs. Most skills and abilities are only developed through use.

It is our plan to try at all stages to obtain government money locally and centrally to finance the health centre. If we succeed this is a precedent to be used else where, and why not attached to the present contraceptive service? The Family Planning Association which started providing services in an ad-hoc way is at present being taken over by the local authorities. Lambeth is the first to do this. We are asking Lambeth for premises to set up a Women's Health Centre providing all the services covered by our campaign.

We consider it essential to help women here and now, as well as campaigning for the future. Practical help at whatever level a local group can provide is a first step towards involving more women in our campaign.

For general information the Health Service is only one of the London group's activities. We have already mentioned the preparation for the presentation of oral evidence to the Lane Committee.

Other activities include the duplicating of bundles of useful information for all members of WACC. Information on the local availability of abortions has been collected and indexed.

We have participated in a number of broadcasts; we were interviewed on radio Japan.

Some of our members have participated in, or supported activities and events by other London groups; for example, a Contraceptive Fair and a Demonstration to mark Abortion Action Week organised by the West London Contraception Campaign, with whom very close links have been forged.

Recently we have been given a room in a house provided by Lambeth Council for the South London Workshop Groups.

We plan to submit evidence to WONAAC's International Tribunal on Abortion, Contraception and Forced Sterilisation - Two Days of Denunciation of Crimes Against Women which will take place in New York in October.

So you see that while the thrust of our energies may be concentrated on setting up the Women's Health Service, we are not neglecting other areas of demonstration, education and publicity.

Yours in Sisterhood, WACC LONDON

PLACE:

DEMONSTRATION IN PARIS OVER ABORTION TRIAL

"Like 1 million other women each year Marie-Claire had to go through the tragedy of an illegal abortion because she did not have 2,000 or even 3,000 francs (about \$600) for an easy abortion in a clinic in London, Geneva, or Paris itself, because she had no sex education, and at seventeen it is very difficult to get contraceptives from a doctor.....

".....it is easier to bring one girl to trial than 343 women who call the abortion laws into question."

These statements were part of a leaflet distributed by several hundred demonstrators near the Opera in Paris on October 11 to protest the trial of Marie-Claire "X" on charges of having violated France's reactionary laws on abortion.

The show of public solidarity did not meet with the approval of the authorities. The peaceful gathering was attacked by cops who arrived complete with riot gear and paddy wagons. The October 11 issue of Le Monde described the assault:

"Toward 6.45p.m. several dozen mobile guards, sometimes in helmets, all armed with clubs, fell on everyone in the vicinity who looked like a protester whether in skirts or pants. Some of them moved into the Opera drugstore to seize a young woman in tears whom they dragged out by the hair. Another young woman, struck on the head and the chest, escaped her pursuers just in time, thanks to an older woman who moved in between. A little farther away a young woman left her mother and desperately clung to her husband who had been knocked down by the police, then clubbed and arrested".

The editors expressed their disapproval of using such tactics on "peaceful and unarmed demonstrators". They pointed out that although the demonstration did not have a permit and could be legally dispersed"...what is not acceptable, legal, or praiseworthy is the brutal use of force against scattered and not all dangerous demonstrators."

Why should the case of Marie-Claire "X" suddenly make headlines in a country that convicts between 500 and 600 women for abortion each year without headlines and editorials in the capitalist press? Undoubtedly it was because of the efforts by the French abortion group Choisir (Choice). They took up the case of Marie-Claire "X" as part of their campaign to change the laws.

As the proceedings went on behind closed doors in the juvenile court, supporters from Choisir and MLF (French Women's Liberation Movement) chanted: "No trial for Marie-Claire" "We have all aborted, judge us"

"Free and legal abortion, contraception"  
"Switzerland and England for the poor".

The supporters of abortion rights plan another public protest in Bobigny Nov 8 when Marie-Claire's mother and two friends will be tried for complicity.  
INTERCONTINENTAL PRESS CCT.30  
AMERICA: WOMEN INDICT ANTI-ABORTION FORCES  
NEW YORK CITY, Oct. 22 - More than 500 women and men attended the New York Abortion Hearings in Defense of a Woman's Right to Choose held here Oct. 20-21. The hearings presented preliminary evidence for the International Tribunal on Abortion, Contraception, and Forced Sterilization, to be held in New York City March 9-11.

