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# BREAKING CHAINS

## ALRA

THE NEWSPAPER OF ALRA-THE ABORTION LAW REFORM ASSOCIATION

### open door

Most of you will by now have seen ALRA's programme 'A Woman's Right to Choose' in the 'Open Door' series on BBC2, transmitted on 13th February. We hope that most of our members liked the way we approached the issue

'Open Door' was made by us. The BBC gave us their advice and the use of their equipment, etc., but at no stage did they tell us how to make the programme or that we had to approach the issue from any particular angle. Our Director and Producer was Paul Hamann and along with his assistant, Ruth Furlong, we set about preparing a working draft. Our budget was low and our time only 25 minutes, so consequently we couldn't fly to the States and interview Christopher Tietze, or make a very long, detailed case. We decided that the best approach was, obviously, to set out the argument for 'A Woman's Right to Choose' in terms of personal choice and facilities through the NHS, whilst also touching on the question of decriminalization of abortion. This, we thought, could best be achieved by both talking to women who had had trouble obtaining an abortion under the '67 Act and asking the opinions of experts on the issue.

As the first person most women see in their quest for an abortion is their GP, we asked Dr. Sheila Abdullah, a long-time abortion campaigner and active

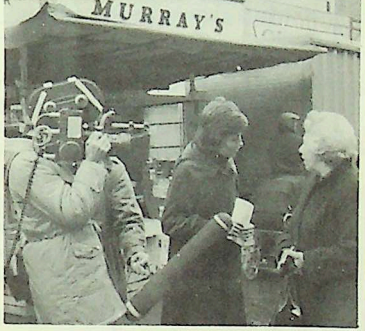
feminist, to talk about the problems a GP experiences under the '67 Act and of the difficulties of referral in an anti-abortion area. (Dr. Abdullah is from Liverpool.) Our gynaecologist was Peter Huntingford, a long-time supporter of 'A Woman's Right to Choose' and the recent innovator of a day-care abortion clinic in the East End of London. We chose him because of his progressive stand on the issue and his knowledge of the workings of day care. Jo Richardson was our MP; we wanted someone who would talk knowledgeably and well on different methods of campaigning and influencing Parliament, and Jo has been a staunch supporter in the Commons since she took her seat. Dr. Malcolm Potts, an international expert on techniques, agreed to talk on modern methods of abortion, and so we had our experts lined up and waiting to be filmed.

After talking to a large number of women in our search for two who were prepared to talk on TV about their personal experiences, we were more aware than ever of the importance of our fight for decriminalization. Many women had been made to feel bad by their doctors, and had suffered emotional strain in their attempts to 'win' abortions. Most of them were reluctant to re-live that humiliating experience in front of the TV cameras.

After many nights in the office, writing and re-writing the script, we had most contingencies catered for and we set about the actual task of filming. One memorable Wednesday in the pouring rain, we ventured into Chapel Market, Islington, to ask people in the street what they thought about abortion. Besides the film you eventually saw we obtained some hilarious responses to our questions. One man demanded we wipe the film as he wasn't supposed to be in Islington at all that day,

We hardly had time to draw breath before we were launched into the experience of editing. This proved the most difficult job of all, trying to condense what we'd filmed into a 25-minute programme. Although it was sometimes painful to get rid of good material, on the whole we feel that the discipline of cutting down left us with the most essential part of what we were trying to communicate.

ALRA has been inundated with phone calls and letters since the programme, asking for more information and offering help.



'Open Door' was ALRA's chance to reach thousands of people at once; it was fun, but hard work, to make. We hope it has made a lot of the general public take notice of the campaign; we know it has made one woman a lot less lonely. She called us from the North on the Monday night: "I had an abortion some time ago now and have never mentioned it to anyone.... you said everything I have always wanted to say.... thank you very much."

Sue Heal

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# a woman's right to choose

# Editorial

26 out of the 32 people we interviewed at random in the street during the filming of the Open Door programme were in favour of a liberal abortion law, to such a degree that when asked the question, 'What do you think of abortion?', many spoke spontaneously of a woman's right to choose.

This small sample has been overwhelmingly reinforced by a response since the programme, a response not just from already committed members but also from women and men who were impressed by the weight of the arguments in our favour and have come to share our views.

This recent evidence is also backed by the 1976 National Opinion Poll which showed that 55% of the population believe that abortion should be the woman's decision.

Yet Sir Bernard Braine's attempt to restrict the 1967 Act shows just how far Parliament still lags behind the country on this important issue. While we take heart from the much diminished majority as compared to Benyon and White and believe that there is little chance that it will be given further Parliamentary time, we cannot afford to become complacent. Although ALRA is committed to extending the law, it is clear we will still have to fight off repeated attempts to undermine our present legislation. It is also clear that we have not yet succeeded in convincing Parliament of our case and there is much work to be done. We have asked you many times to contact your MPs on this issue — we're asking you once again. If MPs can be made to realize the strength of our support throughout the country, all attempts at restriction will fail.

## ADOPTIONS BANNED

SPUC have often denounced the charitable Pregnancy Advisory Bureaux for only considering abortion; in particular for neglecting adoption. The DHSS has now instructed all Pregnancy Advisory Bureaux that they should not arrange adoptions. In a letter dated 13th December, the Department writes:

*There have been instances of adoptions... arranged by a particular pregnancy advisory bureau's employees... Whilst this is within the law, provided it is done without fee or other reward until*

*such time as Section 28 of the Children Act (1975: this will restrict the making of arrangements to local authorities and recognized agencies) is implemented, the Secretary of State considers that it (is)... not good practice.... Clients should always be referred for advice to a local authority social services department or to a registered adoption agency. Disobedient referral agencies are threatened with exclusion from the 'white list'.*

# Braine—storm in a teacup

Sir Bernard Braine, who professes to be a moderate on abortion, opposed the passage of the Abortion Act in 1967 and has consistently supported restriction to it. He has been a member of various committees on abortion including the Benyon Committee and the Select Committee. He is frequently seen at SPUC rallies and never misses an opportunity to speak on abortion. Sir Bernard, Conservative MP for Essex South East, has introduced a Bill to amend the 1967 Act. He requested permission to have his Bill debated further on 21st February under the ten-minute rule. The voting on his Bill was 181 for and 175 against, a majority of 6. This small majority, a reduction from the 115 that James White received in 1975, is seen as a victory for ALRA and the organizations in defence of the 1967 Act, even though the Bill got past its first hurdle.

Sir George Sinclair, Conservative MP for Dorking, who powerfully opposed the Bill, showed up Sir Bernard for what he really is. He stressed the need to maintain the upper time-limit for abortion at 28 weeks and denounced all attacks on the charitable organizations, to cheers from other MPs.

The ten-minute rule enables an MP to introduce a Bill, not part of Government business, and generally not

invoking a party whip, on any subject. It is called the ten-minute rule because the Member introducing the Bill speaks for ten minutes, as does one of his opponents. After the twenty-minute debate, the Speaker may call a division and if there is a majority in support of the Bill it goes forward for a Second Reading.

Should the Bill get this far, it then joins the queue for a Second Reading debate, at which, should an MP say, "I object," the Bill waits in turn for another day upon which it can be debated, when the same thing may happen again, thus in effect ensuring its death. Although it may appear that this procedure allows few ten-minute rule Bills to go on into Committee Stage, the initial vote may persuade the Government to find time for it.

This is the danger with Sir Bernard's Bill.

As the Government have already tried to bring about a 'compromise' Bill (see 'Breaking Chains' No. 4) it would seize the opportunity of aiding a private members' Bill in the vain hope that no further moves to restrict the Act will come about. International experience and knowledge of our opposition's aims prove otherwise. The only way to end all moves against the 1967 Act is to defeat a Bill as soon as it enters Parliament.

Sharon Spiers

## N.W. DOCTOR PROSECUTED FOR MENSTRUAL REGULATION

A doctor in the North-West of England has been threatened with prosecution for using menstrual regulation as a method of early abortion.

The doctor, who wishes to remain anonymous, has been using his clinical judgement to assess whether a woman is pregnant before a pregnancy test can give a reliable result. If he believed the woman to be pregnant, and she qualified for an abortion under the 1967 Act, he used MR as a simple method of termination and completed the appropriate forms.

He has been informed that he may be breaking the law since he is not 100%

sure that the woman is pregnant when he performs the termination. The doctor has now stopped performing any abortions.

The legal and medical implications of this are far-reaching, as the legality of menstrual regulation and other forms of gynaecological treatment is thrown into question. This case also shows how restrictive our law is, since very early abortions may be illegal, and therefore late abortions are positively encouraged. Only a legal test case will clarify the situation and although this may come eventually we are at present in an uncertain and contradictory situation.

Sharon Spiers.

## ANTI-ABORTION TV

An anti-abortion TV programme has been syndicated to 35 major television stations throughout the USA, according to a recent report in the public relations paper 'Campaign'. The programme, which was made by a minor agency for the National Right to Life Committee, is part of a major public relations and lobbying campaign by that Committee.

'Campaign' describes these events as 'remarkable' and 'a considerable achievement'.



# abortion devolved

During recent discussions on the Scotland Bill, the question arose of giving control of abortion legislation to the Scottish Assembly. Should power to change the 1967 Abortion Act be devolved to Scotland, a situation might arise where there were two different abortion laws.

Lord James Douglas-Hamilton, Conservative MP for Edinburgh, who has consistently supported attempts to restrict the 1967 Act, proposed an amendment to the Government Bill, which intended to keep control of abortion at the House of Commons, thereby ensuring one law.

In his speech, he said that the British Medical Association objected to the possibility of two different laws "not on moral grounds" but because of the possibility of "a flow of patients across the border." This view was endorsed by Gerry Fowler, who spoke in terms of "an abortion haven" on one side of the border.

The following week, when the issue came under further discussion, Jo Richardson and Leo Abse found themselves in agreement over how essential it is to have uniformity of the law. These two Labour MPs both anticipated the Scottish Assembly changing the law on

abortion and spoke of abortion being decided upon "the basis of a woman's accent."

Teddy Taylor, the Conservative Scottish spokesman, put forward a different view. He felt that the House of Commons will restrict the law, and should devolution take place this would only be for England and Wales. He said: "There is a reasonable chance that the House of Commons, in respect of England at least, will make a change in the abortion law." Could he have meant positive legislation? I hardly think so. Teddy Taylor, who opposed the passage of the 1967 Act, stated that abortion both north and south of the border should be restricted, but left to their own devices the Scots would not change the 1967 Act. This is rather a strange view as the majority of Scottish MPs support tightening up the Act.

MPs voted 179 to 162 to give Scotland power over its abortion law. Those for keeping control at Westminster were 101 Conservatives, 59 Labour, and 2 UUUC. Those for devolving power included 4 Conservative, 155 Labour, 7 SNP, 10 Liberal, 1 Welsh MP, and 2 UUUC.

Sharon Spiers

# spina bifida

A motion has been put down in the House of Commons calling for more widespread use of the screening process to detect the presence of spina-bifida in a foetus. The motion, which is in the names of Dr. Keith Hampson (Con.), Helene Hayman (Lab.), John Pardoe (Lib.), George Reid (SNP), Malcolm Rifkind (Con.), and Lynda Chalker (Con.), urges the Secretary of State to establish facilities nationally so that all pregnant women can be offered the test.

A successful pilot scheme, established in 19 areas, used the simple and cheap blood test, but routine national screening has been indefinitely postponed.

By the beginning of February, over 200 Members of Parliament had signed

the motion, signifying agreement, and should this number increase pressure will be brought to bear on the Government at least to have the issue debated.

It is noteworthy that this motion was put down after the fuss made by SPUC about spina bifida babies being 'left to die'. MPs, many of whom are not closely associated with abortion, have taken a positive stand on the spina bifida issue. Although the motion does not specifically mention abortion, a woman qualifies for an abortion under the 1967 Act where there is a substantial risk that the child, if born, will be seriously handicapped.

Sharon Spiers

## QUESTION TIME

Roland Moyle recently assured Parliament that the 1967 Abortion Act is working satisfactorily. He said, in answer to questions by Cyril Townsend and Helene Hayman, "I am satisfied that the present arrangements for controlling the operation of the Act are adequate," and that, in his view, "the majority of the people are reasonably satisfied with the operation of the 1967 Act." Mr. Townsend suggested that an abuse of the Act lay in the "wide regional variations in the number of abortions carried out under the NHS." Mr. Moyle, not wishing to commit the Government to anything, answered that he was aware of this.

## LOBBY LISTS

ALRA has produced a comprehensive directory of the voting records of Members of Parliament on the abortion issue. The directory is intended to act as a guide for organizations and/or individuals who lobby Parliament and is based upon the thirteen regions of the country, to help local-based groups. The regions used are Scotland, Wales, Northern Ireland, Greater London, Northern, North-West, Yorkshire, East Midlands, West Midlands, Eastern, South-Eastern, Wessex, and Western.

The lists contain the majority, party, and constituency of each MP and the way in which he/she has voted in the five main votes on the abortion issue. There is also a cross-reference section relating constituency to MP.

The directory can be obtained either complete, containing records of all 635 MPs, or by individual regions. For copies, please write to ALRA enclosing 20p to cover postage and packing.

## PRO-ABORTION CANDIDATE

Tessa Jowell, Camden councillor and Labour candidate in the Ilford North by-election, has come out strongly in favour of a woman's right to choose.



Her Conservative opponent, Mr. Vivian Bendall, is reported to be in favour of restricting abortions.

Our congratulations to Ms. Jowell for taking this courageous public stand when fighting a marginal seat, the first to be contested since the historic Labour Party Conference decision for abortion on demand. The seat fell vacant on the death of Millie Miller, herself a firm supporter of a liberal abortion law.

Breaking Chains has argued before, in issue 3, that the Community Health Councils are a major route for influencing the Health Service to provide better abortion provision. Here the Secretary of the Liverpool Central & Southern CHC explains how her CHC wrote a report on local abortion provision, and what happened.

On almost every Community Health Council there will be a few people who believe that the choice of abortion should rest with the woman; but they will be out-numbered by members who are indifferent, favour a restrictive law, or find abortion an anathema.

This should not deter campaigners for day care abortion from presenting their case. It is a duty of Health Councils to be concerned with deficient health services — and almost everywhere this includes the abortion service. It is also quite proper for discussion on the need to improve facilities within the terms of the 1967 Act to exclude moral or ethical considerations of abortion. Abortion opponents have had ample opportunity to change the law and no doubt they will have other chances.

Cheap to run, and offering safe, early treatment, a day care unit has advantages for both health authority and local women. The essential issue is one of reorganizing and co-ordinating existing facilities and any Health Council which refuses to consider this is not doing its job.

#### GET HOLD OF THE FACTS

To convince Health Council and Health Authority members of the need for day care services and of the iniquities being perpetrated at present, *YOU MUST GET HOLD OF THE FACTS*. Until Health Councils were set up it was virtually impossible for people to obtain these essential weapons. Now, through their Health Councils, local people have the right to detailed information about all health services.

Having said that, it still needs persistence and skill to understand the information received. The report on NHS abortions in Liverpool indicated that the city had a fine record for NHS abortions, but further investigation revealed that the service statisticians had included figures for both therapeutic and spontaneous abortion under the general heading of abortion!

Vigorous investigation into Liverpool's abortion services unearthed some highly relevant local facts:

- \* On average women were kept in hospital for nearly four days (which makes the cost of day care even more advantageous).
- \* At one local hospital nearly 30% of abortions were private.
- \* Although Liverpool performs nearly half the NHS abortions in the Mersey

# LIVERPOOL CHC INVESTIGATES ABORTION

## CAMPAIGN CALENDAR

July 76	Liverpool Central and Southern Community Health Council receives report on abortion; agrees to consider NHS performance. Recommendations to Area Health Authority receive good press cover.
August 76	AHA refers report to medical and admin. committees.
January 77	AHA debates, following reports of committees. Day care approved in principle; self-referral not agreed.
March 77	CHC urges immediate action in interest of economy; corrects errors by committees.
April 77	AHA sets up working party.
May 77	CHC asks for detailed costings; AHA cannot help.
June 77	New Area Medical Officer arrives.
November 77	At joint CHC-AHA meeting the new AMO proposes out-patient unit outside main gynaecological service.
December 77	Granada TV transmit 30-minute programme. Referral by FP clinics agreed. AMO offers gynaecological consultants 'last chance' to help.
January 78	Gynaecologists refuse help. AMO receives several hundred letters opposing the clinic.
????	Day care clinic opens ???

\*\*\*\*\*  
 General notes:  
 Until recently there was very little SPUC activity on this issue. They were probably relying on the consultants to block it.  
 The determination of the Area Medical Officer was a crucial factor.  
 DHSS is unhappy about early abortion units outside the gynaecological 'mainstream', even though vasectomy is often done outside the relevant mainstream so there is a precedent.  
 Local branches of British Association of Social Workers and Association of Probation Officers are supporting the clinic. JL/DCF

Health Region, it treats such a large number of women from other districts that local residents are forced to pay.

It was important, in Liverpool, to look at the regional picture, but other areas in the country may be faced with the more simple problem of unwilling gynaecologists. Concentrate entirely on the district or area if this is possible; involvement with other area health authorities can be sticky, particularly if the appropriate Health Councils adopt an ostrich-like stance.

The local health authority was unwilling (or unable) to give some information — for instance, the stage of gestation at which women first attended the out-patient consultant clinic and the gestation at the date of operation. Where local statistics were unobtainable, data from the report of the Lane Committee or case studies were used.

As the majority of information can only be obtained by going through records, which is expensive, make sure

you know what you need.

The Liverpool report revealed an insensitive, inadequate, ineffective NHS abortion service. Information on the essential questions — numbers of women treated in the NHS compared with the private sector — should be relatively easy to establish in any area.

#### WHERE TO FIND YOUR INFORMATION

The most useful sources of information for Liverpool were:  
 DISTRICT MANAGEMENT TEAMS FOR THE AREA HEALTH AUTHORITY

A breakdown of abortion in local NHS hospitals included:  
 number of abortions performed under the NHS;  
 number of abortions performed privately;  
 average length of stay.

CONTINUED ON PAGE 9

# ALRA ANNUAL REPORT 1977

## CHAIRMAN'S REPORT

This report will cover the seven-month period since the last AGM in August 1977. Since September we have had to campaign without any full-time workers in the office. In a period of comparative political calm we have been able to reduce the debts incurred by the campaign against Benyon's Bill, by stringent economies. We don't anticipate being able to consider employing an office worker until June at the earliest. We have however succeeded in managing routine administration and, more importantly, maintaining campaign activities by volunteer labour. Effective working groups have emerged to cover various projects and include people interested in particular areas of activity as well as executive members. We hope to expand this way of working as it is a particularly suitable way of involving people who don't have time for full executive responsibilities.

## BREAKING CHAINS

One of these groups has been responsible for producing 'Breaking Chains'. The paper is both a news digest and a forum for opinion, and is designed as an information source and guide to political pressure. It is sent to members of the Association and we are pleased to report that several libraries (including the DHSS and the EOC) have placed a regular order. We have also arranged one-off sample mailings through other organizations, e.g. Birth Control Trust, NUS, Medical Students, NAC groups, and hope to recruit more members by doing so. We'd like to reduce pressure on the editorial committee by establishing a group of London activists willing to undertake the dreadful labour of packing and posting.

## OPEN DOOR PROGRAMME

Our other big propaganda project has been the Open Door BBC television programme screened on February 13th and repeated on February 18th. The programme was planned, researched, written, filmed, edited, and publicized in five weeks, and enabled us to present our case for a woman's choice on abortion to a quarter of a million people. For this opportunity we must thank Sue Heal, last year's organizer, who made the original application last spring. We'll report to the AGM on public and press response to the programme.

## AUTUMN ACTIVITY

The Autumn was mostly spent reorganizing the office work and preparing for a restrictive Private Member's Bill after the Parliamentary ballot in mid-November. The office work is now undertaken by a rota of experienced members who deal with correspondence and administration. The office is open for visits and phone calls on Monday and Thursday evenings between 6.30 and 8.30 p.m. The system is working well, although we would like to increase the number of people on the rota in order to spread the necessary but repetitive routine work more thinly. Preparation for a restrictive Bill included research for a comprehensive register of all MPs, with their voting records and other indications of their views on abortion. These lists are now published and will be useful for the life of this Parliament. They will of course need considerable revision after the next General Election and this will be a substantial task if, as we expect, there are many new Members in the House.

## PARLIAMENT

We were intensely relieved that no anti-abortion MP drew a high place in the Private Members' ballot in November and that we were therefore spared another defensive confrontation. There was however considerable press coverage of the prosecution in Leamington Spa of a 13 year old girl who attempted to abort herself, and ALRA wrote to three Conservative MPs who had drawn a high place in the ballot, suggesting a Bill to repeal Part 1 of Section 58 of the Offences Against The Person Act, 1861, under which the girl was prosecuted. None of them took the Bill, which was disappointing, as it would have been a pleasure to use SPUC's guerilla tactics against them.

We decided against trying to place ALRA's bill on the Private Members' list for a number of reasons. Our supporters in the House were adamant that it would be political suicide: MPs and the DHSS are sick of abortion marathons and we could expect little response. The Government had already shown itself sufficiently frightened by the threat of lost Catholic votes to initiate meetings to discuss a 'compromise' Bill, and could not be expected to help if our Bill did pass its first reading.

## POSITIVE LEGISLATION & LINKS WITH OTHER GROUPS

We are therefore concentrating on working for agreement within the various groups campaigning for abortion on request as to the terms of a future Bill. Doctors for a Woman's Choice on Abortion (DWCA) announced that they discussed calling publicly for abortion on request up to twelve weeks at their AGM this January. They have decided to wait upon consultation with the women's movement before making a decision. Their AGM was followed by an open meeting to discuss 'The Feasibility of a Woman's Choice on Abortion'. Those of us who were among the seventy people attending found the meeting encouraging.

The National Abortion Campaign have also recovered from Benyon and have invited us, among others, to participate in a series of 'day-schools' this spring to discuss positive legislation. LARC, having achieved a dramatic mandate for abortion on demand at the Labour Party Conference, will also be taking part and the 'day-schools' will provide a good forum for beginning to shape radical opinion into definite proposals.

On another political front, we have been approached by the Youth and Community Affairs Officer at Conservative Central Office. Several Young Tories' groups have asked us for speakers and we hope to have new opportunities for securing support from Conservatives. We have continued to keep in touch with Christians for a Free Choice and to participate in the Co-ordinating Committee in Defence of the '67 Act, where, although CO-ORD is limited to defence, there is much sympathy for positive legislation from many of the members.

## ANTI-ABORTION ACTIVITIES

Our opponents: SPUC appears to have been up-staged by LIFE and has turned its attention to child pornography and an attack on the treatment of spina bifida babies. We expect that their opposition to second trimester screening for affected fetuses will result in more widespread understanding of the need for late abortion and don't propose to enter the controversy directly. LIFE has announced its decision never again to support 'compromise' Bills like Benyon's and has come out unequivocally for repeal of the '67 Abortion Act.

There have been several disquieting legal moves — the Leamington Spa prosecution and LIFE's threat to prosecute a late abortion on the grounds that the foetus was viable although less than 28 weeks. A group of anti-abortion gynaecologists briefly refused to do abortions after the DHSS threatened action over late notifications. We may have a test case as to whether IUD is an abortifacient and we know for certain that an NHS gynaecologist has stopped doing menstrual extraction after threats of prosecution. The possible offence hasn't been identified but may be using abortion notifications for women who turn out *not* to be pregnant. These legal skirmishes are worrying if they result in services being restricted on the quiet: a case in the criminal courts at least offers the opportunity to counter-attack.

Legal defence against anti-abortion prosecution is however expensive: the authors of 'Babies For Burning' have settled out of court (again) and have apologized for libelling BPAS, who are left with legal costs of £25,000, which cannot be recovered from the authors or the publishers.

## TO SUM UP

Although the abortion campaign in general and ALRA in particular haven't been in the headlines for these last months, there is plenty going on. We are aware of the contradictory demands of needing to be seen to be active and the periodic need to work quietly on difficult issues within the wider campaign. We hope that 'Breaking Chains' has kept you informed and that you will come to the AGM to make your comments and contribute to the discussion and decisions on campaigning in the next year. February 12th, 1978.