Sponsored by the New York Women's National Abortion Action Coalition (WONAAC), the Oct. 20-21 hearings were endorsed by an impressive range of close to 100 organizations and individuals. This was one of the most successful gatherings of abortion rights, women's liberation, and community groups in the history of the New York abortion fight.

A predominant theme that was echoed in all of the panels and discussions was the need to mount a unified, visible campaign for abortion rights in New York. Such a campaign would be prepared to take on the "right-to-life" and other anti-abortion groups when the New York State legislature reconvenes in January. The hearings were kicked off on Friday night with a debate on "Abortion - A Woman's Right to Choose?" Susan LaMont, a WONAAC national staff member, summarized the two day event by saying that the evidence and indictments gathered at the hearings were a step toward the international abortion tribunal in March. She announced that the French writer Simone de Beauvoir is one of the initiating sponsors of the March tribunal. LaMont said WONAAC is "working to build a powerful, united, massive movement to win the right to abortion". The supporters of abortion rights are already in the majority, she noted. "We want our majority to be a noisy majority, and if we resolve to unify and work together, this majority will win. The eyes of women throughout the country are on New York, and we can't let them down".

WONAAC 150 Fifth Ave., Room 315, New York N.Y. 10011. Telephone (212) 675-9150.

CANADA: CANADIAN ABORTION ASSEMBLY.

Every federal candidate in the Toronto area has been invited to a public assembly on abortion law repeal Oct. 21. The assembly, organized by the Toronto chapter of the Canadian Women's Coalition to Repeal the Abortion Laws, will be followed by a march to City Hall for a speak-out.

The Toronto assembly and demonstration is being held in conjunction with similar actions in cities across Canada. The Canadian Women's Coalition, founded at

a conference last March in Winnipeg, Manitoba, now has 12 chapters in seven provinces.

This growth reflects the growing support for abortion law repeal among thousands of Canadians. Over 100,000 people have signed a petition calling for repeal. And last spring, students on 18 Canadian college campuses voted overwhelmingly in favour of repeal in campus referendums. Lorna Grant, Canadian Women's Coalition to Repeal the Abortion Laws, Toronto, Canada.

#### MORNING AFTER ABORTION

A "morning after" method of avoiding pregnancy could cost only £2, a doctor said yesterday. The MR method - menstrual regulation - could eventually be done on the Health Service, said Dr. Geoffrey Davis, project director for the International Abortion Research and Training Centre in London. He described his plan in the October issue of Family Planning.

His procedure for menstrual regulation is the removal of a suspected fertilised ovum well before an unwanted conception could possibly be confirmed or denied. The technique is virtually equivalent to the vacuum method of abortion used within a few days of the first missed period.

A fully tested, reliable "day after pill" is still 10 years or so away, he says, but the vacuum method had been widely used and well documented since 1968, with emphasis on its safety, acceptability to the patient, and suitability as an outpatient or office procedure.

One clinic in the United Kingdom was already taking part in a programme of using menstrual regulation and evaluating its results as a method of abortion.

Dr. Davis said: "MR, sensibly, used, as a reliable 'fail safe' for acceptable but relatively inefficient contraceptives, can obviate the need for all but a very small number of abortions in any community."

About 95 per cent of women who feared they had an unwanted conception sought help within seven days of the first missed period - but then there were formidable delays. His technique could be used when the patient first sought help, because diagnosis was usually unnecessary.

Provision of MR either by GPs or through purpose-designed clinics should make it feasible to talk in terms of about £2. Five units working within the Health Service could deal with the whole of Britain. "Only wide and general availability will keep the cost down", said Dr. Davis. "Restrictions as to the circumstances of its use will enable what might be called the Medical Mafia to move in and corner the market again, as happened in the case of abortion".

#### CATHOLIC LIBERALS DEFIANT ON PILL

By BADEN HICKMAN, Churches Correspondent  
A national group of Roman Catholics is to revise its controversial birth control pamphlet, condemned by the Catholic hierarchy in England and Wales and may become more defiant towards the Church's teaching.