# FINANCIAL REPORT 1977

## FINANCIAL REPORT FOR THE YEAR DECEMBER 31, 1976 - DECEMBER 31, 1977

This has not been an easy year for ALRA's finances. During the first six months, the campaign against the Benyon Bill caused substantial debts to accumulate. The second half of the year has been spent in recovering from these debts.

Severe economies have been necessary, in particular the loss of both campaign organizers. We have also established more formal financial controls. Income and expenditure are now regularly compared with expectations and the expectations themselves are revised periodically.

Our thanks are due to various creditors, and especially to our landlords, the Rationalist Press Association, for the grace with which they have accepted the late payment of their bills.

## INCOME

The 400 Club, our lottery in which £1 a month on a Banker's Order gives a chance of a £30 prize each month, has made an important contribution to our funds. This was introduced to give the Association a steady and, above all, reliable income. In this it has been successful and I hope that more members will now join the club and give ALRA a really sound financial base.

Amongst the other fund-raising activities, I must mention the ALRA record, 'Penelope Isn't Waiting Any More' by Peggy Seeger, sales of which have provided useful income, though at the cost of much effort in resolving difficulties with the other parties.

Our sincere thanks go to the many donors who have helped us over the past year.

The fall in income, relative to the previous year, is due to a lower level of donations, incompletely compensated for by increased income from fund-raising activities

## EXPENDITURE

Expenditure items are mostly at similar levels to the previous year, having increased overall by approximately 12%. The increase is mainly due to our having employed two campaign organizers until September.

## BALANCE SHEET

By agreement with the original donors, the Guide and Review Accounts have been merged with the Accumulated Fund. As can be seen, the Association's main tangible asset is the stock of records for sale.

## OVERALL

Though giving no grounds for over-confidence, the Association's finances are fairly sound. Assets now exceed liabilities and, thanks to stringent economies, monthly income exceeds expenditure, allowing the Executive again to consider new and positive projects.

## ACKNOWLEDGEMENTS

I wish to express my thanks to our honorary book-keeper, Colin Page, for much tedious work and for initiating me into the peculiarities of commercial book-keeping; also to our honorary accountants and auditors, Messrs. Blinkhorn, Lyon,

David Flint,  
Treasurer,  
January 1978.

## BALANCE SHEET AS AT 31st DECEMBER 1977

1976		£
	<b>Assets</b>	
	Office Furniture and Equipment at Cost,	£
	less depreciation	118
123	Stock Records	945
-	Shirts	323
25	Stationery	<u>25</u>
		1293
1000	Prepayments	-
372	Cash at Bank	-
11	Cash in Hand	<u>1</u>
1531		1412
<u>1531</u>		
	<b>Less: Liabilities</b>	
	Loans	
200	Interest Free	200
250	Others	<u>424</u>
		624
585	Sundry Creditors	1249
-	Bank Overdraft	<u>106</u>
		1979
1035		<u>£ 567</u>
<u>496</u>		

## Represented by the following funds

## Accumulated Fund

	Balance at 1st January 1977 - deficit	679
	Add: Excess of Expenditure over Income	679
		<u>1358</u>

	Less: Transfer from Guide Booklet Account	349
	Transfer from Review Booklet Account	<u>43</u>
		392
(679)	Net Deficit	(966)

## Film Account

65	Balance of Lalor Foundation Grant at 31 December 1977	65
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## Guide Booklet Account

	Balance at 1st January 1977	349
349	Less: Transfer to Accumulated Fund	<u>349</u>

## Review Booklet Account

	Balance of Lalor Foundation Grant at 1st January 1977	543
	Less: Transfer to Accumulated Fund	43
	Expenditure	<u>500</u>

543		543
218	Advertising Fund	<u>334</u>
<u>£ 496</u>		<u>£ 567</u>

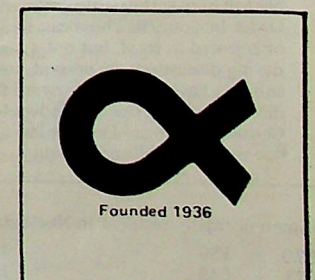
We have examined the books and vouchers of the Abortion Law Reform Association and certify that the above Balance Sheet and Income and Expenditure Accounts are in agreement therewith.

Blinkhorn, Lyon, Golding & Co.,  
Chartered Accountants  
Honorary Auditors

14/16 Great Portland Street,  
London, W1N 5AB  
21st February 1978

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER 1977

1976		£
	<b>Income</b>	
6067	Subscriptions, donations, and collections	5341
64	Interest received	-
<u>£ 6131</u>		
	<b>Less: Expenditure</b>	
292	Printing, Stationery, and Publications	170
1439	Postage and Telephone	1061
2449	Administration and General Expenses	3699
61	Bank Interest and Charges	166
10	Corporation Tax Provisions	-
40	Depreciation of Equipment	15
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<u>£ 5563</u>		6020
<u>£ 568</u>	Excess of Expenditure over Income	<u>£ 679</u>



# abortion in N. Ireland

The 1967 Abortion Act does not apply to Northern Ireland, which then had its own separate legislature. Stormont was responsible for most of the N.I. legislation, and as a sitting member was not automatically re-elected, there was quite a turn-over and individuals avoided controversial legislation.

The law in N.I. on the subject of termination of pregnancy is governed by the Offences Against The Person Act, 1861 and the Criminal Justice Act (N.I.), 1945. This makes "unlawfully to procure the miscarriage of any woman" a felony punishable by life imprisonment, although it may be carried out to save the mother's life. The Bourne judgement is assumed to apply, although not tested in the courts. As a result, in practice, few women legally obtain an abortion in N.I.

When the 1967 Act began to operate in England, it became obvious that women from N.I. could travel there for a safe abortion. In 1971 the Ulster Pregnancy Advisory Service was set up to assist this. It offers counselling throughout the province and advertises regularly in the only newspaper with province-wide circulation. Women from N.I. travel to England and use a BPAS clinic, usually Liverpool. NHS abortions are not available owing to the residential requirements of the Regional Health Boards. No help with fares is available to women receiving Social Security payments.

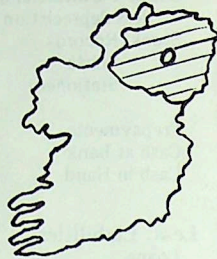
## EFFECT OF POLITICAL UPHEAVAL

Meanwhile, in N.I., with the advent of the troubles, Stormont gave way to Direct Rule and no further legislative change occurred. Eventually, an Assembly was voted into power. All members were canvassed by letter on the subject of Abortion Law Reform in 1974. There was considerable interest, from all shades of opinion, and over 50% wrote in reply. A Bill was prepared and three weeks before it would have been introduced the UWC strike of May 1974 caused the downfall of the Assembly. There was strong opposition to reform, not just from R.C. members, yet many were shocked by the hardships revealed by the current laws.

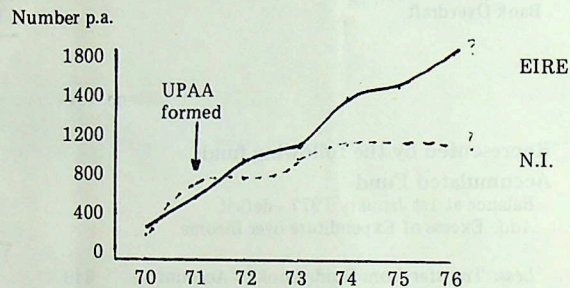
More Direct Rule followed. A Constitutional Convention failed to agree, was suspended, and Direct Rule continues. Now, in 1978, there is a large backlog of legislation between N.I. and England. There are twelve MPs representing N.I. at Westminster. If Direct Rule is to continue, this is massive under-representation, and to try and bring some permanent decision on the constitutional position none of them instigate legislation. Legislative change here is thus only effected by Order In Council. These can be accepted or rejected in total, but not amended during discussion. At present, two subjects have been put forward for discussion for proposed Orders In Council. These are Divorce law and the law relating to Homosexuality.

Women normally resident in Northern Ireland having abortions in England.

1970 - 199	1974 - 1102
1971 - 649	1975 - 1110
1972 - 769	1976 - 1118
1973 - 1007	



Women from Northern Ireland and Irish Republic having an abortion in England.



## CONTRACEPTION & ABORTION

Meanwhile about 1100 women from N.I. had an abortion in England in 1976. About half used the UPAA, the remainder being referred by their GPs or using their initiative [P.A. Compton and Lorna Goldstrom, 'Religion and Legal Abortion in Northern Ireland', *Journal of Biosocial Science*, (1974) 6. 491-498.]

The birth rate in N.I. is higher than elsewhere in the U.K., especially in the R.C. part of the population, but is now falling. R.C. women are *no less likely* to come forward for abortion than Protestants, although the incidence of, and type of, contraception may differ.

Family Planning Clinics in N.I. are discreet, and have only recently and under pressure appeared in the telephone directory. Some parts of the province are not well served and the reticence and ignorance on the subject of contraception would surprise someone used to more liberal attitudes.

## WHY NO PROGRESS?

There is little official pressure for change. None of the thousands of women who have gone to England and paid for an abortion have stood up publicly and

said so. Religious influences are strong in politics. Four of the twelve MPs stayed especially to vote for the Benyon Bill, even although it only affected N.I. indirectly.

While the UPAA operates efficiently, and GPs increasingly refer patients, there is not the build-up of local pressure or outcry to effect local change. The medical establishment in N.I. do not intend to alter the present situation and an individual with more radical views will not advertise them too widely.

Public opinion in N.I. is moving slowly for some changes in social legislation, owing to the considerable hardships resulting in many areas. Yet, the constitutional situation means that currently the law can only be changed by an Order In Council. Abortion Law Reform takes its place in the queue. Tear-jerking case histories bring press cover, and influence public opinion, but do not directly bring about legislative change.

Isabel Gilpin (N.I. ALRA)

**ALRA 1978 AGM**  
**SAT. 18th MARCH**  
**LONDON SCHOOL OF**  
**ECONOMICS R.5421**  
**10.30 a.m. - 4.00 p.m.**  
**(break for lunch)**

We hope as many members as possible will be able to attend and look forward to meeting you there.

# West Midlands Victory

For long the worst abortion blackspot in the country, the West Midlands has now begun to take women's need for abortion seriously.

At its meeting on 15th February, the Regional Health Authority (RHA) decided that up to £50,000 per annum should be spent in setting up two day-care abortion units in Birmingham. This should be sufficient to increase the number of health service abortions from 2,600 p.a. in 1977 to 6,000 to 7,000 p.a., about 56% of the the total need and rather better than the national average.

In addition the RHA is to undertake discussions with BPAS for the use, on an agency basis, of their Blackdown Nursing Home at Leamington. This would further reduce the number of women forced into the private sector.

## BACKGROUND

The present moves started in September 1976, when the RHA considered a call from the West Midlands Regional Association of Community Health Councils "to set up an abortion counselling service... and to make abortions freely available." The RHA then appointed a Working Party which consulted widely with both NHS and outside bodies. The Gynaecological Services Committee refused to meet them. The DHSS was helpful with advice, but would provide no money.

The Working Party presented an interim report last September (i.e. just before the NAC demonstration) in which they recognized the inadequacy of counselling and abortion services in the Region. The RHA accepted the need for day-care clinics but took no action.

The Working Party opted for out-patient clinics, not because they saw them as providing the best service, but because they could find no resources for in-patient treatment.

## THE DECISIONS

The final report of the Working Party was discussed at the February meeting of the

"Up here we got rid of abortions in 1952."

Prof. Hugh McLaren, chief Birmingham Gynaecologist.

"It should be noted that the NHS has a statutory responsibility to provide an abortion service but it is evident.... that 78% of the legally induced abortions... are carried out in non-NHS premises."

Report of West Midlands Working Party.

"Birmingham Area Health Authority be asked to agree to the establishment of a unit at St. Chad's Hospital for cases for abortion.... the Regional Health Authority to assist with the funding.... also (to) give consideration to the establishment of a second unit.... discussions be commenced with BPAS concerning.... an agency arrangement."

Decisions of West Midlands Regional Health Authority.

RHA and its recommendations accepted in full.

Firstly, AHA's are to be encouraged to develop health education facilities.

Secondly, they intend "to establish, in due course, a counselling service," and some proposals for training staff are made.

Thirdly, Birmingham AHA will "be asked to agree to the establishment of a unit at St. Chad's Hospital." The unit would provide out-patient abortion, but would also have 'built-in arrangements' for overnight stay where necessary.

Fourthly, Birmingham will be asked to "give consideration to the establishment of a second unit at Rubery Hill or elsewhere."

The two units are expected to perform 4,000 abortions per year at additional costs of not more than £50,000 p.a. (At £12.50 per operation, this is much cheaper than even the PAS's can offer, because existing NHS accommodation, etc., will be used.)

Fifthly, since this would still leave 5,000 terminations to the charitable and private clinics, "discussions (will) be commenced with BPAS concerning the possibility of an agency arrangement for NHS abortions to be carried out in BPAS premises." Since BPAS already provides agency facilities for other family planning

services, this should present no great difficulties.

Finally, particular attention will be given to counselling an abortion in the strategic plan.

It seems unlikely that the clinics will be open-access - women will still have to be referred by a doctor.

The professional advisory committees have been asked to comment by May.

The decisions of the RHA are an important advance but final victory will not be sure until the new services actually begin to work. Given the slowness of NHS procedures, this will take months at least, in which time we can be sure that SPUC, LIFE, and their gynaecologist friends will do everything they can to sabotage the decisions. Already, just six days after the decisions, their letters of outrage have reached the Authority and the local papers. It is therefore still vital for activists in the West Midlands, and especially in Birmingham, to keep up the pressure. Working through Community Health Councils, trade unions, political parties, women's groups, or just as individuals, they should press Birmingham AHA to agree to the proposed clinics and to open them without delay.

Birmingham can set an important national precedent. We must not lose it now.

David Flint

## CONTINUED FROM PAGE 4

### REGIONAL HEALTH AUTHORITY

Breakdown by district of the percentage of NHS abortions in the Mersey Region.

NHS abortion referrals to Liverpool from all areas in the Mersey Region. BRITISH PREGNANCY ADVISORY SERVICE

Numbers of local women seen at BPAS. Percentages of GPs referring to the Liverpool branch. Amount of loans and grants given to Liverpool women.

Day care organization (organization of NHS units was also used, particularly the costing of the Victoria Day Unit at Kingston Hospital, London).

### DEPARTMENT OF HEALTH AND SOCIAL SECURITY

They have twice advised regional and area health authorities to consider day care abortion units. To reach the officer concerned with abortion, ring 01-407 5522 Ext. 7510.

### O.P.C.S. MONITOR

Monthly and quarterly publication from the Office of Population Census and Surveys (gives regional figures for NHS and private abortions). Telephone: 01-242 0262.

REPORT OF THE LANE COMMITTEE Available from H.M.S.O. Extracts obtainable from ALRA (35p.)

Although we are still facing enormous difficulties in getting a day care service going in Liverpool this is entirely because of the obstinacy of the consultants. The accuracy of the report and/or its

recommendations are not in dispute. If we can help anyone by sharing the knowledge gained in the production of the report on abortion services here, contact us at 80 Rodney Street, Liverpool, 1, or telephone 051-708 8008.

Jane Leighton.

## TORIES IN HARROGATE

Tories For Free Choice, the Conservative pro-abortion group, has formed a local branch in Harrogate. TFFC was formed a year ago when the Benyon Bill was before Parliament and membership is open to any Conservative Party supporter.

If you are interested in joining, please write either to the Chairperson, Sharon Spiers, 13 Boyne Avenue, Hendon, London, N.W.4., or to Patsy Lyon, 40 Leeds Road, Harrogate, N. Yorkshire.

# doctors' conference

At their first AGM, DOCTORS FOR A WOMAN'S CHOICE ON ABORTION rejected a proposal to pursue legislation for abortion on request up to twelve weeks. They decided to defer their decision until there had been wider consultation within the movement. Both the AGM and the following open meeting were, however, unflinching in their support of a woman's right to choose.

The atmosphere was positive and encouraging, with much interesting information coming to light. Both doctors on the platform for example (David Paintin and Malcolm Potts) explained that they had actually been converted to abortion on request since the passing of the '67 Act, having previously believed that they, as doctors, should decide.

Trudy Livingstone, of Birmingham TAC, ex-Catholic and mother of five

considered and carefully demolished the reasons given by the Lane Committee in 1974 for rejecting woman's choice.

Madeleine Simms, former general secretary of ALRA and co-author of 'Abortion Law Reformed', the history of the '67 Act campaign, drew parallels between the 1920s campaign for contraception and the present abortion campaign, concluding that 'victory is to the persistent.'

Bill Birtles of the NCCL gave a legal perspective, recommending that any future abortion legislation should involve the law as little as possible. Lawyers were far less qualified than women to assess the issue.

The parliamentary angle was given by Jo Richardson, M.P. for Barking, a staunch supporter of liberal abortion. Jo felt that at present the House is pretty fed up with abortion generally. A General Election could well change this, however, and there may then be a chance of abortion on request being raised, especially if there were another Labour Government. She did feel it desirable that such a measure should be introduced by a moderate, possibly a Tory.

We are only able to report this very successful meeting in brief but copies of all the speeches should soon be available from DWCA.

## why Britain lags behind

Britain, which changed its abortion law before the United States, Austria, India, and other countries, failed to exploit the opportunities that were to arise later. Britain still has a higher proportion of second trimester abortions than many countries that reformed their laws after us, and the remarkably safe and effective technique of menstrual regulation is still not used in any significant way in this country.

The 1967 Abortion Act was a compromise. In arguing that abortion should be treated like any other operation, which was my point of view at the time, we were making the decision a joint one between the woman and her doctor. But a great many things have changed within the last ten years and experience now teaches that the decision on early abortion is best made by the woman alone.

Over the past decade we have learnt that abortion is even safer than we thought it was. Statistics from the USA for 1972-74 on nearly two million abortions give a death to case ratio of 0.4 per 100,000 for operations performed at less than eight weeks of pregnancy. To underscore the safety of this method, one can point out that, all other considerations apart, an older woman (over 40) could have an early abortion every two weeks for a year and still not run the risk of death recently demonstrated for the Pill over a similar twelve-month period (approximately 1 in 1000). Clearly, it is not possible to have abortions that often and I would still recommend contraceptive use, but I make this point to drive home the simplicity and safety of early abortion. Recent surveys from Singapore and elsewhere have also shown that vacuum aspiration early abortions appear to be without the long term consequences on future pregnancies which until recently worried people.

### MENSTRUAL REGULATION — HOME & ABROAD

Menstrual regulation is an operation that a non-specialist can perform and could be perfectly well carried out in many general

practitioners' surgeries. It requires facilities comparable to those for IUD insertion. A doctor needs training to perform MR and to know where to refer possible complications, but need not be a specialist. I was recently in a South-East Asian country where abortion is illegal. While there I visited a General Practitioner who dealt with the usual range of complaints from obesity to constipation to skin disease during the course of a morning session, seeing about thirty patients. Six women came with late periods and each one was given a menstrual regulation using a plastic hand-held syringe, under valium as a sedative, but without local anaesthesia. This doctor has now performed 2,000 of these operations and has had one perforation which required admission to hospital.

I, myself, although not a doctor in regular clinical service, have performed menstrual regulation in a Catholic country where abortion is illegal, doing it in very poorly equipped and prepared situations. Although not in the best of circumstances, and one of our procedures was associated with an incomplete operation, I have to report that I sincerely believe that we were able to offer a more straightforward solution to

someone with a late period than is possible in Britain at the moment.

### LAW — HINDRANCE NOT HELP

The 1967 Act has two major defects. Firstly, it leaves the decision making in the hands of the doctors, and, secondly, it limits abortions to registered nursing homes or hospitals. Menstrual regulation can be performed within the NHS but, with one or two exceptions, a referral system has not yet been created where the woman can reach the hospital rapidly enough for the operation to be performed as she must always go through GP referral. In my opinion, family planning centres, such as the Marie Stopes House or Brook Centres, and selected GP surgeries, would be the ideal places to do MR.

Early abortion, or menstrual regulation, is performed with a flexible plastic cannula, five, six, or eight millimetres in diameter, which is as easy to insert through the cervix as an IUD introducer. A vacuum is created with a hand-held syringe and the operation normally takes about three minutes in the hands of a practised individual. Perforations and infections are low. While no operation is without its risks and the woman should understand the hazards, the current British opinion exaggerates rather than underestimates the danger of early abortion.

All international experience teaches that the only practical way of ensuring that most abortions take place early in pregnancy is to have a very simple law which respects the woman's choice concerning termination and allows her direct access to services without the intermediary of a referral, and data from all over the world demonstrates that abortion can be the turning point in a couple's practice of contraception.

*A shortened version of a paper presented by Dr. Malcolm Potts to Doctors for a Woman's Choice on Abortion. Reprinted with his kind permission.*

## BABIES FOR BURNING

On the 18th January, the first day of what promised to be a lengthy trial, BPAS's long-running libel action against Serpentine Press, Michael Litchfield, and Susan Kentish was settled. In an agreed statement, the authors of the notorious 'Babies for Burning' withdrew their allegations and specifically accepted the high standards of BPAS and those who work for it.

The publishers of the book are now bankrupt and the book itself out of print; however, the authors also undertook to delete certain passages from any future issue of the book and to include a notice that any general allegations do not refer to BPAS.

## NUS WOMEN

Sally Hesmondhalgh for ALRA and Rose Knight for NAC were invited to speak about positive legislation on abortion at the National Union of Students' Women's Conference, Birkbeck College, February 18th. The meeting was chaired by Kay Copp Brown.

S. Hesmondhalgh began by saying how important it was for the abortion campaign to fight on a positive issue, instead of always fighting off anti-abortion attempts. We need a focus to bring back into the campaign the enormous numbers of women and men who had become actively involved for the first time in 1975. ALRA's proposals for positive legislation were outlined (developed in the last issue of 'Breaking Chains'): putting the choice in women's hands; decriminalization; forcing the NHS to provide adequate facilities. This latter aim was inseparable from the continuing campaign for local out-patient facilities. ALRA felt that the abortion movement as a whole agreed with these three main principles.

After much careful thought and discussion ALRA had decided they could only wholeheartedly support positive legislation up to 28 weeks. Although some women in NAC want positive legislation up to nine months, Sally said that it would be impossible to rally a mass movement behind this aim.

### NAC DAY SCHOOLS ON POSITIVE LEGISLATION

Everyone welcome  
LONDON AREA March 11th 10.00am  
South Bank Poly. Students Union, Rotary Street, London, S.E.1.  
(nearest tube: Elephant & Castle)  
NATIONAL April 29th Sheffield  
NAC ANNUAL CONFERENCE  
April 30th, SHEFFIELD.  
Further details from NAC: 01-485 4303

This is, unfortunately, only a partial victory, for the opportunity to discredit the authors fully by clear evidence in open court has been lost. BPAS was obliged not to go this far by the size of the expected legal bill, £50,000. They had already spent £25,000 and have appealed publicly for money to meet these expenses.

This result is important not principally because of the slur on BPAS but because it created concern, not least amongst MPs, over 'abuse' of the '67 Act and hence led to the passage at Second Reading of the White Bill in 1975. It was James White's 'chief source of knowledge' about abortion and was widely relied upon by SPUC speakers. The authors were the only individuals to be called by the Select Committee on Abortion.

Moreover, the allegations have taken on a life of their own. They still appear in provincial, indeed in *foreign*, newspapers, but without the sources being cited. Thus they continue to distort public

perception of abortion.

Indeed, ALRA has just received a letter from Jill Knight, M.P., in which she asserts that "the main allegation against BPAS... still stands," and that "the book... still provides useful guidance to the abortion situation." (The letter is being considered by BPAS's legal advisors.) In the light of the wide publicity given to the various errors and lies in the book, this is an astonishing claim.

It is, however, one that Michael Litchfield seems still to believe. Following ALRA's 'Open Door' programme (see front page) Jo Richardson received from his solicitors the threat of a libel writ for her remarks about the book. It is notable as a token of his seriousness that Litchfield made no attempt to prevent the second showing of our 'Open Door'.

It may be dead, but 'Babies For Burning' will not lie down just yet.

David Flint

### PUBLICATIONS OF INTEREST

A list of publications about and relating to the subject of abortion, with some personal comments by David Flint.

A CHILD IS BORN, by Lennart Nilson; Faber, 1977, £2.95. Mainly notable for the photography, including photographs of fetuses.

LEGAL ABORTION IN NEW ZEALAND, W.A.P. Facer (ed); New Zealand Rationalist Association Inc., 1977. This is a solid and well-researched pamphlet (40 pages) demonstrating the wide public and medical opposition to the timid proposals of the recent N.Z. Royal Commission.

INFLUENCE OF INDUCED ABORTION ON GESTATIONAL DURATION IN SUBSEQUENT PREGNANCIES by J.W. Van Der Slikke & P.E. Treffere; BMJ 1978(1), 270-272. This paper reports a four-year study into the claim that abortion causes premature births in subsequent pregnancies. The authors conclude, from their consideration of nearly 15,000 cases, that vacuum abortion in first trimester does NOT cause such premature births.

CIVIL LIBERTY: The NCCL Guide; Penguin, £1.75. A new edition of this valuable guide. However, the section on abortion is brief and incomplete (e.g. no mention of BPAS).

Irvin Emmanuel and Janet Daling; New England Journal of Medicine, 8th December 1977. Comparison of women who had had abortion with a carefully matched control group showed no evidence of a harmful effect on subsequent pregnancies. Still births were higher in the control group so it is suggested that abortion has caused decline in US low birth-weight infants and infant mortality.

### WITHOUT COMMENT

"At the Area Health Authority's meeting on 2nd February, doubts were cast on the availability of both theatre time and beds for extra abortion patients. We asked about day surgery but were told (to our puzzlement) that abortion involved an overnight stay. We have evidence to the contrary...."  
*Bulletin of the West Roding Community Health Council.*

## 1977 IN FIGURES

Official figures show that there were more legal abortions in 1977 than in the previous year; the proportion performed in NHS hospitals was also up.

There were 102,237 abortions on U.K. residents last year, an increase of 1.2% over 1976. This is the first year to show an increase since the peak year of 1973 in which 110,568 abortions were performed. Private abortions have fallen, both absolutely and proportionately (from 51,166 to 50,237 and from 50.7% to 49.4%). This confirms the trend seen last year whereby the NHS slowly takes over abortions that would previously have gone to charitable and commercial clinics.

Regional variation continues to be substantial but four regions have shown significant increases in NHS abortions: Trent (10.7%), Wessex (21.7%), West Midlands (8.7%), and South-West Thames (10.2%) — congratulations to Wessex on almost reaching the national average. Three regions have shown decreases: South-East Thames (2.4%), South Western (1.0%) and North Western (3.9%).

Abortions on non-resident women were up by 14.4%, also reversing a previous declining trend. Between 1973 and 1976 the number fell from 56,581 to 26,901. The main increase was in abortions on Spanish women (up 69%) but abortions on Irish women were also up (by 21%). Abortions on French and German women were down following easier availability at home, whilst abortions on Italians (the second largest group) were little changed.

David Flint

## CORRECTION —

Psychological (In)consequences (Issue 4)

*Dr. Colin Brewer has asked us to say that the incidence of psychiatric admission following abortion was wrongly given as 0.5/1000; it should have been 0.3/1000.*

## LIFE LOSE IN MANSFIELD

Mansfield District Council has refused LIFE permission to rent council premises. The full council decided this at a meeting last November. The reasons given included:

- a. That BPAS had previously been refused use of council premises.
- b. That a political pressure group

## FOREIGN NEWS DENMARK ROW

The Danish Medical Association has attacked the newly-formed 'Doctors Who Respect Human Life'. The Association condemns the name as "a gross insult to the rest of the medical profession." In an open letter to DWRHL, apparently the national branch of the international anti-abortion pressure group, the Association's Council on Medical Ethics has denounced attempts to represent opinions as scientific fact and has criticized as "deplorable and unethical" the emotional tone and scaremongering tactics of the new group.

If only our own BMA were as forthright!

Source: 'Journal of the Danish Medical Association'

DCF

## DAY CARE ABORTION FOR CARDIFF

Out-patient abortion facilities are being made available at the University Hospital of Wales, Cardiff, for a trial period. This is a complete reversal of recent policy. A consultant gynaecologist will carry out the abortions for half a day a week, using vacuum aspiration.

Although Mr. Caspar Brook, Director of the David Owen Centre for Population Studies, doubted that half a day a week would be sufficient to cope with demand, this is clearly a very welcome step in the right direction and we hope campaigners in other areas will take heart from this success.

should not operate from council premises.

- c. That women should not be fed propaganda.
- d. That LIFE should not share a building with the Samaritans.
- e. That LIFE wanted a 'return to Victorian legislation which could lead to backstreet abortion.'

David Flint.

## 400 CLUB WINNERS

November — EILEEN MEREDITH

December — HILARY JACKSON

January — LEO WILSON

## BREAKING CHAINS

Breaking Chains is published bi-monthly by the Abortion Law Reform Association. It is sent without charge to members of the association

Signed articles are the responsibility of the authors and do not necessarily represent the views and policy of the Association or the Editorial Committee. Unsigned material is the responsibility of the Editorial Committee.

Letters and other contributions will be gratefully received. Letters should not exceed 250 words or other contributions 400 words except by prior arrangement. Cuts may be made at the discretion of the Editor. All contributions should be sent to:

The Editor, Breaking Chains, 88a Islington High Street, London N1 8EG. Telephone: 01-359 5200/9.

## EDITORIAL COMMITTEE

- Hilary Jackson
- David Flint
- Sharon Spiers
- Catherine Jacob
- Sue Heal
- Judy Cottam

## HELP ALRA FIGHT FOR 'A WOMAN'S RIGHT TO CHOOSE'

The Abortion Law Reform Association was formed in 1936 by a group of people appalled by the tragic consequences of widespread backstreet and self-induced abortion.

In 1967, ALRA was the major force responsible for the passing of the Abortion Act which for the first time gave women access to legal abortion though under certain conditions.

Thus access to legal abortion is still selective: however much a woman wants an abortion, she must satisfy two doctors that she meets the conditions laid down in the Abortion Act. We wish to make abortion on request available to all women. This will require new legislation.

We also wish to ensure adequate facilities within the NHS to make free, safe and legal abortion a reality.

Our immediate tasks are to defend the existing law against repeated attack by anti-abortionists, and to prepare for legal change.

Help ALRA achieve these aims. Fill in the form below and become a member.

## MEMBERSHIP AND RENEWAL FORM

I would like to join/renew my membership of (delete where applicable) the Abortion Law Reform Association.

I enclose £ . . . subscription/affiliation fee. Membership to commence from . . . . . 197 . . .

Name . . . . .

Address . . . . .

Post code . . . . . Telephone . . . . . Signature . . . . .

Please send the completed form to: The Membership Secretary, ALRA, 88A Islington High Street, London N1 8EG.

Membership Rates: Ordinary £3.00, Student and Senior Citizens £1.50, Overseas £7.00. Group affiliation on application.



# BREAKING CHAINS

ALRA

THE NEWSPAPER OF ALRA - THE ABORTION LAW REFORM ASSOCIATION

## BY-ELECTION NONSENSE

SPUC have claimed a considerable success in ensuring the election of a 'pro-life' candidate in the recent by-election at Ilford North and influencing the election in Glasgow Garscaddan.

These claims do not, however, stand up to scrutiny.

35,000 leaflets were distributed by SPUC in Ilford North 'door to door and through churches and groups', vans showing emotive pictures toured the constituency, and the candidates' views on abortion were sought.

Yet, despite the massive efforts to make abortion an important issue, it was not raised by voters at meetings and those who campaigned for one of the three main candidates find it hard to remember being asked about abortion on the door-steps.

Vivian Bendall, the successful Conservative candidate, continually pronounced his support for the sanctity of life. He also supports the return of capital punishment.

It is not improbable that Tessa Jowell, the Labour candidate, who supports abortion on request, actually gained support from the SPUC campaign. Vivian Bendall had been the Conservative candidate in Ilford North for some time; Tessa Jowell was a newcomer to the constituency. Therefore, any campaign which publicized her name was very welcome to the Labour Party.

In Glasgow Garscaddan abortion was reputedly a very big issue and one which would decide the fate of the candidates. SPUC again distributed thousands of leaflets demanding that the electorate should forget all other issues and vote



Abortion Exhibition in Glasgow (by courtesy of the Glasgow Herald.)

solely on abortion. They organized cars to take voters to the polling stations and held large public meetings publicized through the Roman Catholic churches. In the Scottish and national press abortion was made into a major issue but when Market Opinion Research International asked voters what issues they considered important abortion came a low ninth on a list of ten issues.

The Labour candidate, Donald Dewar, had supported the 1967 Abortion Act when he was MP for Edinburgh and SPUC prophesied that this would cost him the election. It didn't. He stated in the *Scottish Evening Times* of 12th April, "I think an early termination of pregnancy should be an option open to the parents and their medical advisors," but let it be known that he thought

there was a need for further discussion in Parliament and suggested that he would support restriction to the Act to curb 'abuses'.

The SNP candidate, Keith Borey, said from the start of the campaign that, if elected, he intended to campaign against the 1967 Abortion Act, but as an atheist did not appeal to the Roman Catholic electorate (an estimated 35%).

Shiona Farrell, the Scottish Labour Party candidate, is a practising Roman Catholic and follows her religion's doctrine on abortion.

The Conservative candidate, Ian Lawson, stated that he "abhors the practice of abortion" and referred to those who support abortion as people "who are seeking to destroy the fabric of our society."

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Founded 1936

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 CAMPAIGN NEWS

a woman's right to choose



# Editorial

Despite, or indeed perhaps because of, the absence of a bill in Parliament, the last few months have seen no lack of significant events and developments in the abortion campaign: the activities centred on the Ilford and Garscaddan by-elections, the tenth anniversary of the enactment of David Steel's Abortion Bill, the retirement of Vera Houghton from the abortion campaign, the formation of a Nurses for a Woman's Right to Choose group, the announcement by Roland Moyle that some of the £50,000,000 set aside for the health services in the budget could be used for day-care abortion facilities, our own AGM, the opening of a new day-care clinic in Wandsworth, and the recent National Conference held by NAC, to name but some.

They are all noteworthy but two call for particular comment:

## BY-ELECTION ANTICS

The latest attempts by SPUC to influence the voting in by-elections and their 'value

your vote week' during the local council elections have marked a new departure in their tactics. Their determination to make abortion 'the election issue', their public meetings and announcements of candidates' views on abortion have certainly given them plenty of publicity. Yet this emotional blackmail and pulpit preaching do not seem to have reaped the hoped for results. Certainly the voters in Garscaddan rated abortion a low ninth out of ten reasons for choosing a candidate, according to a poll taken immediately after the voting. SPUC could well be backing a loser this time. They recently announced that they have selected thirty-one marginal seats in which to concentrate their onslaught at the General Election. We are well aware of their plans and we are ready to counteract the myths they insist on perpetrating, but we have no intention of following in their narrow and bigoted footsteps.

Although abortion is an important social issue, and one where a lot of ignorance still remains, the voters in Garscaddan who placed inflation and unemployment at the top of their list of

criteria for choosing a candidate may well have set the pattern for the rest of the country.

## NAC CONFERENCE DECISION

The NAC Conference also gave cause for concern. There were many positive aspects, including the new Abortion Manifesto — a statement of aims and objectives which could prove a useful working document for local campaigns. ALRA is, however, far from happy at the position adopted on positive legislation. We are all fighting for abortion on request for as many women as possible as soon as possible. NAC's insistence on campaigning for nothing short of 'abortion to term' could make this task impossible. Public and Parliamentary opinion on our side are vital if we are to move towards our goal of a Woman's Right to Choose, but how much hope can there be of this if NAC decide to launch such a potentially damaging campaign?

As a delegate from Surrey NAC said in the closing stages, "by insisting on everything we may well end up with nothing at all."

## CONT'D FROM PAGE 1

Sammy Bar, Communist, said that women had the right to choose but that he did not accept that there should be abortion on demand!

While SPUC managed to get 400 to 500 people to a meeting, after free publicity in the local church, NAC organized a petition and were surprised by the amount of support they got for a woman's right to choose, particularly from people who actively campaigned for Labour and the SNP.

Behind this background, when it came to the election on 13th April, 3000 people were asked by MORI what issues they considered important. 3% mentioned abortion and of these 62% preferred Donald Dewar.

The results at Glasgow Garscaddan at the last General Election and at the by-election were:

	October 1974	April 1978
Labour	19,737	16,507
SNP	12,111	11,955
Conservative	5,004	6,746
Liberal	1,915	-
SLP	-	583
Communist	-	407
SWP	-	166
Labour majority	7,626	4,552
Turnout	70.9%	69%

The MORI poll analysed the people who thought that abortion was an important issue by religion and voting preference. They found that among Catholics:

- 20% preferred Labour;
- 13% preferred Conservative;
- 11% preferred SNP;
- 5% preferred others;
- 51% didn't know.

## NAC FIGHTS BACK IN GARS CADDAN

In the wake of the recent Garscaddan by-election, a report from Glasgow N.A.C. including how they dealt with the latest S.P.U.C. attack

In recent weeks, we have all become hyper-active with the Garscaddan by-election and the activities of S.P.U.C. during the canvassing. We held a successful public meeting at which four of the six parliamentary candidates put their view on abortion and our speaker showed the way forward to a Woman's Right to Choose. S.P.U.C. held two public meetings, distributed thousands of leaflets, and put up posters showing the usual foetus and bearing the inscription *VOTE FOR THOSE THAT LET THEM LIVE*. The activities of S.P.U.C. and the promises of the Scottish Catholic Lay Apostolate Council in campaigning against pro-abortion candidates resulted in the SNP, SLP, and Tory candidates taking a decisive anti-abortion stance from the beginning of

It is apparent that SPUC wasted much time in attempting to make abortion an important issue, and it was a campaign in which Roman Catholic priests knocked on doors of parishioners showing Labour posters and ordered them to take them down.

In a by-election it is traditional for local issues to be voted on, in preference to national issues, and for protest votes to be made. If this happened in Garscaddan, then it is obvious that abortion will hardly be mentioned in the forthcoming General Election.

However, we must not become complacent and SPUC and LIFE must not be allowed to bully candidates into trading their principles for a minimal number of votes.

Sharon Spiers

the campaign in this constituency with a high Catholic vote.

Michael Foot came to Garscaddan. Before speaking, he met members of S.P.U.C. who had asked to see him. During this meeting, they gave out leaflets urging Labour supporters not to vote anti-life. Donald Dewar, the Labour Party candidate, voted for the '67 Act but is now saying he feels the Labour Party Conference decision was a mistake and that he would vote for any restrictive bills such as White or Benyon which would 'iron out the abuses'.

With the possibility of a by-election in Hamilton next month, N.A.C. are getting ready to take the offensive, as opposed to being seen to tail behind S.P.U.C., who are intent on making abortion an election issue.

Geri Smith Glasgow NAC

## PRO-ABORTION NURSES

Yet another group has been formed to fight for a woman's right to choose. Following in the successful footsteps of the doctors a group of nurses has launched 'Nurses for a Woman's Right to Choose'. They see nurses as having a vital role to play in the campaign for decent day-care abortion facilities, opposing the cutbacks in our hospitals, exposing the obstructive anti-abortion activities of certain doctors and gynaecologists, and counteracting the way SPUC has used nurses in its propaganda.

If you are interested in joining Nurses for a Woman's Right to Choose, or would like more information, contact Ms. Alex Webber, 119 Mackintosh Place, Cardiff.

# NAC CONF. DECISION

The National Abortion Campaign has decided to draw up its own legislation 'to enshrine the principle of a woman's right to choose in law.' At its National Conference in Sheffield on April 29th it voted for the repeal of all laws relating to the termination of pregnancy. In their place, NAC is proposing a law stating 'that it shall not be an offence to have or perform a termination of pregnancy at the request of the woman concerned.' Conference reaffirmed its belief that there should be 'no legal or medical restrictions on abortion' and asked that NAC 'Legal Workers for a Woman's Right to Choose' should incorporate these principles in a draft bill which would also seek to amend the Health Services Reorganization Act 'to lay a statutory duty on the Secretary of State to provide NHS abortion facilities.'

As a result of a separate motion from Hackney Abortion Campaign, NAC will also, in the short-term, 'press the Minister of State for a Government-sponsored amendment to make provision of abortion facilities and personnel mandatory.'

Conference felt however that it would be an error to make the introduction of an actual bill into Parliament a major focus of the campaign before a General Election. Until such time NAC will work towards wide support of the principle of a woman's right to choose.

Sadly, Conference rejected the suggestion by Surrey NAC that they should actively support the ALRA Bill or any other bill which is a step forward, however small...

Only one concession was made: that 'in the event of any MP introducing a Bill into Parliament that we (NAC) would judge to be an advance on the '67 Act we will campaign vigorously to increase its chances of becoming law, whilst making it clear that we stand for no legal or medical restrictions on women's rights to abortion.'

The main argument centred on whether NAC was prepared to adopt and campaign for legislation which fell short of abortion on request up to full term of pregnancy, or whether they would seek to draw up legislation which set no time limit. Representatives of ALRA, NAC, and Doctors for a Woman's Right to Choose tried repeatedly to convince Conference that such a position would be morally unacceptable to the majority of people and tactically totally impracticable. Such a statement would jeopardize the progress made so far, alienate support already won and give SPUC and LIFE their biggest propaganda weapon ever.

For our pains, those of us who supported an upper time limit were accused, in a paper by Rose Shapiro, of being the 'new anti-abortionists'!

NAC finally rejected our arguments for two main reasons:

- i. because a woman's control of her fertility must be complete. There is no point of time at which her decision to have or not have a child should be

- ii. because by accepting the viability of foetus, as laid down in the Infant Life Preservation Act, as the upper time limit for abortion on request, we would not only be saying that the rights of the foetus should take precedence over those of the woman but we would also be giving our opposition their greatest weapon. They argued that if the age at which the foetus can survive independently of the mother decreases then so would a woman's legal access to abortion on request. And should the day of the test-tube baby arrive then we would be unable to justify our arguments for abortion on any grounds.

Some NAC groups were sufficiently worried by the outcome to ask Conference that groups who did not agree with this policy on legislation would not be forced to disaffiliate. There was a unanimous vote in their favour.

And so it seems that NAC has sacrificed a practical campaign for a principle which they will not compromise. We left Conference not just saddened but very worried, certain that this decision could have serious repercussions throughout the whole of our movement, repercussions which will not bring us one step nearer abortion on request and could set us many steps back.

Hilary Jackson

## LATE ABORTIONS

Dear Editor,

In the March/April issue, you report the astonishing statement by Rose Knight (at the N.U.S. Women's Conference) that she is in favour of legalizing abortion until full-term. There is, of course, no such thing. Events occurring after 28 completed weeks of gestation are, by definition, births (live or still) and must be registered as such. Rose Knight is reported as saying that the individual woman should be able to choose the method for a post-28-week abortion. There are no such methods. Induction of labour at this stage would result in the birth of a viable infant with a good chance of survival, that chance increasing with maturity.

I should say that I am sure that

before viability a woman should be able to choose whether or not to have an abortion. I am also in favour of increasing the control that women have over the management of their pregnancies and confinements. However, neither of these causes will be advanced by wild statements about legal abortion till full-term, which are completely out of touch with the physiological and legal facts.

The student who described how working-class people in her area believed that abortion beyond 28 weeks was murder can safely reassure these people that their views are correct, and are held throughout the civilized world.

Yours faithfully,  
(signed) Dr. Marion Hall  
Consultant in Obstetrics and Gynaecology

# Chains



# Mail

## SUPPORT FOR THE ALRA BILL FROM NCCL

The National Council for Civil Liberties recently held a well-attended conference on *Pregnancy, Maternity Rights and the Trade Unions*, which encompassed the subject of abortion.

Terry Marsland, Deputy General Secretary from the Tobacco Workers' Union, spoke of the importance of ensuring not just the maintenance of the 1967 Act but also of extending it to make abortion on request available.

She praised the ALRA Bill and warned the conference of the dangers of campaigning for abortion on demand up to nine months. She said that this would alienate much of the support that we would otherwise have — a view echoed by Marie Patterson, the National Woman Officer for the T&GWU, who said that no resolution on abortion has ever been passed or discussed in her Union.

Sharon Spiers

## CLEAR THINKING TORY

The Tory candidate, Mr. Ian Lawson, who is well to the right of the party, is against abortion, arguing for the 'sanctity of life'. He has also promised to fight for the reintroduction of capital punishment.

From a report on the Glasgow Garscaddan by-election by Peter Hetherington in the *Guardian*, Friday, April 7th.

The Open Door programme in February produced a response of the hundreds of letters we received only a handful came from people opposed to abortion. All the rest offered warm congratulations and support. Many people felt spurred into action for the first time, many became members and offered practical help, wanting to know how they could be more effective in the campaign, although one lady lamented that writing to her MP was "about as useful as the Pope's testicles!"

We were so impressed and encouraged by the letters that we asked the writers of just a few of them if we might share them with the rest of ALRA. We are printing some of those letters here and hope that you will be as impressed as we were. Hilary Jackson

Dear ALRA,  
I have just seen your 'Open Door' programme on BBC2 and applaud its content.

I myself became pregnant in my teens . . . . . I thought I was worldly-wise and practising watertight contraception, whereas I was incredibly naive,

I was too immature to come to terms with pregnancy at all, although I was eighteen. . . . .

out my doctor told me, "once the baby is born, you will be glad you kept it." I wrote to another doctor and decided that if he refused me an abortion I would have to engineer my own way into the terms of the 1967 Act and make my revulsion known by taking an overdose. I could see no other way of conveying my mental agony at being pregnant against my will.

I had ambition to leave my little northern town, where there were few jobs, and, if I passed my A-level exams, which were in a couple of months time, start an interesting career as an Executive Officer in the Civil Service. All of a sudden my future fell to pieces. How could I have come to terms with a pregnancy at that crucial time? I did not

intend to kill myself with the overdose, only to show myself to be mentally unbalanced as that was the only part of the Act I could qualify under. However, I had no idea how many aspirins would kill me and I knew I was taking a terrible risk.

Whenever I hear anti-abortionists pontificating (especially the men), I remember the agony of those dreadful weeks.

Why should I have had to be prepared to gamble with an aspirin overdose to persuade those involved, those who give you the thumbs up or down sign, that I should have access to the abortion facilities we have in this country?

It was a very humiliating experience all round. Parents, doctors, and social workers rubbed my face, well into the fact that I had been a silly girl and I learnt to burst spontaneously into tears and look as pitifully inadequate as possible while grovellingly tendering my request. I had not been silly so much as ignorant. My parents never discussed sex and the sex education lessons at school had provided sketchy information which led me to believe I knew the facts when I actually knew very little.

I want to join your organization and support you in any way I can. I shall write to my MP before 21st February telling him my story and pointing out that if he suffered the same gaps in his contraceptive knowledge at the age of eighteen the same life-shattering consequences would not have occurred. How would he have felt if it had?

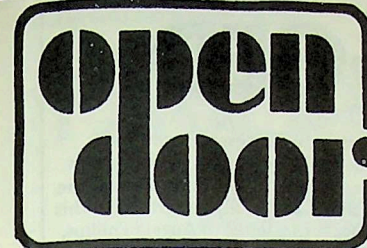
Yours sincerely,  
(name and address withheld on request)

Dear Ms. Woodcraft,

At sixteen, I am not sure just how effective any support I give to ALRA would be; all I can be sure of is that my support is totally useless unless put to some constructive use.

Over the past five months, two of my friends have had abortions. It has left me very bitter for in my opinion they should never have been in the positions they were. If contraception had been readily available, if they had felt that they could have turned to their GPs, then the need for an abortion would never have come about.

Both my friends, even in these days of so-called liberation, went through very



traumatic experiences. Because of their sex, they had to face a series of disapproving doctors and painful decisions. I believe the humiliation was quite unnecessary and they should have been able to obtain their abortions and contraceptives with less formalities.

I was also pleased to see, on the Open Door programme, the mention of the rights of Irish women. It seems to me that they are second-class citizens, if that is not too generous a word. It disgusts me that a woman in the western world cannot even control her production of babies.