The unofficial Catholic Renewal Movement which has distributed nearly 240,000 copies of "Catholics and Family Planning", mainly through clinics of the Family Planning Association, is now likely to quote Catholic bishops in support of its stand for a more liberal attitude.

The annual meeting of the movement later this month is to be recommended to include in the pamphlet a statement by Scandinavian Catholic bishops which, among other things, says nobody should be considered a bad Catholic because he dissents on conscientious grounds from the Pope's ruling.

The present edition of the pamphlet says contraception is not in conflict with the Catholic faith.

"Make your decision", it says, "get the help you need, then stop worrying. There is no need to consult a priest or to mention the matter in confession. Continue going to Mass and Holy Communion. There is nothing to fear".

A letter to members of the Catholic Renewal Movement says the FPA has just ordered another 70,000 copies of the pamphlet, and that there are proposals for translation by United Nations agencies.

#### W. A. C. C. K I T

London have completed a kit, price 30p to introduce women to WACC. It includes:

1. What is WACC?
2. What to do if you think you are pregnant?
3. Methods of Abortion.
4. Menstrual Aspiration and its relationship to Vacuum Aspiration.
5. Interviews with:  
Dr. Harvey Karmen.  
Dr. Peter Huntingford.  
Dr. Ben Branch.
6. A draft blueprint Women's Health Service.
7. Contraception and Abortion - a pamphlet by Monica Sjöo - Bristol WACC.

The Kit can be obtained from Madi Grey,  
77 Eversholt Rd., London N.16  
Tel: 01-800-1932.

Methods:  
H. Karmen &  
#72 1051-2.  
'Very early abor  
vacuum

USEFUL REFERENCES ABOUT CONTRACEPTION AND ABORTION

ON PILL  
Correspondence  
Catholics  
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Methods:  
Dr. Karman & M. Potts Lancet 13th May  
1972 1051-2.

'Very early abortion using syringe as vacuum source' Gives details of method, also the name and address of the supplier of the Karman cannula.

2. Geoffrey Davis Family Planning October 1972 57-59. 'Menstrual Regulation'

A discussion of the potential way that MR may be used, the social effects and probable cost, estimated to fall to about £2 a time. He reckons that 5 strategically placed units working in the N.H.S. could comfortably deal with fertility control for the whole country. Using this method, there have been no complications from 15000 cases in the U.S.A.

3. P. Eckstein & 7 others British Medical Journal 22nd July 1972 195-200.

'Clinical and laboratory findings in a trial of Norgestrel, a low-dose progesterone-only contraceptive'.

An article about the 'minipill'. This had a failure rate of about 2.1%. One side effect is that it caused irregular and short bleeding intervals in a large number of the women and because of this, several stopped using it. Norgestrel apparently acts by several mechanisms including reducing the sperm penetrability of the cervical mucus, and impairing luteal function. On discontinuing the pill, fertility is promptly restored.

4. Community Medicine 6th Oct. 1972 p532.

An article about the new copper IUD which can be used by women who have not had children. It is reported to have a failure rate of 1% and to have fewer side effects than conventional IUDs. It is now being used experimentally in Britain.

5. Brian Alderman (from Liverpool) Lancet 5th August 1972 p279. 'Abortion with prostaglandins'.

He reports 100% success in 23 cases by the use of extra-amniotic prostaglandins E<sub>2</sub> or F<sub>2a</sub> with or without the additional use of intravenous oxytocin. Details of the method are described.

6. Roberts & others (from Cardiff) British Medical Journal 7th October 1972 12-14. 'Therapeutic abortion by intra-amniotic injection of prostaglandins'.

Intra-amniotic injection of either prostaglandin E<sub>2</sub> or F<sub>2a</sub> was used in an attempt to induce therapeutic abortion in mid-pregnancy in 27 patients. It was successful in 11 out of 13 cases when prostaglandin E<sub>2</sub> was used, the average induction-abortion interval being 18 hours 41 mins. The abortion was incomplete in 30% of cases. When prostaglandin F<sub>2a</sub> was

used, only 6 out of 14 cases aborted, the induction-abortion interval was over 20 hours, and in 60% of cases the abortion was incomplete. Studies are continuing with prostaglandin E<sub>2</sub>.