Yours faithfully,  
Jackie David,  
Carshalton, Surrey.

Dear ALRA,

. . . . . So glad to hear it said at last — what I mean is the fact that anti-abortionists are not forced to have abortions so they should not try to impose their anti-abortion views on others by preventing them from having abortions.

I am very angry that there are still people who are so naive and idealistic that they can't face up to the fact that there are girls and women who just don't want to be pregnant. Not just can't afford to but don't want to. They are the types who live under the illusion that to all females motherhood is the only fulfilling experience in life.

I really think it is extremely arrogant of them to expect people like me who are totally non-religious to give way to their wishes on religious grounds. The trouble is that now that abortion is legal, the women who fought so hard to bring it about think the battle is over and are now too apathetic to write to their MPs or stop new laws being brought in that will make abortion harder to obtain. I hope your programme helped to wake them up.

Best wishes,  
Pia Gibbons (Mrs)  
London, NW2.

I have also felt very liberal about abortion (feeling as was said over and over last night only the woman involved knows) but also at the same time a little 'guilty' as I'm a Christian; it was therefore greatly reassuring to me to hear there is a Christian Group fighting alongside you, do you think therefore you could let me have that group's address. It would give me much comfort to know there are others who think as I do.

Yours respectfully,  
Helen Chandler (Miss)  
Luton, Beds.

But, there is more to be said than this. The Abortion Act gave a new impetus to transforming the technology of abortion. Once abortion was declared a legal and respectable operation, doctors were free to work at making it a simple and safe one. Within a very short time, we discovered how to undertake simple, cheap abortions on a massive scale, safely, with the result that it is now even safer to have an early, legal abortion than to have a baby. A decade ago, only a small number of people realized that this was a possibility. Now, even the Royal College of Obstetricians and Gynaecologists accepts that this is so. It was legislation that enabled this knowledge to be applied for the benefit of the wider public. In this way, the Abortion Act has proved itself to be an important instrument of social justice. Previously, the benefits of safe abortion had been monopolized by the educated and the affluent — by those who needed them least. Now these benefits have been diffused throughout society, though there is still a long way to go before working-class women in Birmingham, Glasgow, and Liverpool benefit from the Act to the same extent as their working-class sisters in Newcastle or London, or their middle-class sisters anywhere.

Another important effect of the Act has been its influence in Europe, America and the Commonwealth. Not only have a quarter of a million foreign women benefitted directly from the Act but its indirect effects have been felt in many countries abroad, whose abortion legislation has in several instances now far outstripped our own.

A further important effect of the Act has been the development of the abortion charities. The two pregnancy advisory services, now undertaking a majority of private abortions, may be seen as manifestations of the consumer spirit in the field of medical services, comparable with the consumer services which have developed within education and commerce during the past twenty years. It is inevitably therefore these services that have aroused the particular venom of the more reactionary MPs, who rightly see them as a profound threat to the pure spirit of unrestricted commerce enshrined in the sacrosanct forces of 'the market'. Hence the ill-concealed glee that greeted the Gothic inventions of *Babies for Burning*; hence, also, the stunned silence that greeted the book's subsequent embarrassing exposure.

Historically, perhaps the most important and far-reaching effect of the Abortion Act has been to radicalize the women's movement. It has done for our generation what the battle for the vote and for birth control did for the two previous generations of suffragists and feminists. It has provided the key issue around which the militants could rally. It has demonstrated that fertility control lies at the heart of the argument about equality.

## VERA HOUGHTON RETIRES

It's been a long, hard struggle and there's still a long way to go. And from now on we shall be working without one of our greatest campaigners. Retiring this month as Chairman of the Birth Control Campaign, Vera Houghton is also giving up her other active work for the abortion/birth control movement. She will be greatly missed — for a good many reasons.

Vera's retirement has been nicely timed to coincide with the tenth anniversary of the passing of the Abortion Act. It was the campaign that produced the Act that undoubtedly marked the peak of her involvement and achievement but before and since those heady times she has always been beavering away, behind the scenes, organizing, enthusing, producing, and advising. Vera Houghton is one of those people we who cannot use the word 'indispensable' will gladly call irreplaceable. Her mantle will be donned by someone else — by others, if the truth be known — and the work she has been doing for so long will still be done. But it will be done differently and I find it hard to believe it will be done as well.

Vera first joined ALRA in 1950 and went on to the Executive Committee in 1951. She was then working as Executive Secretary to the International Planned Parenthood Federation, laying the foundations of the IPPF as we know it today. In 1963 she was elected Chairman of ALRA, a post she held until 1971, when she became one of its Vice-



Presidents. She was active in setting up the Birth Control Campaign in 1971 and, as a Vice-President, was closely involved in its two main campaigns — for wider availability of voluntary male sterilization and for free contraception

under the National Health Service. In 1972 she became Chairman of the Birth Control Trust, a post she gave up when she took on the chairmanship of BCC in September 1975. In 1976 she was the moving spirit behind Co-ord, the Co-ordinating Committee in Defence of the Abortion Act, which has succeeded in drawing together from many different fields organizations interested in keeping the Abortion Act intact.

I first met Vera in 1963, when I was interviewed for the post of ALRA Secretary. The only paid ALRA worker, I earned the princely sum of £2 a week and ran the office from home. In the early sixties, ALRA was a bunch of young unknowns — among them Malcolm Potts, Alastair Service, Madeleine Simms, and Diane Munday. And it was Vera who, as Chairman, created and led the team which achieved what until then had seemed impossible — the reform of the 100-year old abortion law.

What makes Vera so special? It is not only her energy and commitment. She has an unrivalled knowledge and understanding of Parliament, a crucial element in the success of any reform campaign. And she has that rare combination of imagination — always brimful of ideas — and an eagle eye for detail. As one of her close colleagues observed recently: "Her

meticulousness can be very trying for those of us who are inclined to be more sloppy, but at least we know it's good for us!"

Vera was the lynchpin of ALRA, keeping the committee together through long, argumentative committee meetings, putting the right people in the right place at the right time, guiding and supporting everyone in their different roles. She led

it to others to make the speeches and project the ALRA image on public platforms and in the media. She concentrated on seeing that the donkey work was done, that speakers were well briefed, that people of influence understood the issues and expressed their commitment. What impressed me at my end was the way she would cheerfully shoulder her share of the boring jobs — once we had a massive draft to copy-type and she and I did half each. If you had a problem, she always gave you the whole of her attention.

I am convinced that without Vera, there would have been no Abortion Act. She was the catalyst who made the ALRA group work. But as a person she has an extra something which has inspired, certainly in me and doubtless in many other who have worked with her, a respect and affection which goes beyond the bounds of most working relationships.

Dilys Cossey  
ALRA Secretary 1964-68  
BCC General Secretary 1970-74

## TEN YEARS ON

### THE ABORTION ACT TENTH ANNIVERSARY REFLECTIONS

by Madeleine Simms

On the tenth anniversary of the Abortion Act, it is appropriate to ask the question, why, despite its evident limitations, has it proved so important a piece of legislation.

The obvious answer is that the Act has enabled more than one million women to obtain legal and safe abortions, who might otherwise have been forced into the back streets, or into damaging their lives by having unintended babies. If there was nothing else to be said for the Act, this alone would mark it out as one of the most significant domestic social reforms of the post-war era. Thus, its effects on the quality of life of British women and their families have been profound, if, in a literal sense, incalculable.

# BBC VOTE RIGGED

It was in February, the day before the vote on the Braine Bill that the recording for the Radio 4 programme 'You The Jury' was made.

The motion under examination was 'Pre-birth screening for women is not in the best interests of society.' Professor Scarisbrick, Chairman of Life, who proposed the motion did so on the basis that if a woman knows she is going to have a handicapped child she will opt for an abortion. Therefore, she must not be given access to information about her child.

We were assured by Dr. Barry Jones, a paediatrician who works with handicapped people, that severely handicapped children can enrich our lives, bringing families closer together and can enable people to make new and wonderful friends.

Peter Diggory ably opposed the motion calling for evidence from Prof. Stuart Campbell of Queen Charlotte's Hospital and from a mother whose spina

bifida baby had died after several operations.

At the beginning of the programme, 55% of the audience supported the motion but by manipulating the voting system Life made it look as if the audience had been swung by the arguments presented. The vote at the end of the programme was 90% in support.

While Life have denied any vote-rigging, they have claimed that a 'large and lively studio audience' provided them with a tremendous success.

Those of us who attended the recording are only too aware of the number of Life members who rigged the voting.

Following a complaint by ALRA, David Turner, the producer of the programme, said, 'the seats with voting buttons went, as ever, to the first people let in. I agree that the concert hall was gratifyingly packed but if you mean packed in any contrived way by the BBC in order to warp the discussion that is not

true.'

Strangely, however, Hugh Powell, who devised the programme and is now Senior Assistant of the Secretariat at the BBC, didn't seem fully to agree with this statement! In a letter to Angela Phillips, he wrote, 'I am only too aware of its (the programme's) weaknesses. Packing the jury is one of them ... had I been the producer I hope I would have noticed this pressure group forming in the jury seats and moved them elsewhere.'

So much for Life's cries of victory and Auntie's united front.

Nobody has suggested that the BBC helped in the vote-rigging, but if the BBC wishes to present what should be an unbiased and credible programme, they should take a closer look at their audience. David Turner is being exceedingly naive about the way in which some pressure groups operate. He really ought to do his homework properly.

Sharon Spiers

## w midlands

The decision of the West Midlands Regional Health Authority to provide up to £50,000 p.a. for abortion (reported in our previous issue) has produced the anticipated outcry from the anti's. "A high volume of letters, mainly critical, has been received," said Paul Castle, the Authority's public relations officer, "but, of course, it's not the way of the world to send congratulations!" The Authority is making detailed replies to all the letters it received.

LIFE seems to be the principal instigator of these letters. It appears that most of them reduce to 'abortion is murder'. The RHA, however, "has no view on the ethical question. We are just the practical mechanism to give effect to the will of parliament."

Letters to the local press have used two main arguments — that the NHS has no obligation to provide for abortion, and that the proposed service would cost more - Hugh McLaren suggested eight times more - than the estimates. The R.C. Archbishop of Birmingham predicted doom and denied the right of parliament to legalize abortion. These 'arguments' were answered by ALRA, Birmingham Humanist Group, and others.

Meanwhile, the NHS bureaucracy rolls on. The Medical and Nursing and Midwifery Advisory Committees have announced that they cannot report back in May — it will be June or July before this happens. And the Birmingham AHA may have another use for St. Chad's, the hospital earmarked for the clinic.

The Working Party, whose report was adopted by the Authority in February, remains confident that it can obtain medical and nursing staff for the unit. We note that Thomas Dougray, one of the

few liberal gynaecologists in the region, is in post at St. Chad's, though officially no names have been named.

Although the proposed clinic will not be 'open access', the proposed counselling service will. Sir David Perris, chairman of the RHA, writes, "when an improved counselling service is available, this will be very widely publicized and any woman will be able to avail herself of the service. If she is considered eligible for an abortion within the terms of the Abortion Act, 1967, it will then be provided for this to be arranged under the NHS."

Firm pressure on the RHA and the Birmingham AHA is essential if this long-awaited scheme is to be put into practice. David Flint

**LIFE**

Can have money... CONTACT needs Hostesses... 240 0630... HYPOCRISY 1978: fighting for human rights but condoning abortion — LIFE (0926 21587)... RAPPORT: The intelligent person's introduction service. Write person's name.

**LATEST**

P.O. Box 94, Oxford OX2 9JZ... HYPOCRISY 1978: Careng for born unborn ones. LIFE (0926 21587)... RAPPORT: The intelligent person's introduction service. Write person's name. T: 01-450 2018.

## Women's TUC

The TUC Women's Conference recently reaffirmed its support for a woman's right to choose and called for action as set out in the motion below:

"In line with TUC and the TUC Women's Conference policy for a woman's right to choose, and against restrictive legislation on abortion, the Conference calls upon the Women's Advisory Committee to press the General Council to support campaigns

- for amending legislation with a view to improving the existing facilities available through the National Health Service, and
- for publicity and education to extend contraceptive knowledge; for early pregnancy diagnosis; skilled counselling; out-patient abortion clinics free on the National Health Service; and against any further restrictive legislation, whether by Government or private members' Bills.

Conference also calls upon the General Council to organize a national demonstration against any restrictive legislation before a final vote is taken on it in Parliament, so that MPs are aware of the weight of feeling in the Labour Movement against such legislation.

The involvement of the TU movement is vital if we are to gain the mass support we need to take the campaign forward. We warmly welcome the decisions taken by the women's TUC and are encouraged by their continuing support.

# PARLIAMENT

## BRAINE DEATH

Sir Bernard Braine's Abortion (Amendment) Bill, which came before Parliament on 21 February, received a majority of only six at first reading and subsequently has been unable to obtain a second reading. It is therefore most unlikely to be heard of again this session, let alone reach the statute books. Against Sir Bernard Braine's Bill MPs showed, by giving this Bill a minimal majority (James White's Bill in 1975 received a majority of 115 and Bill Benyon's in 1977 a majority of 38), that they are not interested in discussing restrictive legislation and many of those who have supported such attempts in the past opposed the Braine Bill. This is particularly significant since the latest attempt was not as restrictive as James White's Bill.

The analysis of the voting from 21 February is as follows:

For Sir Bernard Braine's Bill	
Con	115 + 1 teller
Lab	54 + 1 teller
Lib	3
SNP	5
UUUC	4
PC	1
Ind	1

Against Sir Bernard Braine's Bill	
Con	34 + 1 teller
Lab	134 + 1 teller
Lib	6
SNP	1

Although the Conservative vote for the maintenance of the Act has increased substantially (we had 4 Conservative supporters in 1975), not all our Labour supporters turned up in February.

Whilst we should take comfort from the narrow vote we must not forget that the Bill still passed its first hurdle and that a substantial number of Members of Parliament still favour restriction to the 1967 Act. We must defeat a Bill as soon as it enters Parliament, by persistent lobbying of MPs, making sure that they understand the damage that would be done should such a wrecking bill become law.

Sharon Spiers

## MPs for screening

A motion put down in Parliament calling for the establishment of nationwide screening facilities to detect spina bifida in pregnant women has been signed by 211 MPs ranging from Rhodes Boyson to Jo Richardson.

The issue meets with mixed reactions outside Parliament. The majority of people have assumed it to be only common sense that women should know whether the child they want to have is going to be deformed in any way. As NOP discovered in 1975 when they asked the question 'Do you think the Abortion Act is right or wrong to allow legal abortion if there is substantial risk that the child would be born seriously deformed?'

Right	75%
Wrong	16%
Don't know	9%

But, despite evidence to the contrary, one newspaper screamed 'Abortions by Mistake', claiming that healthy foetuses have been aborted. The Roman Catholic Archbishop of Glasgow has likened the screening technique to the Nazi sterilization programme, saying that "it is merely a more refined, more euphemistic way of achieving the same end."

Dr. Keith Hampson, Conservative MP

for Ripon, who tabled the motion, has said that "in all the speculation and nipping of the Jeremiahs there is not a word about the rights of women."

Although Mr. Roland Moyle, the Government Health Spokesman, has said that he and David Ennals remain "unequivocally committed" to the introduction of screening, very little is being done for the implementation of the screening programme.

David Ennals, the Secretary of State, has recently announced the establishment of a committee to be chaired by Sir Douglas Black, a former chief scientist for the DHSS, to 'advise him on what advice' he should give to the Regional Health Authorities. It is expected that a report will be made in six months.

It is tragic that the Government is so backward looking about this cheap ante-natal screening test, which, if implemented, could save the infliction of misery on many women and their families.

In the Edinburgh pilot programme only ten women out of 6,000 declined the offer of an initial blood test. In the words of Keith Hampson, "in the end, women themselves will resolve the issue."

Sharon Spiers

## BABIES IN THE HOUSE

In an uncompromising speech on Wednesday 19 April, Renee Short attacked the anti-abortionists with cheering vigour. After drawing attention to SPUC's lack of impact in Garscaddan and LIFE's lack of understanding of the Abortion Law, she turned to accuse the authors of *Babies For Burning* of "lying, deception, and duplicity".

"not only did the authors lie in the book, they lied before a select committee of the house. That is my main reason for seeking this adjournment debate.

"There... distorting the truth and destroying with a tissue of lies the reputations of honest charities, doctors and others are the so-called journalists that... Mr. Abse described as 'virginal and pristine'.

Mrs Short pointed out that attacks on the charities started precisely because they "were making the Abortion Act work as Parliament intended and driving the exploiters out of business." She also revealed that the DPP has asked for the tapes to be transcribed. (Further information on this may be obtained from a Parliamentary Question to be asked by Lord Houghton in 'the other place'.

David Flint

## BUDGET MONEY FOR ABORTIONS

Replying to Renee Short in a Commons Adjournment Debate on 19 April, Roland Moyle, Minister of Health, said,

"...we are determined to improve NHS facilities. The letter for guidance which went out with the £50 million announced by... the Chancellor in the Budget Statement... states that some of the money could be spent on daycare termination facilities."

Let us press the NHS administrators to stop claiming shortage of money for abortion.

DCF

## GREATER LONDON YOUNG CONSERVATIVES

At the Greater London Young Conservatives' conference in April the motion 'This House calls for immediate action to be taken to establish women's legal rights to abortion on request' was defeated by a narrow majority and without any debate.

2 years ago when a similar motion was debated fully it was passed with a substantial majority and at a debate last spring during the Benyon Bill, GLYC did not support restrictive legislation.

Nationally, the Young Conservatives support legalized abortion. Although they have not come out in favour of abortion on request, YC branches up and down the country support positive legislation.

There is still a lot of work to be done before the ALRA Bill has a chance of becoming law.

Sharon Spiers

# CLINICS BOMBED

Up to the beginning of the past year the anti-abortion forces were attempting to restrict the availability of abortion in three main ways. These were to cut off funds for abortions for poor women, to insist under-eighteens had parental permission, and to introduce a constitutional amendment barring all abortions except to save the life of the woman.

More recently, a militant minority calling itself PEACE (People Expressing Concern for Everyone) has been taking direct action against clinics. In the Washington area alone there have been nine major clinic invasions and there is a group of about 25 people who go from clinic to clinic. On two occasions they have managed to chain themselves to the procedure tables and have refused to remove the chains. Other places have received similar harassment.

Some of the members of PEACE (sic) have taken to more extreme forms of action. At least six clinics have been burned and many more have been badly vandalized. In northern New York state one clinic was burned down twice and has now closed. In Columbus, Ohio, on January 8th 1978 an arsonist broke in and set ten paper fires throughout. Not all caught alight but £100,000 worth of damage was caused. On February 18th, at Cleveland, Ohio, at 11.30 a.m. a man in a blue delivery uniform entered the Concerned Women's Clinic. He went to the back where the instruments were sterilized and twenty patients were sitting. He threw gasoline over a lab technician and over the rest of the room. He then set fire to the clinic and it was destroyed. So far no patients have been seriously hurt, nor has there been any serious injury, but the level of violence seems to be increasing.

No one has been arrested for any of the arson incidents and it seems in some areas the trespass laws are not being enforced. On October 19th 1977 Judge Lewis Griffith of Northern Virginia found six demonstrators not guilty of trespassing because he said that they had broken the law in the belief that they were saving lives. Not surprisingly, the invaders quickly returned to the clinic where they were re-arrested and returned to the same court.

A number of reasons for the violence seem to be apparent. First of all there is a much greater tendency for attitudes in the United States to polarize. When the 'Right to Life' groups marched on Washington in January of this year, they chanted 'No Compromise'. They believe a person is formed from the moment of conception and abortion is simply murder. In Omaha, on the day of an arson incident, the *Omaha World Herald* received an unsigned letter saying, "you'd bomb a concentration camp, why not abortion centres?" Secondly, Catholicism differs in nature from in Britain. British Catholic leaders are usually to the left on most issues and simply deviate on fertility control. However, in the United States there are a sizeable number of right-wing Catholics and their right-wing anti-feminism combined with the churches' view on sexuality leads to much greater hostility. Thirdly, areas of the United States have the national liberal laws but are very conservative and appear to be getting

There seems to be no end in sight for the abortion controversy and the pro-choice supporters have an uphill fight on their hands.

Colin Francome

## MEETING WOMEN'S NEEDS

Official figures issued in April by the Office of Population Censuses and Surveys show how well the various Areas and Districts of the NHS are meeting women's needs for abortion.

ALRA has published the full figures as a leaflet and a copy accompanies this issue of *Breaking Chains*. Further copies are available from the office for 15p for 1, 25p for five, 2p each for subsequent copies, including postage.

## 400 CLUB WINNERS

March — Dr. BARBARA JACOBS  
April — J.M. BLAIR

## BREAKING CHAINS

Breaking Chains is published bi-monthly by the Abortion Law Reform Association. It is sent without charge to members of the association

Signed articles are the responsibility of the authors and do not necessarily represent the views and policy of the Association or the Editorial Committee. Unsigned material is the responsibility of the Editorial Committee.

Letters and other contributions will be gratefully received. Letters should not exceed 250 words or other contributions 400 words except by prior arrangement. Cuts may be made at the discretion of the Editor. All contributions should be sent to:

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### HELP ALRA FIGHT FOR 'A WOMAN'S RIGHT TO CHOOSE'

The Abortion Law Reform Association was formed in 1936 by a group of people appalled by the tragic consequences of widespread backstreet and self-induced abortion.

In 1967, ALRA was the major force responsible for the passing of the Abortion Act which for the first time gave women access to legal abortion though under certain conditions.

Thus access to legal abortion is still selective: however much a woman wants an abortion, she must satisfy two doctors that she meets the conditions laid down in the Abortion Act. We wish to make abortion on request available to all women. This will require new legislation.

We also wish to ensure adequate facilities within the NHS to make free, safe and legal abortion a reality.

Our immediate tasks are to defend the existing law against repeated attack by anti-abortionists, and to prepare for legal change.

Help ALRA achieve these aims. Fill in the form below and become a member.

### MEMBERSHIP AND RENEWAL FORM

I would like to join/renew my membership of (delete where applicable) the Abortion Law Reform Association.

I enclose £ . . . subscription/affiliation fee. Membership to commence from . . . . . 197 . . .

Name . . . . .

Address . . . . .

Post code . . . . . Telephone . . . . . Signature . . . . .

Please send the completed form to: The Membership Secretary, ALRA, 88A Islington High Street, London N1 8EG.

Membership Rates: Ordinary £3.00,

Overseas £7.00. Group affiliation on application.

SLD 23318



# BREAKING CHAINS

**ALRA**

THE NEWSPAPER OF ALRA-THE ABORTION LAW REFORM ASSOCIATION

## DRS. BACK ALRA

At its May Planning Meeting, Doctors for a Woman's Choice on Abortion decided to collaborate with ALRA in revising the ALRA draft bill. The agreed draft will be based on the principles of the ALRA bill - abortion on request up to viability with only limited changes beyond that point - and discussions are due to start during July.

The decision followed speeches by David Flint of ALRA and Rose Knight of NAC. The doctors believed that their

organization might lose momentum if it continued to lack a clear policy on positive legislation.

\* \* \* \* \*

DWCA activities include the publication of leaflets, campaigning for the legalization of menstrual regulation, and pressure, often within the NHS, for improved day-care services. Interested doctors can contact them c/o Judy Bury, 8 Magdala Crescent, Edinburgh.

## ITALY

Abortion is an issue which has brought the Italian feminists out on the streets in their tens of thousands. Thanks to their efforts, the Italian Parliament has now voted for a liberal abortion law. It looks - on paper - very much like abortion on demand in the first trimester.

Abortion may be obtained if one of the following conditions is met:

- if to continue the pregnancy would pose a serious danger to the woman's physical or mental health,
- if the woman is in unstable health; or
- if there are poor social or economic conditions, unusual circumstances of conception, or a chance of abnormalities in the foetus.

The pregnancy may be terminated after the third month if there is a serious danger to the woman's health or if the foetus is abnormal and this may reasonably cause damage to the woman's physical or mental health.

The Catholic Church has launched a last ditch battle against the new law, led by the Pope himself, who has warned that those who perform operations or undergo them must contemplate possible exclusion from the sacraments. The Church is actively encouraging doctors to declare themselves 'conscientious objectors'. Many Italian doctors are already renownedly anti-abortion and we know how difficult it is in the U.K., despite a liberal law, for a woman seeking an abortion who comes up against a local GP or gynaecologist who is opposed to abortion.

The next battle - for facilities - is therefore only just beginning. It remains to be seen just how easy, or how difficult, it will be for an Italian woman to obtain an abortion under the new law. In our next issue, 'Chains' will be reporting on the new abortion law and the actual facilities for abortion in Italy.

## (NEWSFLASH)

### PROSTAGLANDINS - NEW RESULTS

Results just reported (*Lancet*, 10th June) show that prostaglandins, well-established for second trimester abortions, may find use in menstrual regulation.

Doctors at the John Radcliffe Hospital, Oxford, report that pregnancies may be reliably and safely terminated between 8 and 30 days after a missed period. The method of choice is a vaginal pessary "which can be self-administered". This research re-emphasizes the urgent need for the legal status of menstrual regulation to be clarified.

DCF

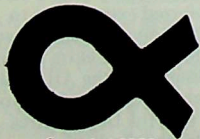
### HEAR! HEAR!

"I get rather tired of arguments by old men about what should happen to young women, especially where ethics and principles are brought in..."

Lord Platt - 'Private and Controversial' Cassell, 1972



Illustration by Anita Townsend from 'Abortion - Ten Years On'. See page 7.



Founded 1936

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# a woman's right to choose

# Editorial

The Paton case is nearly two months old, but the implications of, and reactions to, it will remain with us for some time to come. Whilst it caused many people to clarify their opinions on the abortion issue, it highlighted yet again the inadequacies of the 1967 Act.

The press, hungry for sensation, was dominated by the case, particularly by the poor would-be father deprived of his 'rights', yet relatively little space was given to the necessary consequences of his demand being granted... nine months enforced pregnancy and a child born into far from happy circumstances.

In a caring and happy relationship, the full and considered consent of both man and woman are the natural and desired precursor to conception and parenthood. But for a man, whether husband or lover, to force his will and his child upon a woman when the situation is not happy and she is not willing is not only selfish but inhuman. Women have fought a long battle to raise themselves above the state of being mere baby machines — surely, no one, and least of all a judge, has the right to once more impose that condition upon women.

We must remember this ourselves, and help others to understand it, if and when the fathers' rights lobby rolls into action.

## ALRA news

With the prospect of an October election, we are now considering what action will be necessary at that time. A part of that action will be a new publication, *Know Your Candidates' Views*. This will include details of how to lobby candidates, the local press and media, write constructive letters, as well as the arguments for publicly supporting abortion. This will be particularly important in the thirty-one marginal constituencies adopted by SPUC in an effort to pressurize candidates to support them or risk losing votes.

Other new publications, as well as updated versions of some old ones, are also in the pipeline. These will include a detailed explanation of the ALRA Bill and the need for positive legislation, and a critical guide to the films related to abortion.

We scored a recent success with *Meeting Women's Needs*, a pamphlet highlighting bad NHS provision in certain areas. We also circulated members and activists in the West Midlands asking them to write letters of support to the Area Health Authority following its decision to provide day-care abortion facilities.

We shall soon be starting discussions with Doctors For A Woman's Choice to see if we can agree on a common working policy based on achieving a woman's right to choose.

More news next issue.

HAJ

# CHAINS MAIL

## TIETZE QUERIES FIGURES

I have read with interest (Mr. Flint's) article *Safety First* in the January/February issue of *Breaking Chains*. In my opinion, the statement on lines 6 to 10 of the middle column is not supported by the evidence.

The offending lines read, "It now seems clear, for instance, that if a woman has her first pregnancy aborted there is about a 5% chance of her being unable to conceive again, the same probability as if she were to bear the child at full term."

In the absence of surgical intervention, permanent sterility among women is primarily determined by the woman's age. There is some evidence that childbirth causes a slight addition to the proportion of sterile women; this increment appears to be similar at all ages up to 30 or 35 years. It is probably on the order of one-half to one per cent.

I know of no valid estimate of the incidence of permanent sterility associated with induced abortion. In countries where abortions are carried out legally in medical settings such cases should be limited to very rare instances of hysterectomy performed to control hemorrhage and to inadequately treated pelvic infections.

In view of the foregoing I feel that you have seriously overstated the risk of permanent sterility associated with both abortion and childbirth.

Christopher Tietze, M.D.  
Senior Fellow  
The Population Council

David Flint replies:

"I completely accept Dr. Tietze's criticism of my 5% figure for secondary

infertility. I had not checked the primary source and will be more careful in future!

Although really solid evidence is lacking, a number of studies suggest that secondary infertility following abortion IS about the same as that following childbirth. Thus a retrospective study by Hayashi and Momose, published in 'Harmful Effects of Induced Abortion' (Family Planning Federation of Japan, 1966) found the same incidence of previous abortion in a group of infertile women as in a pregnant control group but gave no absolute figure. (Reported in 'Abortion' by Potts, Diggory, and Peel, p. 223). In practice, morbidity must be related to the method used, the competence of the operator, and, doubtless, other factors.

The appearance of infertility following abortion does not, of course, prove that abortion CAUSES infertility. Infertility occurs naturally and rises with age; or the original conception may have occurred by 'luck' in a woman with low natural fertility."

Dear People,

As I have been an ALRA member for 20 years and have had some slight first-hand experience of the shit handed out to mothers by society, may I take this opportunity of:

1. hoping that we can all continue our efforts against what would appear to be a right-wing anti-reformist backlash;
2. at the same time regretting the recent call at the NAC Conference in Sheffield to allow abortion on request up to full term of pregnancy.

Whilst some people may feel strongly on this issue, this particular motion is very bad publicity and also would seem to many people unreasonable and immoral.

The question of euthanasia of 'monstrous' births is of course a separate issue and a separate campaign.

Yours in sisterhood  
Brenda Able

## ADVANCE IN EAST LONDON

The campaign to expand the catchment area of Peter Huntingford's day-care clinic in Tower Hamlets has achieved partial success. At a meeting on 8th June, the City and East London Area Health Authority acknowledged the defects in its abortion provision and asked the District Management Teams for Newham and Hackney to investigate opening clinics in their boroughs.

The AHA preferred extra clinics to enlarging the present one in order to avoid 'administrative problems'. If extra clinics cannot be established then the AHA will consider the expansion of the existing one.

The decision was, the Deputy Area Administrator said, the result of considerable public pressure, including a number of petitions.

DCF

# FATHER'S CASE DISMISSED

## Introduction

On 17 and 24 May William Paton sought to prevent his wife from obtaining a legal abortion. The attempt failed and Joan Paton went ahead with the termination hours after the judge, Sir George Baker, a former Conservative parliamentary candidate, had dismissed the application for an injunction. He asserted that fathers have no rights under English law, but made it clear that neither do mothers.

The would-be father, Bill Paton, seemed to make his motive for seeking the injunction quite clear when he said, "I have six sisters and two brothers.... I am the only one in my family without a child of his own." And so he asked his estranged wife, through a newspaper column, to "have it (the baby) painlessly delivered and then hand it over to me to be brought up."

## ABORTION POLL

MORI, in conjunction with the *Daily Express*, conducted a poll on electors' views on abortion. The poll, which went for a gut reaction, and obtained one, showed that 51% believe that the current abortion laws are about right or should be liberalized further.

In response to the question, 'Do you think the present laws on abortion make it too easy, or too difficult, for women to obtain an abortion, or do you think they are about right?', the result was:

Too easy	35%
Too difficult	6%
About right	45%
Don't know	14%

## A Legal Abortion

Despite the cries of 'abortion on demand', counsel for Bill Paton eventually acknowledged that Mrs Paton had legal grounds for an abortion. Sir George Baker said in his summary, "The case put to me a week ago was that the wife had no proper legal grounds for seeking a termination to her pregnancy.... The provisions of the Act have been complied with."

When it came to the second Court hearing, Mr Paton's counsel admitted that all the international precedents pointed to the abortion being allowed. The counsels for Mrs Paton and BPAS were left with little to say; their opposite number had done it all for them!

## The Fight Continues

After Sir George Baker's precise judgment that fathers cannot intervene in an abortion, the Roman Catholic Archbishop of Liverpool delivered a sermon demanding a change in the law. Conservative MP Sir William Elliott said in the *Newcastle Journal* that he would propose a Bill next Parliamentary session to give fathers a greater say in abortion cases. But he is in a dilemma since he has said that he "would

not at any time put the views of an individual before the medical interests of a patient." Under the 1967 Act, an abortion can only be obtained on medical grounds, so what happens if the individual is the husband?

French anti-abortion campaigners and eight British MPs want to meet Bill Paton. So do three women who want to have his child! By 4 June Mr Paton revealed that he had received 2,500 letters and 200 telegrams. He said, with naive surprise, that 75% of the letters were from Roman Catholics.

## Money From SPUC

Liverpool SPUC agreed to help Bill Paton pay costs of the case before the final judgment. As costs have been awarded against Bill Paton, the £1,500 so far offered will go to BPAS!

Perhaps even more will be given if the

The poll also attempted to find what people's reactions are to the Paton case: 'If a married woman wants to get an abortion, should she be obliged to obtain the permission of her husband?'

Yes	52%
No	39%
Don't know	9%

But this question is meaningless. For example, if the husband's consent is not obtained, can the abortion still go ahead or is the permission purely a consultative device with the final decision resting with the woman?

Perhaps if the question had been, 'Should a man be able to prevent his wife's abortion from taking place?', there would have been a totally different result.

case gets taken to the European Court of Human Rights or to the Court of Appeal — that is, if a solicitor and counsel can be found who are prepared to go so far with so little hope. So far, no one is, not even Bill Paton's new solicitor.

SPUC have launched an appeal for Bill Paton's costs and a 'fighting fund' to help those who wish to contest the law in the future. This is yet another desperate stand by the anti-abortionists to restrict the workings of the 1967 Act.

## Press Coverage

Several papers came out in favour of the woman having the final decision: "How can a Court tell a woman to have a baby she doesn't want?" (*Sunday Mail*, Glasgow); "No woman is going to enter into an abortion lightly.... it is her right to make the ultimate decision." (*Lancashire Evening Telegraph*); "It is the woman's moral right to do with her body what she wants." (*Bournemouth Evening Echo*)

But others opposed the judgment vehemently. One paper said that "Britain's official abortion policy is itself no more than an ill-formed foetus"; another that "pregnancy is no longer the phallic

phantom at the sexual feast." The *Daily Telegraph* believes that those who support 'the murderous trade' are really on the side of 'death and slavery'.

The *Daily Mail* paid for Mrs Paton's exclusive story but only used it once. Could it be that she was too much in favour of abortion for the editor's liking? The *Mail* leader of 25 May asserted that, since women may benefit under divorce laws, husbands should have a say in an abortion.

## Sympathy

Although this case has successfully managed to clarify the law on this fundamental issue, all our support and sympathy goes to Mrs Paton. Because of her husband's selfishness she will now have to rebuild a shattered life. As she put it: "I've lost my home, my reputation, everything, but I've never doubted for a moment that I have been doing the right thing. I feel I've been the pawn, the unwilling partner."

Sharon Spiers

## ABORTION IS SAFE

Abortion is still a very safe operation. That is the result of an analysis from the 1975 Abortion Statistics (OPCS).

In 1969, during the first full year of operation of the Act, there were 17 deaths, a rate of 31.01 per 100,000 abortions; in 1975 there were 3, a rate of 2.15.

To put this into perspective, the mortality rate from other operations is: Tonsillectomy 3.0; Lower-section Caesarian section 111; Abdominal Hysterectomy 204; Appendectomy 352.

Complications after termination have also fallen. In 1974 the incidence of complication from an abortion undertaken with sterilization was 2.69 per 100 cases and without 1.55. The appropriate figures for 1975 are 2.08 and 1.20 respectively.

There is a marked difference in complication rate depending on the type of operation used:

Operation	Incidence of Complication per 100 cases
Vacuum Aspiration with D & C	0.58
Vacuum Aspiration	0.68
Dilation and Evacuation	0.83
Hysterotomy	5.17
Other	8.72

Undoubtedly, the vaginal techniques, which are generally used early on in the pregnancy, are far safer than, for example, hysterotomy, which is used mainly for late terminations.

All the evidence points towards the desirability of enabling women to obtain their terminations in the early stages of pregnancy. Unfortunately, the present legislation doesn't encourage this.

Sharon Spiers

# w midlands go ahead

On 21st June the West Midlands Regional Health Authority reaffirmed its decision to spend over £50,000 p.a. on day-care abortion facilities. It is now up to Birmingham Area Health Authority to make detailed proposals for the clinics.

The Authority appears to have been influenced by the Minister's advice that part of the extra £5½ million allotted them in the budget could be spent on abortion.

Now that the RHA has considered the views of the Medical and Nursing and Midwifery Committees, discussions are to be started by the Regional officers with Birmingham AHA and with BPAS.

The RHA is to be congratulated on its firmness in the face of considerable pressure from the anti- — pressure which included a petition with 20,000 signatures! This shows the real threat posed by the 'antis' — but also that the NHS can be made to meet its obligations if we make enough effort.

# ABORTION LAW IN SOUTH AFRICA

## ABORTION AND THE LAW IN SOUTH AFRICA

by June Cope of A.R.A.G., the South African Abortion Reform Movement

South Africa's first statutory legislation on abortion was enacted in 1975, the Year of the Woman. The two events were totally unrelated.

Concerned with the inadequacy of the law, women and women's organizations had over the years exerted pressure on successive Ministers of Health to reconsider abortion legislation. Initially their requests were conservative. At the most they asked that therapeutic abortion be legalized. But, regardless of the nature of the request, replies such as 'the matter is receiving attention', and 'the matter is not of extreme urgency', were in turn sent by indifferent Ministers.

Later, public pressure intensified. People from all walks of life backed the Abortion Reform Action Group (ARAG) in its campaign for the acceptance of menstrual regulation and abortion on request in the first trimester of an unwanted pregnancy. In the space of sixteen hours, 10,000 signatures were added to a petition which, accompanied by a reasoned letter, was delivered to the Minister of Health... who failed to reply.

Characteristically, reappraisal of the law came, not because of the concern of women on the subject, but because of disorder in the ranks of the medical profession.

Prior to 1975, a Common Law ruling allowed abortion to be performed only to save the life of the mother. Not all doctors were aware of the law's narrow limitations and many used their professional judgment when faced with patients in need of therapeutic abortion. And, of course, with discretion, some went further. Not all such medical Samaritans were fortunate, and some faced legal action for their pains.

Two sympathetic court judgments passed on medical practitioners in 1971 paved the way for legal change. It was clear that the legal profession felt that the law needed revision. In 1972 a medical Parliamentarian felt sufficiently confident to present a private member's motion in the House of Assembly asking for an enquiry into the situation and clarification of the law. His request was favourably received. By February 1973, the Minister of Health, Dr. Schalk van de Merwe, had tabled Government draft legislation for the consideration of the House and, with very little publicity, of the public.

### THE COMMISSION

A Parliamentary Committee was set up to investigate the situation, assess comment on the draft, and, having done so, finally

to submit an amended Bill. Appointed to chair the Committee was Dr. C.V. van de Merwe, a medical Parliamentarian, member of the ruling Nationalist Party, and a relative of the Minister.

South Africa is both paternalistic and authoritarian in its social climate, so it was of little surprise that the Committee was composed entirely of men. Naturally, women and women's organizations protested but when the Committee was subsequently converted to a Commission it still failed to co-opt a woman for, as Commissioner Dr. L.A.P.A. Munnik neatly put it, "It is not necessary for a woman to serve on a Committee if we wish to sound the conscience of a nation. If we wanted to abolish capital punishment we would not appoint a bunch of murderers to go into the matter."



The Commission appointed to 'investigate the situation' stayed firmly in Capetown. By not travelling to other centres, it effectively minimized black representation. In the event, this omission pale into insignificance when it later became apparent that the Commission had misconstrued or ignored certain of the public's written evidence.

Protected by Parliamentary privilege, Dr. Helen Suzman charged the Commission during the subsequent debate with misrepresentation of the evidence but, apart from the alacrity with which Dr. C.V. van der Merwe rose and strode to the Speaker while shaking a heavy forefinger in the direction of the only woman in the debate, no conscience was seen to stir in the Parliamentary Chamber.

The 1974 Draft Bill, presented to the House following this Commission's report, was more restrictive than its predecessor. In a moment of possible indiscretion, the Dutch Reformed Church silent voice behind so much Government legislation — later openly claimed responsibility for the

law in its final form. In contrast to the Opposition parties, who allowed their members a free vote during the debate, the Nationalist Party declined to allow its members this licence. As Commissioner and Nationalist MP Dr. W.L. Vosloo stated in the House, "I want to place on record that this is this Government's legislation. It was not even necessary for the Nationalist Party Caucus to argue about this matter because every Nationalist here adheres to the Christian principle that you must respect life, particularly," emphasized Dr. Vosloo, "the life of another."

Dr. Vosloo's respect did not seem to extend to women. Minutes later he entertained the House with a lewd joke stressing the pleasure women enjoy when raped.

All suggested amendments to the Bill were turned down, and so the Bill, which was meant, in the words of the Minister, "to be restrictive from the start," became law.

### THE LAW

Four circumstances exist whereby a woman can apply for an abortion:

- that the continued pregnancy endangers the life of the woman or constitutes a serious threat to her physical health;
- that it creates a threat of permanent damage to her mental health (clarified by the Secretary of Health as covering only the two conditions of schizophrenia and endogenous depression.);
- that there exists on scientific grounds a serious risk that the child will be irreparably seriously handicapped (only two centres for amniocentesis testing exist in South Africa.);
- that the foetus is conceived as a result of rape, incest, or intercourse with a female idiot or imbecile.

BEFORE any application can be made by a medical practitioner to procure an abortion, a woman must first obtain certificates of diagnosis from two independent doctors... neither of whom may be in partnership or be allowed to attend or assist in any way with the operation.

If the application is made on the grounds of permanent damage to mental health one of the initial doctors issuing a certificate must be a state-employed psychiatrist. There are roughly thirty in the Republic, none of them able to speak an African language.

If the application follows rape or incest one of the initial certificates must be issued by a district surgeon. In addition, the doctor who is to perform the operation must be in possession of a magistrate's certificate. Prior to this, the magistrate must have satisfied himself that a complaint has been lodged with the police, and if not, why not. Additional interrogation of the woman, or any other person he deems necessary, is authorized under the Act, that the magistrate may certify that on the balance of probability

## REPORT OF ALRA'S ANNUAL GENERAL MEETING

The AGM was held at the London School of Economics on 18th March 1978\*

Discussion of the annual report (published in Chains) centred on the Open Door programme and the Braine Bill. The members present awarded bouquets for the low-key tone of the programme, but also brickbats for the Executive Committee's failure to warn the membership about the Braine Bill. The Breaking Chains group explained that Braine had appeared between issues of Breaking Chains, and it would have required an extra, costly, issue to have given early warning. It was agreed that in future members would be notified of forthcoming Bills, if necessary by means of a stencilled note.

Further brickbats were awarded for the poor publicity given to the date and place of the AGM, and it was agreed that members would in future be informed of the AGM with a separate note.

The campaign continues to be poorly financed, treasurer David Flint told the meeting. Fund-raising ideas put forward at the AGM included an affiliation drive, and the 400 Club appeal printed on the back of this report.

The following members were elected to the 1978/79 Executive Committee:

Antonia Cannon, Madeleine Colvin, Judy Cotta, David Flint, Sally Hesmondhalgh, Hilary Jackson, Moya McDonald, Charlotte Page, Sharon Spiers and Moira Terrett, Lori Streich.

There was a lively discussion on the development of the campaign, and about the difficulties of promoting a Bill for abortion up to viability.

Peter Jackson stressed the vital importance of lobbying candidates for the forthcoming General Election.

In general, it was agreed that a special effort should be made to recruit among the large group of people who remained uncommitted on abortion. Antonia Cannon, presiding, closed the meeting in time for lunch.

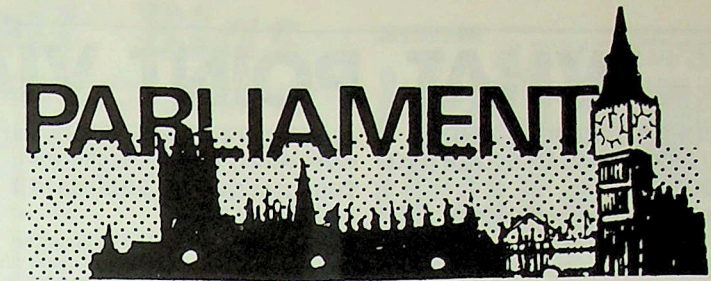
\* Sally Hesmondhalgh, who took the minutes, disappeared to France for a month, which is why this report appears late.

### LATE NEWS LATE NEWS LATE NEWS ITALY ITALY ITALY ITALY

It is now clear that over 50% of Italian doctors have registered as conscientious objectors against the new abortion law. Some sources have reported that the figure could be as high as 90%! So much for abortion on demand in Italy.

# ABORTION LAW IN SOUTH AFRICA

# PARLIAMENT



## ABORTION AND THE LAW IN SOUTH AFRICA

by June Cope of A.R.A.G., the South African Abortion Reform Movement

South Africa's first statutory legislation on abortion was enacted in 1975, the Year of the Woman. The two events were totally unrelated.

Concerned with the inadequacy of the law, women and women's organizations had over the years exerted pressure on successive Ministers of Health to reconsider abortion legislation. Initially their requests were conservative. At the most they asked that therapeutic abortion be legalized. But, regardless of the nature of the request, replies such as 'the matter is receiving attention', and 'the matter is not of extreme urgency', were in turn sent by indifferent Ministers.

Later, public pressure intensified. People from all walks of life backed the Abortion Reform Action Group (ARAG) in its campaign for the acceptance of menstrual regulation and abortion on request in the first trimester of an unwanted pregnancy. In the space of sixteen hours, 10,000 signatures were added to a petition which, accompanied by a reasoned letter, was delivered to the Minister of Health... who failed to reply.

Characteristically, reappraisal of the law came, not because of the concern of women on the subject, but because of disorder in the ranks of the medical profession.

Prior to 1975, a Common Law ruling allowed abortion to be performed only to save the life of the mother. Not all doctors were aware of the law's narrow limitations and many used their professional judgment when faced with patients in need of therapeutic abortion. And, of course, with discretion, some went further. Not all such medical Samaritans were fortunate, and some faced legal action for their pains.

Two sympathetic court judgments passed on medical practitioners in 1971 paved the way for legal change. It was clear that the legal profession felt that the law needed revision. In 1972 a medical Parliamentarian felt sufficiently confident to present a private member's motion in the House of Assembly asking for an enquiry into the situation and clarification of the law. His request was favourably received. By February 1973, the Minister of Health, Dr. Schalk van de Merwe, had tabled Government draft legislation for the consideration of the House and, with very little publicity, of the public.

### THE COMMISSION

A Parliamentary Committee was set up to investigate the situation, assess comment on the draft, and, having done so, finally

to submit an amended Bill. Appointed to chair the Committee was Dr. C.V. van de Merwe, a medical Parliamentarian, member of the ruling Nationalist Party, and a relative of the Minister.

South Africa is both paternalistic and authoritarian in its social climate, so it was of little surprise that the Committee was composed entirely of men. Naturally, women and women's organizations protested but when the Committee was subsequently converted to a Commission it still failed to co-opt a woman for, as Commissioner Dr. L.A.P.A. Munnik neatly put it, "It is not necessary for a woman to serve on a Committee if we wish to sound the conscience of a nation. If we wanted to abolish capital punishment we would not appoint a bunch of murderers to go into the matter."



The Commission appointed to 'investigate the situation' stayed firmly in Capetown. By not travelling to other centres, it effectively minimized black representation. In the event, this omission paled into insignificance when it later became apparent that the Commission had misconstrued or ignored certain of the public's written evidence.