7. Graham Chedd World Medicine 6th Sept. 1972 17-22. 'Official Debut for Prostaglandins'.

A general review article about the discovery, synthesis and potential uses of prostaglandins, including abortion.

Medical Hazards:

8. H. Gordan The Medical Bulletin 1968 253-258. 'Therapeutic Abortion'.

A review article which reports on some work which suggests that abortion is not nearly so serious as many obstetricians may be inclined to think. There is a discussion about vacuum aspiration, and a review of the induction of abortion by injection of hypertonic solutions.

9. The Medical Bulletin 1971

189-194 'Complications of the contraceptive pill'.

233-237 'Clinical use of the prostaglandins'

239-241 'Long-term consequences of legal abortion'.

10. Desmond Bluett British Medical Journal 22nd April 1972 p228. 'Termination of pregnancy'.

A letter giving details about the Pregnancy Advisory Service in Birmingham. Out of 1000 patients terminated by him by curettage, there were no complications. Details are given of the age of the patients, and length of pregnancy. 72% of the patients had not previously practised reliable contraception.

11. Charles Wright, Stuart Campbell & John Beazley (from London) Lancet 10th June 1972 1278-9. 'Second-trimester abortion after vaginal termination of pregnancy'.

They report a 10-fold increase in natural miscarriages in the 3rd to 6th month of pregnancy in women who had previously had an abortion by dilation and curettage. There was no increase in any other obstetric abnormality. The authors suggest that dilation of the cervix induces temporary or permanent cervical incompetence, and that earlier termination, using the Karman catheter, will reduce the risk of cervical damage.

12. World Health Statistics Report 1969 22 (6) 'Maternal Mortality'.

335-337 Discussion about the main causes of death among pregnant women in about 20 countries in the world.

357-362 Numbers of deaths due to abortion in about 40 countries.

13. World Health Statistics Report 1971  
24(7) 436-437.

No discussion, figures only. Gives the number of deaths due to abortion, and the death rate per 100000 population for about 40 countries in the world.

14. WHO (World Health Organisation)  
Chronicle 1971 25(3) 104-111. 'Spontaneous and induced abortion'.

A general article which includes reasons for spontaneous abortion, techniques for inducing abortion, and a long section on the consequences of abortion. In eastern Europe the mortality rate for legal abortions is 3 per 100000. For comparison, in developed countries the maternal mortality rate, excluding abortion, is about 20 per 100000 pregnancies, and in many developing countries it is over 200 per 100000. In northern Europe, legal abortion has a higher mortality rate (40 per 100000) but generally the abortions are performed later in pregnancy. It is estimated that if adequate medical care is available, the mortality rate for illegal abortions is probably less than 50-100 per 100000.

Effects of Abortion Act on hospitals:

15. A. Howard John & Brian Hackman (from Bristol) British Medical Journal 1972 99-102. 'Effects of legal abortion on gynaecology'. 8th July.

Despite an increase in patient turnover of 45%, the waiting list for gynaecological work has increased by 200%. They suggest that the act has had little effect on the birth rate or illegitimacy, and that there may have been an increase in criminal abortion.

16. A. Buckle & Mary Anderson (from Lewisham General Hospital S.E.13) British Medical Journal 12th August 1972 381-384. 'Implementation of the abortion act: report on a year's working of abortion clinics and operating sessions'.

The operations were carried out by either Karman catheter or by Bierer suction curette under paracervical block. 78% of patients were not kept in hospital overnight, and 20% left within 4 hours of their abortion. These results were possible because of rapid reference of patients to the clinics, and the absence of delay in admission for operation. They point out that there need be no problems of increased waiting lists if special abortion clinics are set up.

Studies on women:

17. Joan Lambert British Medical Journal 16th October 1971 156-160. 'Survey of 3000 unwanted pregnancies'.

This deals with women who came to the Pregnancy Advisory Service in London. There were two main groups of patients: single women aged between 20 and 24 and an older group of married women in their early 30's. Contraception was normally used by a much higher proportion (83½%) of married women than single women (41%). However, even in the group of married women the unwanted pregnancy was caused by failure to use contraception at all in 47% of cases. Presumably the remaining pregnancies were caused by method failure. The author calculates that 62000 of the 87000 terminations performed in 1970 might have been avoided by the use of contraception, if her results are representative of the country as a whole. The number of schoolgirls and elderly women who already had several children, seen by the P.A.S. after refusal by N.H.S. gynaecologists 'points to some deficiency in the available facilities of the Health Service'.