Protected by Parliamentary privilege, Dr. Helen Suzman charged the Commission during the subsequent debate with misrepresentation of the evidence but, apart from the alacrity with which Dr. C.V. van der Merwe rose and strode to the Speaker while shaking a heavy forefinger in the direction of the only woman in the debate, no conscience was seen to stir in the Parliamentary Chamber.

The 1974 Draft Bill, presented to the House following this Commission's report, was more restrictive than its predecessor. In a moment of possible indiscretion, the Dutch Reformed Church silent voice behind so much Government legislation — later openly claimed responsibility for the

law in its final form. In contrast to the Opposition parties, who allowed their members a free vote during the debate, the Nationalist Party declined to allow its members this licence. As Commissioner and Nationalist MP Dr. W.L. Vosloo stated in the House, "I want to place on record that this is this Government's legislation. It was not even necessary for the Nationalist Party Caucus to argue about this matter because every Nationalist here adheres to the Christian principle that you must respect life, particularly," emphasized Dr. Vosloo, "the life of another."

Dr. Vosloo's respect did not seem to extend to women. Minutes later he entertained the House with a lewd joke stressing the pleasure women enjoy when raped.

All suggested amendments to the Bill were turned down, and so the Bill, which was meant, in the words of the Minister, "to be restrictive from the start," became law.

### THE LAW

Four circumstances exist whereby a woman can apply for an abortion:

- that the continued pregnancy endangers the life of the woman or constitutes a serious threat to her physical health;
- that it creates a threat of permanent damage to her mental health (clarified by the Secretary of Health as covering only the two conditions of schizophrenia and endogenous depression.);
- that there exists on scientific grounds a serious risk that the child will be irreparably seriously handicapped (only two centres for amniocentesis testing exist in South Africa.);
- that the foetus is conceived as a result of rape, incest, or intercourse with a female idiot or imbecile.

BEFORE any application can be made by a medical practitioner to procure an abortion, a woman must first obtain certificates of diagnosis from two independent doctors... neither of whom may be in partnership or be allowed to attend or assist in any way with the operation.

If the application is made on the grounds of permanent damage to mental health one of the initial doctors issuing a certificate must be a state-employed psychiatrist. There are roughly thirty in the Republic, none of them able to speak an African language.

If the application follows rape or incest one of the initial certificates must be issued by a district surgeon. In addition, the doctor who is to perform the operation must be in possession of a magistrate's certificate. Prior to this, the magistrate must have satisfied himself that a complaint has been lodged with the police, and if not, why not. Additional interrogation of the woman, or any other person he deems necessary, is authorized under the Act, that the magistrate may certify that on the balance of probability

'unlawful carnal intercourse' has taken place.

Having acquired all the initial certification, application for authority to perform an abortion must be made 'in the prescribed form' (sic) by the medical practitioner who is to perform the abortion, to the medical officer in charge of an approved institution, who holds final power of authority. If such written authority is given, the abortion may proceed.

This last official, usually the Superintendent of a hospital, must within twenty-one days report confidentially to the Secretary of Health setting out, inter alia, details of the patient and all the doctors involved to ensure, in the curious words of the Minister of Health, "there's no snake in the grass." Penalties for those members of the medical profession who fail to comply with the requirements of the Act are a fine of R5,000, five years in jail, or both.

### RESULTS OF THE NEW LAW

Under the new law, abortion on socio-economic grounds is not to be tolerated. Even if medical sterilization has failed, stated the Minister of Health in the House, "I do not see how we can condone an abortion afterwards, because it amounts to abortion on request."

The effects of the new law were soon to be felt. In the twelve months immediately following the Act, admission cases to Natal and Zululand private and mission hospitals for incomplete or illegal abortion rose by 33.6%. Illegal abortion was clearly on the increase. By contrast, in the three years which have followed the passing of the Act, a mere 412, 625, and 539 women have annually had medical abortions. The great majority were white. Few black women have had the time, money, proximity to more than one doctor, or comprehension of the law, to avail themselves of medical care.

Again, this was not the object of the legislation. As Shadow Minister of Health Dr. E.L. Fisher asked the House, "Do the people who talk about abortion on demand imagine that any doctor in our country is going to be so sympathetic to a black person as to say to her, 'My dear, I'm terribly sorry, but you are pregnant; I am going to get you a bed tomorrow morning at Baragwanath Hospital, where I am going to do your abortion free of charge because I don't want you to go to a backstreet abortionist'. Is that going to happen?", shouted the doctor, "It's ridiculous."

It has not happened. In 1975, 14,500 rapes of black women were reported to the South African police; only two of the women obtained medical abortions.

Daily, seventy-five black and coloured South African children die from malnutrition. And daily, the ruling Nationalist Government rests content in its legal enforcement of the sanctity of life.

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### DIRTY ELECTION TACTICS

Investigations are being carried out by Special Branch police into the activities of SPUC during the Ilford North by-election. This follows a complaint received by the Director of Public Prosecutions that the anti-abortionists had broken the Representation of the People Act, 1949.

The agents and officials of all the local parties have been interviewed by the police, partly because of the unauthorized distribution of leaflets by SPUC.

The leaflets listed the views on abortion of the three main candidates and then urged people to vote for the 'pro-life' candidate. This clearly implied backing for Vivien Bendall, the Conservative candidate and eventual victor.

Tom Jolly, the Conservative agent for the constituency, said, "Only the agent is allowed to incur expenditure for an election and it could be said that to actively promote one candidate could denigrate his rivals."

Police are still investigating the matter and will decide if there is any charge for SPUC to answer. Perhaps we will see some complaints resulting from the Glasgow Garscaddan by-election where SPUC again attempted to change the voting intentions of electors.

### ABORTION ADVERTISING

London Transport have eventually agreed to allow unambiguous adverts for abortion advice at prominent places in London's Underground.

For years, the Pregnancy Advisory Service have been attempting to get clear, unambiguous adverts allowed. They have now succeeded. Their new poster has, in large letters, the words 'Abortion Help'.

The posters, which have Health Department approval, had been up for five weeks and no letters of protest had been received by London Transport during that time, despite Nuala Scarisbrick, administrator of Life, saying that her members were 'reeling from the effrontery'.

A spokesman for London Transport said, "Public attitudes change. We will judge future policy by public reaction." But, as Helen Graham from PAS put it, "The absence of immediate protest means that there could be no credibility in any campaign which might now be mounted against the posters by anti-abortion groups."

Sharon Spiers

### ABORTION DEBATE

Day-care abortion facilities, free access to information on abortion, and the problem of regional disparities were debated in the House of Commons in June. This resulted from the publication of the Expenditure Committee's Report on Preventive Medicine.

Renée Short recommended, on behalf of the Committee, that women seeking abortions should have easy access to information locally about doctors and hospitals. She also informed Parliament of the evidence that a day-care abortion costs almost a third of an in-patient termination.

Robin Hodgson, Conservative MP for Walsall North, made his view clear when he said that life, "starts with every child being a wanted child." He pointed out that the West Midlands provide for very few NHS abortions, a fact that Roland Moyle felt unable to answer in his summary.

But not all the speakers were in favour of providing better abortion facilities. Nicholas Winterton (Conservative, Macclesfield) agreed with the Report that contraceptive advice should be given to all women undergoing abortions, but believes that few women should be able to obtain a termination.

However, it is noticeable that whenever abortion is debated as a 'subsidiary' issue, MPs who are not always in favour of the 1967 Act often support better and more equitable provision for terminations, as is the case with the publication of this report.

Sharon Spiers

### FEWER ILLEGAL ABORTIONS

As if to answer recent allegations in the provincial press, Minister of Health Roland Moyle gave figures showing that the Abortion Act has reduced the number of illegal abortions.

Answering a question from Sir George Sinclair on 25th May, the Minister said that in 1976 deaths following illegal abortion were down thirty-fold compared to 1966, whilst deaths following abortions classed as induced or spontaneous were down from 17 to 3. He also revealed that septic abortion, based on hospital discharges, was down fourfold (this also includes some spontaneous abortions).

We hope that ALRA members will rebut any allegations of high rates of backstreet abortion which may appear, for example in the local press.

DCF



# WHAT POINT VIABILITY?

## SHOULD THERE BE A TIME LIMIT TO A WOMAN'S RIGHT TO CHOOSE

(Based on a paper given at the NAC Conference, April 1978)

We should like to present, briefly, some of the arguments in favour of retaining a time limit on abortion.

We understand 'abortion' to mean 'artificial termination of pregnancy before viability'. We are not alone in finding it confusing to talk of 'abortion up to term.'

### VIABILITY

The main argument against the time limit for abortion being linked to viability, as it is at present, is the idea that medical advances will bring forward the point at which a foetus is viable. This is nonsense.

To say that a foetus is viable means that it is capable of independent life, that is, it has reached the stage of development when its heart can beat outside the mother and when its lungs are sufficiently developed to be able to take in air. A foetus never reaches this stage of development before 25 weeks and rarely as early as that. And it will not reach this stage earlier with advances in medical science. To keep a foetus alive before the lungs have developed, and thus make viability occur earlier, would require the development of an artificial placenta — a development which is now no more than science fiction. Medical advances affect the survival of viable foetuses — a 28-week foetus, for example, is now much more likely to

survive than it was. Survivability is getting better; viability is not getting any earlier.

### TERMINATION OF PREGNANCY AFTER VIABILITY

If it is necessary to terminate a pregnancy after viability (e.g. to save the mother's life) this is usually done by a method that gives the foetus the maximal chance of survival — by hormones or Caesarian section. In either case, there are substantial risks for the mother. If these are explained to her in full then she is in the best position to decide whether these risks are worth taking — for her. But there is also a substantial risk that, however good the care the foetus receives, it will suffer lack of oxygen and risk mental handicap. Who would then be responsible for such a baby?

Alternatively, the pregnancy can be terminated by a method that involves killing the foetus — there would then be no question about responsibility for the baby, but is this something we should like to see legalized?

### FOETAL RIGHTS

The anti-abortionists argue that a foetus is a human being with rights from conception. We reject that, as we believe that a foetus that is wholly dependent on its mother for survival does not have rights independent of the mother. However, once that foetus is capable of independent life because of its development (i.e. is viable) then it has at least some rights as a human being. The moment of birth is arbitrary

and depends on many external factors, whereas the point of viability is distinct for each foetus and is biologically fixed.

ALRA argued in their paper to the NAC Conference that we should not campaign for 'abortion on demand up to 9 months' because this would force doctors and nurses to take part in these operations unwillingly. We agree with this as we do not believe that doctors should be forced to do abortions against their will.\*

But this implies that there is no objection to terminating a normal pregnancy up to 9 months at the request of the woman, if she finds a doctor who is willing — and some may be. Is this something that should be legal? Is it any different from asking a doctor to help kill your healthy baby once it is born?

We believe that once the foetus is viable there is a third party involved and the doctor must feel some responsibility to the viable foetus too. And so must society — as it does at the moment.

We do not accept that, in campaigning for a woman's right to choose, we can ignore the rights of the viable foetus, any more than we can ignore the rights of the child after birth.

Dr. Judy Bury and Dr. Alan Fairlamb (DFWCA)

*\*Ed's note: ALRA has always held that no doctors or nurses should be forced to do abortions, AT ANY STAGE OF PREGNANCY.*

# GLASGOW CAMPAIGN

The National Abortion Campaign in Glasgow has been active since N.A.C. was formed in March 1975. We felt particularly involved because the proposed restrictive Bill was coming from James White, a Glasgow M.P. Our activities were focussed mainly on defending the '67 Act by pickets of White's 'surgery' and attempting to expose the real effect of White's amendment becoming law.

When White's Bill was defeated, the Glasgow group suffered from a lack of direction. We did not feel so directly linked to any further possible attacks and could not see a future for the group on a purely defensive basis.

### OUT-PATIENT CLINIC

Looking at the situation in the West of Scotland, we realized that our area was one of the worst for provision of legal NHS abortions. It was decided to use the forces we had mobilized over White's Bill to build a campaign for full implementation of the '67 Act in terms of facilities. In the summer of 1976 the Glasgow N.A.C. campaign for an NHS out-patient clinic began. This specific focus for our campaign, rather than

fluctuating with parliamentary affairs, has ensured our group remained active and has brought a great deal of support from the local Labour movement.

The first step the campaign took was to organize a petition recognizing the need for a NHS out-patient abortion clinic in the West of Scotland. Together with our exhibition on the dangers of illegal abortion and our newsletter, we took to the streets seeking signatures for our petition. We hold street meetings as often as possible in different areas of Glasgow, at which we talk to people who stop to look at the exhibition. Overall, we have been extremely successful. The vast majority of people approached sign the petition, including many Catholic women.

The main aim of our street meetings is to put our opinions over to sections of the public who may not otherwise hear them. We will eventually however be presenting our petition to the Area Health Authority, together with a detailed paper as to how we would like to see an out-patient clinic functioning. A further part of our campaign has been to get women in the area who have had or have tried to have abortions to complete

questionnaires about their experiences. These will also be presented to the A.H.A. along with questionnaires which we sent to local doctors asking for their views. Of the thirty replies we received, twenty-eight were in favour of a liberal abortion law.

An important part of the campaign has been involving the local labour movement. The S.T.U.C. sponsored and sent a speaker to a meeting we held to launch the campaign and many local trades unions have passed motions of affiliation.

### WITHOUT COMMENT

"The President of the Pharmaceutical Society of Ireland has stressed that whatever legislation emerges on the sale of family planning aids and contraceptives no pharmacist will be asked to act against his conscience.

"At the March meeting of the Council... Mr. R.J. Semple objected... that in all countries where such devices were available there had been an inevitable progression to sterilization and abortion on demand and a marked decline in moral standards."

Source: *Chemist & Druggist*, 25 March 78

# Gallup Poll Bias

George Gallup was the first of the opinion pollsters and it was he more than anyone who popularized them with his correct forecast that Roosevelt would win the 1936 Presidential election. Other countries set up their independent Gallup organizations with the organization and have helped them with recruitment of interviewers. It is therefore a matter of some concern to me that they are in danger of losing their credibility over their treatment of opinion on abortion.

It is no secret that in recent years they have had a close relationship with the Society for the Protection of Unborn Children and there is nothing inherently wrong in this. However, it does seem that, in the questions it has asked, it has been swayed more by political considerations than by a desire to find out what the general public is thinking.

Abortion is a very sensitive subject and the questions asked must not lead the respondents into answering in a way that is not in accord with their feelings. However, it is clear that the major Gallup question is doing this. It is as follows:

Do you think that abortion  
Should be available on demand;  
Should only be allowed in particular  
circumstances;  
Should never be allowed in any  
circumstances.

There is plenty of evidence that the term 'abortion on demand' does not have the same connotations as 'abortion on request', but in fact conjures up other images of doctors being coerced to do abortions. This point was shown clearly in interviews I carried out, the results of which were conveyed to Gallup (*Public Opinion & the Abortion Issue*, January 1977). Oonagh MacDonald made the same observation in the Committee on the Benyon Bill and for this reason carefully distinguished the two terms. Of even greater significance is the fact that Gallup in the United States used to ask the identical question but, once it realized that 'abortion on demand' was a leading question, changed it to ask if abortion 'should be legal in any circumstances'.

### HOW IMPARTIAL IS GALLUP?

This is the first question about Gallup's treatment of abortion, and applies to all its surveys on the question. However, more specific criticisms can be applied to the survey of gynaecologists which it Press Released, together with SPUC, at the House of Commons during Benyon's Committee Stage. This survey shows clearly that Gallup was linking itself much too closely with one side of the debate. First of all, the results were available much earlier than released and in fact Benyon quoted from them during the Second Reading, but publication was held up to the Committee Stage. This smacks too much of political opportunism rather than a desire to disseminate information. Secondly, of interest is the question which the survey did not include. Since the passage of the 1967 Abortion Act there have been at least eight polls of medical opinion. In seven of these polls a question has been asked along the lines, 'Should the Act be changed to become more liberal, left as it is, or changed to become more restrictive?' Gallup itself reported a survey of doctors in April 1975, as follows:

"The Abortion Act, 1967, has been in operation since April 1968. Having regard to its essential provision, do you think that the law should be:-

Left as it is	44
Changed to make abortions easier to obtain	20
Changed to make abortions more difficult to obtain	27
Other comments don't know	9
	100

It is therefore somewhat surprising that the only poll of doctors not to ask a question of this nature was the recent Gallup study. I questioned Gordon Heald, the Director of Gallup, on this matter and he told me it was due to the pressure of space and he repeated this explanation in a letter to Diane Munday (5th August 1977). This, however, is not plausible. There were twenty-eight questions in the survey and, as it was ostensibly to discover what gynaecologists thought of the Act, it would have been reasonable to ask them this directly. It seems to me more likely that the question was left out because it was obvious from Gallup's earlier survey that it would not serve the political purposes of the survey's sponsors.

### SHAKY STATISTICS

The third point of criticism is of a more technical nature. The survey found that 81% of gynaecologists agreed with abortion in particular circumstances and then asked them what these circumstances were. It reported replies as follows:-

Risk to mother's health	35%
Social Conditions	13%
Congenital Abnormality	11%
In the best interests of patients	9%
A.O.D. may not be best action	9%
As specified in Act	9%
After adequate counselling	9%

Added together, these total 95%. I spoke to Mr. Heald and asked him if there were any other replies, for, from the nature of the question, it was likely that some respondents would specify more than one condition. He told me that, indeed, this was the case and that there was an average of 1.8 responses per person. This reveals a certain amount of negligence in presentation of statistics, for it is recognized practice that in questions of this kind the surveyor should include a category 'other' and show the total number of answers.

It is therefore quite clear that Gallup surveys on abortion leave a great deal to be desired. We hope that our comments will lead to some changes in questions and orientation.

Colin Francombe



### ABORTION TEN YEARS ON

The Birth Control Trust, for the Coordinating Committee, have published a well-written pamphlet to commemorate the tenth anniversary of the 1967 Abortion Act. With contributions from David Steel and Vera Houghton, the document covers virtually every aspect of abortion law history.

Lena Jeger reminds the reader of the time before the 1967 Act — "exhausted middle-aged women, prematurely aged through poverty and the struggle to bring up four, five, or six children," while the Very Reverend Dean of Liverpool, Edward Patey, putting forward the Christian point of view, says, "We can welcome the first ten years of the 1967 Act, and work for its improvement and further implementation."

Madeleine Simms takes a look at the abortion issue forty years ago, in particular at the "squalid conditions, both moral and medical in which abortion used to take place in this country." Sir George Sinclair, a defender of the Act during the Benyon Committee, recalls the seven forerunners to David Steel's Bill — a warning to us all of how much work there is to be done for progressive legislation.

Alastair Service, now Chairman of the FPA, provides a humorous glance at lobbying MPs in 1966/67, when he received comments such as "I don't vote on things like that — I concentrate on the major issues, like foreign policy."

Dr. Malcolm Potts doesn't let the reader forget about the medical side, or the importance of safe, early terminations, and Sam Rowlands, a vocational trainee in General Practice, while echoing this view, points out the delays inherent in the current abortion law.

Caroline Woodroffe, Chairman of the Brook Advisory Centres, writes about the role of family planning clinics.

Robin Hodgson, inevitably, as he is an MP from the West Midlands, refers to the appalling NHS abortion provision in his area.

Patricia Hewitt, of NCCL, summarizes what the fight is all about: "A real commitment to freedom of choice must mean making abortions available — safely, legally, and free of charge — to women throughout the country, with a duty on the NHS to provide abortion facilities."

This is a 'must' for everybody interested in the abortion controversy, and for 60p is well worth the price. *Abortion Ten Years On* is obtainable either from the ALRA office or from the Birth Control Trust, 27-35 Mortimer Street, London, W1N 7RJ, for 75p, including postage and packing.

Sharon Spiers

# Abortion Law Reform Association: A Woman's Right to Choose campaign

ABORTION INTERNATIONALLY — A new pamphlet by the National Abortion Campaign.

Price: 30p. Obtainable from NAC, 30, Camden Road, London NW1.

A truly international look at the problems of the abortion campaign worldwide has long been a missing feature amongst our literature. The National Abortion Campaign has come up with a useful, working document which tells us a great deal about certain countries and their struggle, the overwhelming thought on reading being, 'Thank god we are so lucky in Britain.' When one compares the plight of our Chilean sisters for example, with our own, we see the stark truth of the contention of many that the abortion campaign should recognize itself as being part of an immense whole, the worldwide fight for abortion rights. This is a valuable contribution to our thinking by NAC.

It would be impossible to pick out specific contributions for mention as the countries chosen are so diverse and each contains factual, lucid accounts of the particular problems faced. However, the chapters on Eastern Europe and Japan I found most interesting as they dispel many of the myths abounding about the 'liberalization' of the abortion laws there. The chapters on Bangladesh and India show how abortion can be used against women, an unusual concept for us in Britain to understand, when we have been fighting to preserve what little we have achieved here. A useful explanation of the situation in Italy is also included, a situation which has become unbelievably complex of late and badly needed clarification. True, we achieved the 1967 Act ahead of most others and that Act was an example to the world, but we have moved on since then and now look for much more ourselves. Maybe the political directions other campaigns have taken abroad could teach us something now.

Sue Heal

## FRENCH PRIEST

*A priest who killed his pregnant girl-friend over twenty years ago because she refused to have an abortion is about to be released from gaol, French authorities have revealed.*

*The Roman Catholic priest, from Uruffe in Eastern France, Father Guy Desnoyers, shot then mutilated his girl-friend, ensuring that the eight-month pregnancy would not continue.*

*His motive: the foetus was 'the fruit of sin' and Regine had refused to have an abortion.*

## WOMEN'S COUNCIL BACKS SCREENING

At its Annual Conference in April, the National Council of Women resolved 'to ask the DHSS to make available facilities for voluntary screening.' This is an important defeat for the anti-abortionists, who argued forcefully, though not always well, against the resolution.

The resolution was passed by 243 votes to 42, with 38 abstentions.

David Flint

## ALRA NEWS

### REGIONAL VARIATION (AGAIN)

ALRA has always stressed the injustice of the great variation in NHS provision existing between the various parts of the U.K. Last month, we sent the leaflet *Meeting Women's Needs* to newspapers and Community Health Councils in the twenty worst districts. At the time of writing we are aware of nearly 200 column-inches of press cover; in addition to which we are in correspondence with several CHCs.

The excuse for poor performance offered most often by Health Service spokesmen was shortage of money — a claim that ignores the real savings that an efficient day-care service can make. ALRA will be pursuing this point with those concerned.

DCF

*Church intervention has been suspected, firstly because the priest was not guillotined, and secondly, his life sentence was reduced five years ago by President Pompidou.*

*There is a lot of opposition to the proposed release, not least because of the controversy that this crime received when it occurred in 1956.*

*I doubt if we will hear SPUC or Life talking about the Roman Catholic priest who wanted his nineteen-year old girl-friend to have an abortion.....*

Sharon Spiers

## 400 CLUB WINNERS

May Dr. L. VALENTINE  
June Mrs J.E. DONNISON

## BREAKING CHAINS

Breaking Chains is published bi-monthly by the Abortion Law Reform Association. It is sent without charge to members of the association

Signed articles are the responsibility of the authors and do not necessarily represent the views and policy of the Association or the Editorial Committee. Unsigned material is the responsibility of the Editorial Committee.

Letters and other contributions will be gratefully received. Letters should not exceed 250 words or other contributions 400 words except by prior arrangement. Cuts may be made at the discretion of the Editor. All contributions should be sent to:

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## HELP ALRA FIGHT FOR 'A WOMAN'S RIGHT TO CHOOSE'

The Abortion Law Reform Association was formed in 1936 by a group of people appalled by the tragic consequences of wide-spread backstreet and self-induced abortion.

In 1967, ALRA was the major force responsible for the passing of the Abortion Act which for the first time gave women access to legal abortion though under certain conditions.

Thus access to legal abortion is still selective: however much a woman wants an abortion, she must satisfy two doctors that she meets the conditions laid down in the Abortion Act. We wish to make abortion on request available to all women. This will require new legislation.

We also wish to ensure adequate facilities within the NHS to make free, safe and legal abortion a reality.

Our immediate tasks are to defend the existing law against repeated attack by anti-abortionists, and to prepare for legal change.

Help ALRA achieve these aims. Fill in the form below and become a member.

### MEMBERSHIP AND RENEWAL FORM

I would like to join/renew my membership of (delete where applicable) the Abortion Law Reform Association.

I enclose £ . . . subscription/affiliation fee. Membership to commence from . . . . . 197 . . .

Name . . . . .

Address . . . . .

Post code . . . . . Telephone . . . . . Signature . . . . .

Please send the completed form to: The Membership Secretary, ALRA, 88A Islington High Street, London N1 8EG.

Membership Rates: Ordinary £3.00, Overseas £7.00. Group affiliation on application.



# BREAKING CHAINS

**ALRA**

THE NEWSPAPER OF ALRA-THE ABORTION LAW REFORM ASSOCIATION

## No Fair Deal

Seeing the PAS posters saying 'Abortion Help', the visitor to London might think that the argument about the propriety of abortion advertising was over, at least in London. Not a bit of it.

In August London Transport refused to accept a British Pregnancy Advisory Service poster headed 'ABORTION?' on the grounds that "the public might think that BPAS was offering to terminate pregnancies on request." LT will accept, however, a poster headed 'Abortion Advice?', which just shows, I suppose, that casuistry is not the exclusive preserve of Jesuits.

The posters in question will not actually be allowed inside the tube trains. In a letter to BPAS, LT's Advertising Manager, Michael Mountain, stated: "Underground trains do tend to get rather crowded and a passenger might then have to stand in a position such that he or she would be in forced proximity to your advertisement. I believe this would be most objection-

able for a lot of travellers."

No evidence is offered for this curious view, which seems contrary to what is known of public opinion from opinion polls.

It is noteworthy that the Code of Advertising Practice (CAP) contains only a single reference to abortion — a ban on the advertisement of abortifacients. The Secretary to the CAP Committee, Enid Casson, is quite clear that "nothing in the code itself prohibits the use of the word 'abortion'." Quite so, but the managers of particular media may impose restrictions of their own, and do so. Post Office Yellow Pages, for instance, will neither introduce a heading for 'Abortion Advice' nor allow the word 'abortion' to be used.

It is about time for the advertising media to accept that abortion has become a normal part of modern life (about one woman in four will need an abortion at some time), accepted by the majority of people, and therefore to stop this silly and petty censorship.

## DEVOLUTION

The Scottish abortion law is going to remain in the hands of the House of Commons at Westminster. MPs decided this on a free vote and by a majority of 134 in July.

Whilst Westminster will maintain control of the law, the administration of NHS facilities will be controlled by the Scottish Assembly. If control of the abortion law had been devolved there might well have been the danger of different laws north and south of the border and therefore the danger of 'cross-border traffic' of abortion patients.

Bruce Millan, a government spokesman, acknowledged that this would be a possibility, particularly for private-sector abortions, but, even so, he and the government wanted the law to be devolved.

## ALRA LOBBY LEAFLET

*Abortion has been a prominent issue in this country for over forty years.*

*Before 1967 men and women campaigned for an abortion law — since that time the compulsory pregnancy lobby have persistently campaigned for its abolition, whilst we have been campaigning in support of the present law and also for extension of it.*

*In 1967, we got David Steel's Bill onto the statute books with your help. And with your help we can win the battle to maintain and extend the present law.*

*We need to know what our future Members of Parliament think of abortion, and we need to let them know what we think the law should be.*

*With this issue of 'Breaking Chains' we enclose a leaflet which explains how you can go about this. We hope that you will read it and act on it.*

*We can win the case for legal and safe abortion throughout the country — with your help.*

## McLAREN OUT

Arch anti-abortionist Hugh McLaren is leaving for Rhodesia; he will be replaced by John Newton, a liberal.

At the end of September, Professor Hugh McLaren, chief gynaecologist of the West Midlands Region, finally retires. He is planning to work in Nigeria for a month before going on to Rhodesia, where "they have a very tight law.....the law I would have written myself."

Professor McLaren has blighted the provision of abortion in the Midlands for more than twenty years, by his personal

attitude and his part in the appointment of staff. It is therefore highly significant that his replacement will be Mr. John Newton, currently at King's College, London, where a pioneering day-care service has operated for some years. This appointment must augur well for the outpatient unit that Birmingham AHA has been asked to establish, both through his direct influence and for what it signifies as to the AHA's determination not to let consultants dictate policy to it.



Founded 1936

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**a woman's right to choose**

# LIES AND VIOLENCE

"They came to the point where they felt that rational argument did not seem to be advancing their views, and they felt that they must do something more."

"Once they had that idea clear in their minds, it was clear they were going to go beyond reasonable argument."

"The extent of the damage was a measure of the extent of their religious convictions."

It was with these arguments that Mr. John Stakes pleaded for leniency in the case of three boys convicted of causing criminal damage to the Falloeden Nursing Home in Leeds, a clinic specializing in abortion. But these words might also describe the whole attitude of the anti-abortionists.

For the crusade against the Abortion Act has failed.

Medical evidence, legal threats, psychological evidence, parliamentary bills, an 'independent inquiry', rational debate, sabotage — all have been tried by turns or together, and all have failed. What, then, is left to our opponents but lies and violence? All the honest means have failed them.

## ROUND 1 - 1966/7

In this round, ALRA achieved its objective of thirty years standing and liberalized the law on abortion. The opposition was small and fragmented but the legal and medical professions were hostile to reform; the public, however, favoured it.

## ROUND 2 - 1968-71

Two restrictive bills, introduced by Norman St. John Stevas and Bryant Godman Irving were defeated in 1969 and 1970. With no success in Parliament, they pressed for an independent inquiry. Sir Keith Joseph gave them the Lane Committee.

## ROUND 3 - 1971-74

In evidence to the Lane Committee, SPUC, LIFE, and the Catholic church argued that abortion was medically

dangerous, psychologically traumatic, socially disastrous, and that illegal abortion had not been decreased. Most of these claims were already known to be false and Lane, in its rather ponderous way, polished off the rest. When the Lane Committee reported, it was "unanimous in supporting the Act and its provisions."

## ROUND 4 - 1974-78

Now came the era of dirty tactics. The book *Babies For Burning* was given to James White, who introduced an incompetently drafted blunderbuss of a bill. It was argued that the Lane Committee had been a little 'naive', perhaps rather TOO independent, and that the 'men of the world' of a Commons Select Committee could form a better view.

Before the Select Committee we repeated the experience of the Lane inquiry and many of the same myths were dusted down and paraded, but when it came to reappoint the Committee the next year they had lost support and it continued to ebb until, this year, Bernard Braine could get a majority of only six, woefully inadequate to the passage of a controversial bill.

However, LIFE had lost patience and late in '77 affirmed that it would never again support a 'compromise measure like the Benyon Bill'. They also wrote to doctors threatening to prosecute in cases of late abortion. This, of course, did little except irritate doctors.

From an early stage they had urged nurses to opt out of abortion but this was effective only in a few places and from time to time. The lie that doctors and nurses were leaving gynaecology in droves had been refuted by Lane.

The Paton case declared that fathers have no rights in regard to abortion.

A challenge to a menstrual regulation service succeeded in shutting the service but also prompted the DHSS to consider

the law. It seems likely to be a matter only of time before the legality of this procedure is finally established.

The SPUC intervention in Ilford North and Garscadden has prompted a prosecution for interfering with the election.

## DEAD END

So, whichever way the anti-abortionists turn — argument, law, morals, economics, Parliament, mass lobbies — a blank wall faces them. They may hope for a reactionary Parliament that will wreck the Act but given the evolving Labour and Trade Union policies for choice and women's rights, the Tory aversion to private members' legislation, and David Steel as Liberal leader, this must be a long shot indeed.

In the country, support for choice grows. Even within the BMA support grows and the formation of Judy Bury's Doctors for a Woman's Choice on Abortion was a critical sign.

In the USA the 'antis' reached this position with the Supreme Court decision of 1973. Since then their campaign has become more vicious with the formation of the ridiculously-named People Expressing Concern About Everyone (PEACE), which invades clinics. An uncertain number of clinics have been fire-bombed and many others have been vandalized.

The USA has, to be trite, a history of violence that is absent in the UK. For this reason alone, we are unlikely to see a repetition of the American events, but already clinics have been vandalized and less than a year ago an anti-abortion psychopath came near killing our friends in Croydon.

Will their failure in the political arena make them turn to violence?

After all, lies have already failed them.

Editorial Committee

## BPAS POSTER BANNED

A BPAS poster in the Arndale Centre in Luton has been withdrawn following threats of direct action from a local anti-abortion group. The owners of the poster site commented that they "greatly regret this" because it is due to "a completely unrepresentative pressure group."

## SELECTIVE ABORTION

Doctors in Lund, Sweden, have scored a world 'first' by aborting one foetus in a twin pregnancy. The operation was carried out at twenty-four weeks gestation with the aid of ultrasound equipment. The mother has since given birth to a healthy baby. (Source: *The Times*)

DCF

Sharon Spiers

# SPUC DIRECTOR CHARGED

## THE CHARGE

That Mrs Phyllis Bowman, director of SPUC, "not being a candidate or election agent and without the authorization in writing of an election agent, did incur the expense of issuing publications with a view to promoting or procuring the election of a candidate at a parliamentary by-election for Ilford North held on March 2, 1978."

In a surprising and probably unprecedented move, Mrs Phyllis Bowman of SPUC has been charged under the Representation of the People Act, 1949.

Following the Ilford North by-election last March, the Labour Party agent, Kath Buler, referred a leaflet distributed in Ilford North by SPUC to the Director of Public Prosecutions (DPP). The DPP then recommended the prosecution.

The leaflet, which compared the views of the various candidates, was printed in an edition of 35,000 copies and distributed throughout the constituency. Some members of the local Labour Party fear that the leaflet, together with Labour candidate Tessa Jowell's pro-choice views, may have lost the party 2,000 votes, the election being won by Vivian Bendall, a virulent right-winger, whose platform included the re-introduction of capital punishment, support for Mary Whitehouse, vigorous opposition to child pornography, and support for SPUC. This is a rather implausible view since Labour increased their share of the vote from 33.4% in the 1977 GLC election to 43.1%; in any case, Bendall had a majority of five and a half

thousand so that the issue cannot possibly have lost Labour the seat. The majority of the local party seem to have accepted this and the party has called on the Labour National Executive to include free abortion on request in the next manifesto.

Mrs Bowman has said, "I did not encourage voting for any candidate. I shall be fighting the case most strongly. We will take the matter to the European Court if necessary."

To obtain funds for this fight, SPUC has written to branches of the Knights of St. Columba, an organization of Catholic

laymen, and, doubtless, to other organizations as well. Their appeal to the Knights, however, has fallen on stony ground and the National Secretary, Joseph Donnelly, has instructed the branches not to contribute. "We realized we might be getting politically involved," he said, "and did not want to get into trouble ourselves." This move is especially welcome in view of the considerable support the Knights have given SPUC in the past.

Those familiar with SPUC's unethical and mendacious style of campaigning will not be surprised if SPUC proves to have acted illegally as well.

However, there is no doubt that this will have a bearing on other pressure groups' activities, particularly those whose election campaign favours one candidate over the others. This is doubtless one of the reasons why the DPP has brought this prosecution.

STOP PRESS At the hearing on 13 September, Mrs Bowman's case was committed to the Crown Court. She was given unconditional bail. The case is not expected to be heard for some months. Legal aid was granted.

David Flint

# LIFE FOR ANTI-ABORTIONIST

On 19 July, 18-year old anti-abortionist Thomas Lascelles was given six concurrent life sentences at the Old Bailey for fire-bomb and explosives attacks on pro-abortionists. In this case at least, public debate and discussion had been abandoned in favour of intimidation and, very nearly, murder.

As we reported in our May/June issue, invasions and bombings have become a significant risk for American abortion clinics. Last November it appeared that this trend might be spreading to this country when a Croydon family planning clinic was the target of an arson attack.

This attack did little damage but was followed by a more serious incident, a petrol-bombing at the home of Alan and Sue Lord. The Lords are members of Croydon Humanist Group and have campaigned actively for free abortion in an area where the campaign has been particularly bitter, partly because of the presence locally of Dr. Margaret White of SPUC. (Of the 902 Croydon women who obtained legal abortions in 1976 only 61 (7%) got them under the local health service, one of the worst performances in the country.) This bomb was

extinguished by the Lord's thirteen-year old son, so Lascelles returned a fortnight later for a second try; Alan Lord managed to put out this second 'molotov cocktail'.

Lascelles's next attack, again directed at the Lords, involved a parcel bomb, 'lethal and beautifully designed', according to the trial judge, based on one pound of gunpowder and a photo-electric cell. This bomb was dismantled by explosives experts after Sue Lord had called the police.

Lascelles's final shot was to leave a 3lb gunpowder bomb at the offices of Action Research for the Crippled Child. When dismantled by experts, it proved to contain pieces of glass as a sort of home-made shrapnel to increase its destructive power.

Evidence at the trial made it clear that Lascelles is an archetypal 'loner', a psychopath who, according to his own diary, had set out on a 'noble mission' to 'purge the land of evil'. He had started, said the prosecuting counsel, 'to wage a reign of terror against individuals and organizations who had spoken out in favour of legal abortion'.

Although Lascelles's crimes were those of an individual insane, or at least

severely disturbed, is it just coincidence that he comes from Croydon, a SPUC stronghold? I don't think so.

On 19th May this year, *General Practitioner* published, in answer to Malcolm Potts's plea for acceptance of other people's views on abortion, in particular the acceptance by the minority of the majority's support for abortion, a letter from Croydon GP Margaret White, which said, "Should we really have respected and tolerated the Nazi massacre of the Jews?" This comparison of mass murder with abortion is reminiscent of a letter to an American paper that defended bombings in these terms: "You'd bomb a concentration camp, why not abortion centres?" Neither is Dr. White alone in comparing us with the Nazis. This has become a common, though unthinking, jibe, forgetful that the only political party pledged to repeal the abortion law is the National Front.

Whilst society contains disturbed people like Lascelles, the likes of Margaret White should be careful what they say. The next Lascelles may be more successful and incitement to murder is a most serious charge.

David Flint

# NHS ABORTION DEATHS

Since the 1967 Abortion Act came into force there have been 86 deaths from abortion. 72 of these were NHS patients.

In every year since 1967 the number of deaths within the NHS has been higher than for abortions performed privately. Professor Peter Huntingford and Dr. Colin Brewer say that the Department of Health and Social Security's explanation of the majority of deaths is a label for negligence and they suggest that the use of 'questionable' abortion techniques may also have contributed to the higher mortality rate.

The DHSS, which has reluctantly accepted these figures, claims that the NHS performs later abortions, which consequently carry more risks.

These figures should be put into perspective. The mortality rate from abortion per 100,000 operations is 2.15; for a tonsillectomy it is 3.0, for Caesarian section, 111.0, Hysterectomy, 204, and appendectomy, 352.

Abortion inside and outside the National Health Service is still considerably safer than other common operations.

# N. ZEALAND STEPS BACK

"the most inhumane legislation in living memory"

Changes in the abortion law of New Zealand have produced confusion and sparked a revolt by doctors. Further changes in the law seem now to be quite inevitable.

## THE CRIMES AMENDMENT ACT, 1977

Under this Act, abortion is made illegal except where there is a risk to health or the pregnancy results from incest, etc. (see box for details). Prior to this abortion was governed by case law and there has been considerable argument as to whether the new law is more or less liberal than the previous one.

Thus critics have noted that neither rape nor foetal deformity is a ground for abortion and that the requirement that the risk to health cannot be averted "by any other means" has led the Professor of Physiology at Auckland Medical School, J.D. Sinclair, to say:

"It will be illegal for a doctor to induce an abortion in a 55-year old penniless spinster suffering from heart disease and bearing a mongol foetus resulting from rape. Her cardiac disease can be alleviated by by-pass surgery, the renal complications can be treated by weekly dialysis, and the pulmonary complications by use of a respirator."

The Minister of Justice, Daniel Thomson, by contrast, issued last December a press statement in which he argued that there was little difference between the new statute and the old case law, that the "any other means" clause was of limited effect: "drugs that produced comatosity for the whole pregnancy period would, in the general run of cases, not be 'any other means' in a realistic sense"; and that a doctor might abort a deformed foetus:

"because the effect upon the mother... was likely to cause her... emotional or mental distress."

However, he also:

"urged anyone affected.... (to) seek his own legal advice," which seems rather a let-down.

In the view of a third authority, the medical superintendent of the Auckland Hospital, the new law is MORE liberal than the old one. This is also the view of New Zealand SPUC, a fact scarcely worth mentioning were it not that British SPUC is claiming it to be more restrictive. 'A house divided cannot stand', as they say.

Whatever the exact meaning of the law, one thing is clear — as an attempt to clarify the law it has been a ludicrous failure. Indeed, the government has already been obliged to pass amending legislation deleting the "any other means" clause!

It is, of course, extraordinary that, nearly a year after the Act's coming into force, there should still be such doubt as

## THE CRIMES AMENDMENT ACT, 1977

Abortion is illegal, unless the surgeon believes:

- That the continuance of the pregnancy would result in serious danger (not being danger normally attendant on childbirth) to the life, or to the physical or mental health, of the woman or girl, and that the danger cannot be averted by any other means; or
- That the pregnancy is the result of "...." incest; "or
- That the pregnancy is the result of intercourse with...." one responsible for the care and protection of the girl; "or
- That the woman or girl is severely subnormal

to the meaning of the law. The cause of this is the passage of a *second* measure:

## THE CONTRACEPTION, STERILIZATION AND ABORTION ACT, 1977

This Act laid down a new and highly restrictive procedure for obtaining an abortion which has made arguments over the grounds little more than academic.

Under the new procedure a woman must approach her GP, who must obtain the consent of two 'certifying consultants'. Since doctors of extreme views, whether for or against, are not eligible to become certifying consultants, this poses considerable problems. Very few doctors have applied to become consultants and those accepted have included a number of SPUC members. ('Extreme views' includes disapproval of abortion under *all* circumstances but not, apparently, disapproval under *most* circumstances.)

Nor is this all — for the GP must then find a surgeon willing to operate and HE, also, must be convinced that the woman has grounds. Then a hospital must be found; and since hospitals are now setting their own rules for the admissibility of abortion a committee or administrator must also be convinced. The Women's National Abortion Campaign (WONAC) tells us that:

"One doctor recently rang round fifty surgeons and was still unable to find one who would perform the abortion." Even when the procedure works, it takes three to six weeks, an offence against the idea of civilized medicine.

## NEW ZEALAND REBELS

Opposition to the restrictive Contraception, Sterilization and Abortion Act continues to grow in New Zealand.

Apart from the activists of the Women's National Abortion Campaign, two new organizations have been formed and the government itself has moved a bill to revise the Act.

An establishment organization, REPEAL, was founded early this year and has already collected 318,820 signatures on a petition for the repeal of the Act. Sponsors of REPEAL include a cabinet minister and the mayor of Auckland, home town of the most prominent abortion clinic.

Also formed recently is WOMENSURE, a referral agency that will help women to get to Sydney for abortions. (Although thousands of New Zealand women a year make the trip to Australia the price of 510 dollars must deter many more.) WOMENSURE sees this service as a stop-gap until the Act can be repealed.

## MEDICAL OPPOSITION

Almost certainly, though, the most significant opposition to the abortion law is that coming from doctors. There can be little doubt as to the opinions of the New Zealand doctors; opinion polls taken before the passage of the Act make this very clear.

In 1977, 68% of New Zealand doctors replied to a survey by the Auckland University School of Medicine. 92% supported abortion if the woman's physical health was endangered, 87% if her mental health was endangered, 85% on grounds of foetal abnormality, and 50% on the simple ground that woman and her doctor thought it right.

Nor is their attitude to the new abortion law itself in any doubt. In November last, of the 51% of doctors replying to another Auckland University survey, only 20% supported the bill. Surveyed by the General Practitioners' Society (the New Zealand equivalent of the Royal College of General Practitioners), 79% of the 73% who responded agreed that:

"a new abortion law should... leave the question of termination during the first three months... to the woman and her medical advisors."

Official spokesmen, too, are of one accord:

"one of the most oppressive laws in the world" — Nurses' Society returns matters "to the early 1900s" — President, Auckland Obstetricians and Gynaecologists

"the most inhumane piece of legislation in living memory" — President, Psychological Society

In March, the New Zealand Medical Association officially supported repeal of the law.

But the doctors have not stopped there.

# MORTAL COILS REVISITED

by Colin Brewer

"It is my belief that the abortifacient action of the coil is an absolutely crucial argument.... abortion is a moral issue."

About two years ago, I wrote an article... called 'Mortal Coils' in which I argued that there is abundant evidence that the coil is not really a contraceptive but works after fertilization and should therefore be considered an abortifacient. Although the coil probably has a number of actions and may in some cases prevent fertilization from occurring, it is now beyond dispute that it usually prevents implantation of the fertilized ovum or destroys it shortly after it has been implanted.

I say it is beyond dispute simply because nobody really disputed it. When the subject was discussed a few months later in the correspondence columns of the *British Medical Journal* even the well-known anti-abortionist Professor Hugh McLaren conceded in writing that the coil worked after fertilization.

It is my belief that the abortifacient action of the coil is an absolutely crucial argument in the abortion debate. Abortion is a moral issue. Apart from those who are also opposed to contraception, as quite a few anti-abortionists are, abortion is a moral issue because — and only because — it concerns the destruction of a potential human life. In the view of the law of England, and of most contemporary theologians, that potential begins at the moment of fertilization. As it happens, that is also my view, although I do not equate potential with actuality. An acorn is not an oak tree. You may remove the former from public or private place with virtual

impunity; try cutting down the latter unasked and see where it gets you.

Time and again, however, the anti-abortionists equate the fertilized ovum with a baby and the destruction of that 'baby' with murder. Only recently, in response to the Paton case (in which a husband unsuccessfully tried to prevent his wife from having an abortion) the egregious Mrs Scarisbrick of *Life* insisted in *The Times* that from the moment of fertilization human life is involved.

When I shared a platform with the same Mrs Scarisbrick, to whom the fertilized ovum was so sacred, she got very angry when I introduced the coil argument and said she had come here to talk about abortion, not the coil. Well, it is my hope that in future people will increasingly tend not to talk about the morality of abortion without at the same time pointing out how similar is the morality of the coil. If that makes Mrs Scarisbrick and her allies angry, then I am afraid she will have to put up with her anger, just as women with unwanted pregnancies will have to put up with having their lives wrecked if she gets her way.

The only thing remotely resembling a reasoned response to the coil argument is a claim by some anti-abortionists — such as Professor McLaren — that although the coil works after fertilization, pregnancy proper does not begin until implantation. There are several answers to that, the most compelling being that if Professor McLaren can redefine the moment at which an embryo becomes 'human' in order to suit his arguments, so can I. If he is not careful, Professor McLaren will soon find himself arguing about the precise point at which the soul enters the fetus, just as the Vatican used to do until it decided that the whole game was too

involved. After two years and more than 20,000 abortions the principle of day-care is established for the charitable sector but its extension to the commercial clinics seems likely to be delayed.

DCF

## CONTRACEPTION

It is often said that this country has a contraception service which should provide no justification for unwanted pregnancies. We have all heard it said, 'Well everybody knows about it, don't they?', but do they? A recent national survey questions this belief and shows that there are large gaps in birth control knowledge, services, and usage.

In the survey, funded by the DHSS, Christine Farrel discovered that embarrassment, uncertainty about the doctor's reaction, and fear that he would break confidentiality were all reasons why unmarried teenagers may not consult their GPs about contraception. Statements such as, 'It took me two

months to pluck up courage', showed the anxiety of the majority of teenagers at consulting their General Practitioner. The majority of the teenage girls in the survey who were sexually experienced said that they had been very nervous or embarrassed before they went (71%), but after the consultation 76% were pleased with the way they had been treated. 13% had been given warnings and disapproval along with their prescriptions and one was told by her doctor, 'I suppose I have to give it to you. You really should wait until you've got a ring on your finger.'

12% of the teenagers feared that their GP would reveal confidential information to their parents, but perhaps the most important barrier for teenagers needing help was that 29% suffered from embarrassment. Yet, despite these barriers with GPs, 47% of the sexually experienced girls had been to their own doctors for advice, compared with 21% who had attended a clinic.