18. C. McCance & D.J. Hall British Medical Journal 17th June 1972 694-700.

'Sexual behaviour and contraceptive practice of unmarried female undergraduates at Aberdeen university'.

Most of the sexually active women had stable relationships (86%), so the authors are surprised that even in these cases no contraception was used by 30-40% of the couples. Many of the women thought that contraceptive advice was not adequately available. Of the 684 girls who took part in the survey 6 were pregnant, 49 thought they might be, and 65 had been pregnant in the past (of whom at least 55 had had an abortion). The authors suggest that the incidence of unwanted pregnancy is probably higher in the general population, and that this may continue so long as women think that they will be given a moralising lecture instead of contraception by their G.P.s.

19. Charlotte Ingham & Madeleine Simms Journal of Biosocial Science 1972 4 351-369. 'Study of applicants for abortion at the Royal Northern Hospital, London'.

This is a very interesting paper, similar to 'Women & Abortion', so the results are given in some detail as the journal may not be easily obtained.

In the 2nd and 3rd quarters of 1970, 155 women applied for abortion to two of the consultant gynaecologists at this hospital. Of the applicants, 100 were single, 42 married and 13 widowed, separated or divorced. The single women came disproportionately from larger than average families, and 58 were from broken or unhappy homes, 30% of the total sample were Roman Catholic. By occupation the largest group was of semi-skilled or

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skilled workers (37) and the  
least one of professional women (7).  
less than half were British-born and one  
third were from the Commonwealth. More  
than half had never attempted to use any  
method of contraception. The 155  
patients between them had had 14 previous  
abortions and 25 illegitimate children.

Of the 155 women, 71 single, 23 married and  
8 WDS obtained an abortion, this  
proportion of single women being considerably  
higher than the national average. So also  
was the proportion of women in the age  
range 20-34 years. One sixth of the  
abortion patients waited more than 2 weeks  
for their first clinic appointment, and  
thereafter about  $\frac{3}{4}$  waited for more than 2  
weeks for a bed. Twice the proportion of  
patients were aborted after 13 weeks of  
pregnancy than was the case nationally.  
This resulted in a high proportion of  
abortions by urea instillation, a very  
unpleasant method for all concerned, and  
which has now been discontinued. Thus  
many women who ought to be aborted will not  
be until such time as the hospital is given  
extra facilities to cope with the heavy  
demand for legal abortion.

A follow-up about 18 months later, showed  
that nearly all the women were glad they  
had had an abortion; very few had  
experienced serious depression, feelings  
of guilt or religious problems afterwards.  
Most of the women who needed it were now  
using birth control, mostly the pill.  
3 patients became pregnant again within  
a year of their abortion, one had a  
miscarriage, one (a schoolgirl) a second  
abortion, and one was refused. The  
commonest answer to the question 'what was  
the worst part of having an abortion' was  
that it was waiting for the abortion  
decision, the next most frequent reply  
being, having to wait for the urea  
operation to work.

53 women, approximately one third, did not  
have a hospital abortion, but only 15  
were refused. The others had  
spontaneous or private abortions, changed  
their minds after interview or failed to  
appear for the operation. Of the 15, 7  
were refused because the pregnancy was too  
advanced. 2 girls were refused because  
they had had previous unwanted pregnancies,  
but had not used contraception on this  
occasion. Of the 53 women not obtaining  
an abortion at this hospital, 10 had  
spontaneous abortions, 11 had induced  
abortions (8 private) 3 had their babies  
adopted or long-term fostered, and 6 were  
untraced. 22 had their babies and kept  
them. One baby died.

The authors conclude that more women would  
have been aborted had they been able to  
obtain a bed more rapidly. 'Some of the  
mothers suffer from various forms of  
mental instability, some are unsupported,  
many are struggling in grim social

conditions that would defeat stable  
and adequate women with greatly wanted  
pregnancies. The outlook for many  
of these mothers and their children  
is very unpromising.' They state  
that legal abortion may be an important  
instrument in helping to break the  
vicious cycle whereby a substandard,  
unstable and unhappy home produces a  
new generation of disturbed or  
inadequate children.

NB I hope I have not contravened the  
copyright law over this.

Legal aspects:

20. British Medical Journal 2nd April  
1966 850-854. 'Legalised abortion:  
report by the Council of the Royal  
College of Obstetricians and  
Gynaecologists'.

The report considers the existing  
position, and after discussing criminal  
abortion, and the difficulties and  
dangers of inducing abortion, goes on  
to discuss the revision of the law and  
the principles to be followed in  
drafting a new abortion bill.

21. James S. Scott Social Science &  
Medicine 1, 387-399 1968. 'The  
abortion law reform debate, United  
Kingdom 1966-1967; a gynaecological  
view point'.

This author (from Leeds) presents  
the arguments against allowing  
abortion for social reasons. He  
states that it is unlikely that the  
bill would reduce the number of  
'criminal' abortions.

22. British Medical Journal  
supplement, 29th January 1972 33-35  
'Annual report of Council: Appendix II  
Enquiry into the working of the Abortion  
Act. B.M.A.'s memorandum of evidence  
to Mrs. Justice Lane's committee'.

They recommend that contraception  
should be made freely available, and  
that every woman 'who has proper  
grounds for an abortion' should be able  
to obtain it in an N.H.S. hospital  
within reasonable reach of her home.  
Termination should preferably be  
performed by the 12th week and should  
be refused after the 20th week.  
More accommodation and staff should  
be made available in hospitals. In  
every area there should be sufficient  
gynaecologists willing to provide an  
abortion service. The setting up of  
special abortion clinics should be  
carefully considered. They suggest  
that there might be a drop in the  
number of abortions if more adequate  
provisions were made to enable unmarried  
mothers to continue at work. Maintenance  
payable should be raised to a level more  
closely related to the cost of living.  
Lots of useful figures included too.

23. WHO Chronicle 1971 25(7) 328-333.  
'Abortion: a survey of current legislation'.  
A very useful article giving a summary of  
abortion legislation found throughout the  
world.

USEFUL PAMPHLETS: 'Family Planning in Britain  
(1972)' 25p post free from: Office of Health  
Economics, 162, Regent St., London W1R 6DD.  
'Abortion. Classification and Techniques'  
40p post free from: International Planned  
Parenthood Federation, 18-20 Lower Regent  
St., London SW1Y 4PW. Also published by  
I.P.P.F. are pamphlets entitled 'Intrauterine  
Contraception' (40p) and 'Directory of  
Contraceptives' (60p). Due to come out in  
1972 are 'Systemic Contraception' and  
'Vasectomy'. Further details may be obtained  
from Helen Seed, 37, Elliston Rd., Redland  
Bristol BS6 6QQ.

# WOMEN YOUR BODY belongs to YOU!

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Newsletter price 3p can be obtained  
from Nottingham WACC. Please include  
postage.

## RECENT NEWS FROM LONDON

Four people from WACC met the Lane  
commission on Oct. 25th to present the  
evidence of the Women's movement. They  
were given every opportunity to put  
forward the views of WACC, and the  
meeting was in their opinion, a successful  
one. They were asked the following  
questions:

- 1) How many women are there in the  
Campaign?
- 2) Do you have any contacts with foreign  
groups?
- 3) What is your attitude toward  
menstrual aspiration?
- 4) What chance do you think there is  
of Society accepting your/our progressive  
view on abortion?
- 5) What about the morbidity rate from the  
Karmen Cannula Method?
- 6) What about the stigma attached to  
abortion if it is carried out in  
abortion centres.
- 7) Is your legal interpretation of the  
act that it means abortion on request?
- 8) Why do you make the distinction so  
strongly between lay and professional  
councillors.
- 9) Why is there little evidence of women who  
failed to get an abortion.
- 10) Are you a registered charity?
- 11) Do you or other groups work with men?
- 12) Mr. Justice Lane asked if we wanted  
to say anything?

WACCs evidence is published in a  
Pamphlet 'Women and Abortion' It  
can be obtained price 20p from London  
WACC.