Sharon Spiers

Dr. Colin Brewer is Research Fellow with BPAS and a noted medical journalist. The article from which these extracts are taken appeared in 'World Medicine' on 12th July 1978, and these extracts are reprinted with their kind permission.

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Yet, despite these barriers with GPs, 47% of the sexually experienced girls had been to their own doctors for advice, compared with 21% who had attended a clinic.

Sharon Spiers

David Flint

## chains mail

We would like to set the record straight on the decisions on positive legislation taken at the last NAC Conference, which we feel have been seriously misrepresented in 'Breaking Chains'.

The initiative on positive legislation came originally from ALRA, who asked NAC to adopt their bill. There was a 'split' vote on this bill at the 1977 NAC Conference, and it was decided to set aside a whole day to resolve the question. To make it easier for women travelling a long distance we decided to combine this with the annual NAC Conference in April 1978. Throughout the year there were wide-ranging discussions in NAC about positive legislation generally and the ALRA bill in particular, in the context of NAC's central aim, 'Free abortion on demand — a woman's right to choose'.

The discussions raised two main points. Firstly, given the present political situation, with unemployment and cut-backs in social services forcing women back into our traditional roles as mother, nurse, domestic, and with the probability of this being reinforced by a new, and possibly Government-backed, attempt to restrict the abortion law, the pro-abortion movement is on the defensive. It would be both wrong and irresponsible for NAC to divert its energy into sponsoring a positive bill which has no chance of being adopted by an MP for at least two years, when within four months we will be needing all our strength to defend the 1967 Act.

Secondly, ALRA's request that NAC should sponsor the ALRA bill raised the question of what sort of positive legislation NAC would like to see. The answer given at the NAC Conference was that we'll campaign for any bill introduced into Parliament that's judged to be an advance on the '67 Act, while (of course) making our own position clear.

The ALRA bill would obviously be a tremendous advance for women.

However, in terms of actually fulfilling the aims of NAC in law, the bill falls short on one point. NAC's aims have always included 'No legal or medical restrictions' on a woman's right to choose. The ALRA bill would maintain a restriction on time limits. The majority at the last NAC Conference felt that this was incompatible with the aims of NAC — a feeling that had been reflected in the pre-conference day schools on positive legislation.

It was argued that no restrictions in legislation have ever prevented abortions taking place, but have instead punished the woman concerned; that with the point of 'viability' descending, an upper time limit could only properly be arrived at by the woman herself; and that NAC's aim of 'no legal restrictions' should not be dropped, but should eventually be incorporated into a bill.

We are not, repeat NOT, campaigning around such a bill at present. The defensive situation that faces the entire pro-choice movement makes such an idea ludicrous. We regard the debate around positive legislation as an important but at present academic one; it is *not* an issue that faces us in action. While we welcome debate with ALRA or anyone else on this subject, we cannot let this divert our energy away from the really important issues that are facing us: the urgent need for NHS facilities, and the necessity of preparing for the fight against the next attempt to restrict the abortion law.

We're working hard to get out-patient clinics set up, to involve the trade union movement in the fight for a woman's right to choose, to co-ordinate the abortion movement internationally. As far as legislation goes, we're trying to extend facilities through amending the NHS Reorganization Act, and we're sponsoring the NCCL Model Sterilization Bill.

Can't we do it together?  
National Abortion Campaign,  
19. 7. 78.


**ALRA comments:** Although ALRA welcomes discussion of positive legislation we believe not only that the current NAC 'line' is wrong but that it will damage the work that is being done for easier abortion. It will do this both by alienating people, including working-class people, and by discrediting the arguments for choice in the eyes of MPs, the media, NHS administrators, etc.

Neither can we agree that the campaign should now be limited to defence of the '67 Act. Between 1968 and 1974 ALRA ran just such a defensive campaign — then in 1975 came the launching of A Woman's Right to Choose Campaign, the White Bill, and the formation of NAC. SINCE THEN THE SITUATION HAS CHANGED. The anti-abortion forces in the House have been losing support, whilst we have been gaining it. In the country, positive legislation is being discussed. The integrity of the law has been challenged by the prosecution of the '13-year old girl' at Leamington Spa and the cessation of the Tameside Menstrual Regulation service under police pressure; an official committee is considering the legal status of MR. We hear little talk now of 'abuses'.

It is often said that an Act must be given ten years before its effect can be assessed. That ten years is now up and the failure of the NHS to provide effective services in so many Districts (despite some encouraging recent steps) shows clearly the limitations of the '67 Act.

In short the situation is more fluid than at any time since 1967. The opportunity for positive legislation does therefore exist (though not, of course, immediately). But to be able to take it in one or two years time, say, requires solid work NOW.

Working for facilities is important, on this ALRA and NAC should work together, but the campaign must not be limited to that.



## Let Live in Hackney

Hackney Council in London has reversed its decision to allow Let Live to run a home for unmarried pregnant women.

This was done at a meeting of the full Council in June, at which the Labour majority imposed a whip on its Councillors. The vote, 46 to 4, scrapped the plan to allow the charity the use of a council-owned home, run by Let Live, for unmarried and unsupported pregnant mothers.

Initially Hackney Social Services Department asked Let Live earlier this year to help them fulfil their obligations under the Housing Homeless Persons Act. The housing situation in Hackney is one of the worst in London and the Social Services Department are under considerable pressure to provide better short-stay homes for unmarried mothers. In one Hackney ward 30% of families are single parent.

Cllr. Diana Morley explained the reasons for the about-turn in the borough's policy. "Labour Party policy is to support a woman's right to choose. We are a Labour Council. We know that this organization does not believe in a woman's right to choose and a Labour Council should have no truck with it." But another Councillor explained that it could take eighteen months to sort out this aspect of Hackney's housing problems.

Let Live do not intend to give up. They already run homes in other London boroughs and at Rayleigh and Leicester. They now intend to find a home in Islington for about twelve girls.

Throughout the discussions with Hackney Council Let Live have maintained that they are not anti-abortion, and would help all women with whatever choice they made, if their name was something like 'Housing for Unsupported Mothers' or 'Housing for Single-Parent Families', and if they didn't advertise in SPUC literature, and if they hadn't contributed to the SPUC Manifesto... etc., etc.,.....

It would be easier to believe Mary Belton that Let Live are not anti-abortion, and would help all women with whatever choice they made, if their name was something like 'Housing for Unsupported Mothers' or 'Housing for Single-Parent Families', and if they didn't advertise in SPUC literature, and if they hadn't contributed to the SPUC Manifesto... etc., etc.,.....

Sharon Spiers



Founded 1936

ABORTION LAW REFORM ASSOCIATION



Founded 1936

# DO YOU KNOW YOUR CANDIDATE'S VIEWS?

During the ten years since the 1967 Abortion Act came into force, there has been constant pressure to wreck it or to frustrate its operation, including six amending bills.

Did your MP want those attempts to succeed or did he/she oppose them? Would your MP support extension of the law?

You probably know your MP's views on abortion but he or she may not be your MP for much longer. In the forthcoming general election there will be many candidates and a number of new MPs will join the House of Commons. *Do You know your candidates' views?*

We need to know the views of candidates but, more important, elections are an ideal opportunity to remind MPs of the abortion issue and to raise the matter publicly.

## WHY YOU OUGHT TO KNOW

YOUR MP has the power to decide whether there should be legal abortion in this country and therefore has the power to tamper with the future of everybody who is able to conceive a child. Don't forget, as many as one woman in four will need an abortion, and will get it, somehow.

YOUR MP, particularly if he/she is newly elected, will pay great heed to his/her constituents' views and MPs are elected to represent YOUR views.

YOUR MP's knowledge of his or her constituents' views probably extends to how many letters he/she receives on a subject. The more letters he/she receives, the more your MP will be likely to take some action.

- WE KNOW from recent opinion polls that most people in this country support abortion at the woman's request.
- WE KNOW that it is only a small minority who wish to stop a responsible decision being made.
- WE KNOW that being anti-abortion is not a vote-winner and being pro-abortion is not a vote-loser.

In 1975, when James White introduced a wrecking Bill, it received a majority of 115. In 1978, a weaker Bill with similar intentions got a majority of 6. The next time an attempt is made to destroy the Abortion Act we can defeat it — WITH YOUR HELP.

# HOW YOU CAN INFLUENCE YOUR MP

Write to your candidate now. Find out what his or her views on abortion are. Point out all the reasons why the candidate should support the 1967 Act and abortion at the woman's request, they are overwhelmingly in our favour.

If he doesn't agree with you, don't give up, write again. Many MPs have been convinced by the logic, consistency and truthfulness of our case.

Don't accept a non-committal reply from your candidate either. Replies such as, "This isn't an issue I'm interested in," or, "It's an issue which needs more discussion," are meant to be an easy way out for the candidate and mean nothing.

If you don't get a satisfactory reply from your candidate write to the local newspaper; they will be interested to hear from you.

Don't attempt to frighten your candidate; you won't manage it and it will become even harder to convince him/her of our case. But don't let your candidate frighten you; all the arguments show that we are right.

Go and talk to your candidate about the issue. Nearly every candidate holds a 'surgery'. Find out when yours is from the local party office, or, if there is a group of you, invite the candidate to meet you.

The anti-abortionists will not give up. If only their letters appear in the press people will begin to believe that they are right. If a lie is repeated often enough it will eventually be believed and it is often very easy to demolish their case with a few facts.

# POINTS YOU MAY LIKE TO RAISE WITH YOUR CANDIDATE

In 1967, just before abortion became readily available, the police knew of 314 illegal abortion offences. In 1976, there were nine.

Abortion is a very safe operation. The death rate for every 100,000 operations for abortion is 2, for a Caesarian section, 111, hysterectomy, 204, and for an appendectomy, 352.

Dr. Colin Brewer, a psychiatrist for the London Hospital Medical College, has shown that the minority of women who are psychologically upset by abortion are also those who would be upset by an unwanted pregnancy and that "the evidence is overwhelmingly that abortion is psychologically safer than childbirth."

Opinion polls have consistently shown that most people agree with the law as it stands, or want it liberalized further — National Opinion Poll in 1975: 52%, and in 1976: 55%.

The British Medical Association reaffirmed their support for the 1967 Act at their last conference by a large majority and the five hundred members of Doctors for a Woman's Choice on Abortion are working for further liberalization.

In some parts of the country it is almost impossible to obtain an NHS abortion. In Birmingham only 13% manage, in Dudley 6%, Sandwell 7%, Rugby 8%, and in Wolverhampton 9%. Some doctors impose their morality on others; this is not their job.

Although contraception should always be used to prevent unwanted pregnancy even the most reliable methods can fail. Unfortunately, the time a woman is most likely to receive good contraceptive advice is after an abortion. The Lane Report, from a Government Committee set up to examine the abortion issue (1971/4), said, "That as far as possible abortions should be performed before the twelfth week of pregnancy and that delays should be avoided." If even the most petty-minded restrictions that have been advocated in the past are introduced this will not happen.

WRITE TO YOUR CANDIDATE TODAY. FIND OUT WHAT YOUR CANDIDATES' VIEWS ON ABORTION ARE AND PUBLICIZE THEM WIDELY.

IF YOU NEED ANY HELP OR ADVICE, WRITE TO US. WE'LL BE PLEASED TO HELP YOU.

# Abortion & the Death Penalty

In a recent article I noted a tendency for British MPs who were in favour of legal abortion to be also in favour of the abolition of capital punishment. In my analysis: 'Abortion, Why The Issue Has Not Disappeared', *Political Quarterly*, April 1978, the following table appeared:

Voting on the Murder (Abolition of the Death Penalty) Bill, July 13th, 1967, and on the Abortion Bill, July 13th, 1967.

	MP's Voting Records		
	for abolition of capital punishment	against abolition of capital punishment	total
for the abolition of capital punishment	64	17	81
against the abolition of capital punishment	5	29	34
total	69	46	115

It can be seen that there is a strong correlation, as 64 of the 69 MPs who supported abortion were against capital punishment. Furthermore, the table shows that out of the 46 MPs who opposed David Steel's Abortion Bill there was a clear majority in favour of the death penalty. The relationship in this direction is not quite so clear cut and the major reason for this is that some MPs who take a liberal position on the death penalty nevertheless, mainly for religious reasons, take a conservative view on abortion. Thus of the 17 who fell in this category, 10 were Roman Catholics.

The findings are somewhat paradoxical in that anti-abortionists often say that they are in favour of life and the fact that they are in general in favour of the death penalty seems incongruous.

Two further questions are raised by these findings among British politicians. First of all, does this alignment exist in other societies, and secondly, does this relationship hold for the general population or is it most present amongst those who are deeply involved in politics?

In the United States the abortion law and the death penalty were overthrown by the Supreme Court. Consequently no similar national analysis can be made. However, early in 1978, the New York state legislature had votes on the return of capital punishment and Medicaid funding for abortions. In the event, on March 20th, they voted by 94 votes to 51 to restore the death penalty and, on April 1st, by 81 votes to 66 to continue paying for abortions for poor women.

A table can therefore be made as follows:

	for liberal abortion	against liberal abortion	total
for capital punishment	33	58	91
against capital punishment	43	6	49
total	76	64	140

The results show clearly that again those in favour of abortion were opposed to the restoration of capital punishment, and so it is clear that New York state politicians followed their British counterparts.

The question then arises as to whether the findings would hold in the general population.

In April 1978 I conducted a survey of 1,000 New York students. I excluded all those who were married or over the age of 21 and was left with a sample of 708 single students aged between 17 and 20. I then divided them up in terms of religion because Catholic students might follow a different pattern from non-Catholics.

The two relevant questions asked were as follows:

1. Students were questioned as to whether they agreed with the statement, 'A woman should have the right to choose an abortion in the first three months of pregnancy'.
2. Students were asked whether they agreed with the statement, 'It is right that murderers should be executed'.

A table can be made from the results as follows:

	A woman should have the right to early abortion		A woman should not have the right to early abortion	
<b>NON-CATHOLICS</b>				
Attitude to death penalty				
agree	106	42%	12	40%
neither agree or disagree	90	36%	14	47%
disagree	55	22%	4	13%
Total	251	100%	30	100%
<b>CATHOLICS</b>				
Attitude to death penalty				
agree	128	43%	48	37%
neither agree or disagree	117	39%	35	27%
disagree	53	18%	46	36%
Total	298	100%	129	100%

The results for both Catholics and non-Catholics were very similar and in both cases they show that those who are in favour of the right to abortion are slightly more likely to be in favour of capital punishment. These differences were however not statistically significant and thus it can be seen that there may have been some relationship, but, if so, it

## PATON — NEW MOVES

Following the failure of his attempt to assert his 'father's rights', Bill Paton has been making threatening phone calls to his soon-to-be-ex-wife and her family.

On 5th September, Birkenhead County Court was played the recording of a call to Mrs Paton's uncle. The judge accepted Joan Paton's identification of her husband from another call in which he had said, "We are going to get you in the dark," but declined to send him to prison as she had requested. Instead, he imposed a suspended seven-day jail sentence as penalty for the breach of his 'solemn undertaking' given at a previous hearing.

At this previous hearing, held on 28th July, Mrs Paton had sought an injunction to restrain her husband from 'molesting, otherwise interfering with her, or uttering threats' but had settled for the 'solemn undertaking'.

The Paton's were due to be divorced on 5th September.

William Paton is still intent on taking his case for 'father's rights' to the European Court of Human Rights. We will await this case with interest.

DCF

## SOUTH AFRICAN RAPES

Last year in South Africa 14,953 rapes were reported. It has been estimated that "at least ten times as many rapes actually take place as are reported." (Professor Grazer, Department of Criminology at the University of Durban-Westville)

If only one in every fifty of the raped women became pregnant, then there should be approximately 3,000 abortions each year. However, reality is different. Last year only thirty abortions were performed where rapes had occurred. Source: Abortion Reform Action Group of South Africa.

was very weak and in the opposite direction to that amongst the politicians.

It therefore seems from the analysis that the relationship we find among politicians is not one that is due to psychological factors but is in fact a result of a political alignment of forces.

Colin Francome

# Late Abortions

Everyone dislikes late abortions; even the doctors who support women's choice have personal time limits, and it is widely believed that these operations are especially traumatic for the women concerned. Now Colin Brewer of BPAS has investigated the question empirically and produced some interesting results. (*Journal of Biological Science*, (1978), 10, 203-8)

Brewer spoke to forty women who had had abortions at or after twenty weeks gestation. The largest single cause of the lateness with which they sought abortion was 'wishful thinking', self-deception as to the cause of missed periods, which affected fourteen women (in fact, girls might be a better term as the average age of the whole group was only 18½). Other substantial causes were menstrual irregularity (11 women), change of mind, mostly following the break-up of a relationship (6 women), being told they weren't pregnant (5 women), and not getting sympathetic help (5 women).

The self-deception is put into perspective by the youth of the group and it is also worth noting that 99% of abortions are done before twenty weeks in any case. Brewer, a psychiatrist, comments that women who had late abortions were not 'abnormal' in personality terms.

Of the twenty-five who could be followed up, three had minor physical complications and five felt depressed but none required hospital treatment or specialist advice, providing no support for the trauma theory.

## MORE SUPPORT FOR SCREENING

Glasgow doctors have just published the results of screening 11,000 women for foetal abnormalities. The results, published in the *Lancet*, support the call made by MPs, the National Council of Women, and others, for a national screening programme.

The screening, which used an advanced blood test, led to seventy-three women having amniocentesis, which gave positive results in thirty-four cases. The tests detected 81% of open spina bifidas and 100% of ancephalies. The tests show that a national programme would be cheaper than previously supposed.

## ABORTION RATE RISES

There were 11.4% more abortions in the second quarter of this year than in the corresponding period in 1977, and the increase amongst older married women is even greater.

This is thought to be due to an increase in the number of women in this age group and to reduced usage of the pill following warnings over its risks for older women.

## SPAIN IN MOTION

On 26th April the Spanish Congress of Deputies legalized the sale of contraceptives. A government move to restrict advertising was defeated by an alliance of centrists, socialists, and communists.

The Congress is expected to discuss abortion in due course — a spokeswoman for the Communist Party has suggested that there are 300,000 backstreet abortions a year in Spain. (Source: *The Times*)

DCF

## INTERNATIONAL CAMPAIGN FORMED

The National Abortion Campaign has taken the initiative in the formation of a new organization; the International Campaign for Abortion Rights.

At an inaugural meeting in June, women from nine countries met in London and discussed the problems that the world's women have in obtaining contraception and abortion.

ICAR is calling an international day of action in April 1979 on which NAC will call a demonstration in favour of day-care.

## BREAKING CHAINS

Breaking Chains is published bi-monthly by the Abortion Law Reform Association. It is sent without charge to members of the association

Signed articles are the responsibility of the authors and do not necessarily represent the views and policy of the Association or the Editorial Committee. Unsigned material is the responsibility of the Editorial Committee.

Letters and other contributions will be gratefully received. Letters should not exceed 250 words or other contributions 400 words except by prior arrangement. Cuts may be made at the discretion of the Editor. All contributions should be sent to:

The Editor, Breaking Chains, 88a Islington High Street, London N1 8EG. Telephone: 01-359 5200/9

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Judy Cottam

### HELP ALRA FIGHT FOR 'A WOMAN'S RIGHT TO CHOOSE'

The Abortion Law Reform Association was formed in 1936 by a group of people appalled by the tragic consequences of wide-spread backstreet and self-induced abortion.

In 1967, ALRA was the major force responsible for the passing of the Abortion Act which for the first time gave women access to legal abortion though under certain conditions.

Thus access to legal abortion is still selective: however much a woman wants an abortion, she must satisfy two doctors that she meets the conditions laid down in the Abortion Act. We wish to make abortion on request available to all women. This will require new legislation.

We also wish to ensure adequate facilities within the NHS to make free, safe and legal abortion a reality.

Our immediate tasks are to defend the existing law against repeated attack by anti-abortionists, and to prepare for legal change

Help ALRA achieve these aims. Fill in the form below and become a member.

#### MEMBERSHIP AND RENEWAL FORM

I would like to join/renew my membership of (delete where applicable) the Abortion Law Reform Association.

I enclose £ . . . subscription/affiliation fee. Membership to commence from . . . . . 197 . .

Name . . . . .

Address . . . . .

Post code . . . . . Telephone . . . . . Signature . . . . .

Please send the completed form to: The Membership Secretary, ALRA, 88A Islington High Street, London N1 8EG.

Membership Rates: Ordinary £3.00, Overseas £7.00. Group affiliation on application.



SCDB 23.278



# BREAKING CHAINS

**ALRA**

THE NEWSPAPER OF ALRA-THE ABORTION LAW REFORM ASSOCIATION

## THREAT FROM MPs

Five anti-abortionists, including Jill Knight and James White, have drawn a high place in the private members' ballot. This means that a restrictive anti-abortion bill is much more than a mere possibility.



Hugh Rossi

The five are Hugh Rossi, Geoffrey Pattie, Edwin Wainwright, James White, and Jill Knight and there are a further six lower down in the ballot. The major threat of a wrecking bill comes from the following:

**HUGH ROSSI.** A Conservative spokesman on Housing and a staunch Roman Catholic, he was one of the very few MPs who opposed the 1967 Act.

**GEOFFREY PATTIE.** Like Hugh Rossi, has consistently opposed abortion and is a member of the General Synod of the Church of England.

**JAMES WHITE.** During the debate on his Bill in 1975, he referred to 'parasitic pregnancy advising and referral bureaux (many of which) are run by touting taxi drivers, former taxi drivers, or spurious charities (in which) criminal

### THE TOP TEN IN THE BALLOT

Clement Freud	Lib	Isle of Ely
Hugh Rossi	Con	Hornsey
Geoffrey Pattie	Con	Chertsey & Walton
Ray Whitney	Con	Wycombe
Michael Grylls	Con	Surrey, N.W.
Neville Trotter	Con	Tynemouth
Edwin Wainwright	Lab	Dearne Valley
James White	Lab	Glasgow Pollok
Jill Knight	Con	Birmingham Edgbaston
Michael Morris	Con	Northampton South



Jill Knight

gangs are suspected of having an interest. Hijacking by touts and package deals for terminations have been practised by many of these agencies.' Although not wishing to doubt James White's intelligence or integrity, this sounds remarkably similar to the type of reasoning and argument used by the authors of that



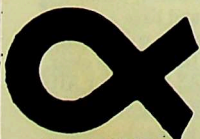
Geoffrey Pattie

dishonest book *Babies For Burning*.

**JILL KNIGHT.** Another MP who opposed the 1967 Act and who apparently believes *Babies For Burning* to be an authoritative document on abortion.

Because of the high places drawn by these opponents of abortion, there may be a very serious threat to the 1967 Abortion Act, a threat far more serious than previous attempts on the Abortion law.

Although at the time of going to press none of the MPs have declared the subject of their Bill, and this is unlikely to be known until after the first readings of Private Members' Bills at the end of November, it would be living in a fool's paradise to hope that none will attack abortion, yet again.



Founded 1936

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# a woman's right to choose

# Editorial

As ALRA and Doctors for a Woman's Choice on Abortion come closer to publishing their joint proposals for a future 'abortion on request' bill, so we are faced with the possibility of yet another setback. Whilst at the time of writing the subjects of each Private Member's Bill are unknown, we cannot ignore the presence of five hardened anti-abortionists in the top ten MPs who were successful in the ballot on November 9th.

The previous failed attempts to wreck the 1967 Abortion Act should have made them wiser people. Such an assumption on our part may well be logical, but extremely naive. Instead, pictures of fools rushing in and definitively spotted leopards spring to mind! It remains to be seen whether we must again devote our precious energies to defending the law from yet another dishonest attack. We hope we shall not have to call on you to take urgent action in the near future but, if the crisis should come, please be ready to respond quickly and effectively.

But to talk of the paper and the present for the moment. In this issue, in addition to the usual collection of news items, we are introducing an original research section (see 'Catholics and Abortion'). This is not the first such article we have printed but we now hope to make this a regular feature of the paper. You will also see the first of another new series, this time looking back to fascinating events in the history of abortion. We hope you will read these with interest, and if any of you have your own personal contributions to any part of the paper we should be delighted to receive them.

## LIFE LURKS AT LABOUR FRINGE

A strong plea for support for MPs fighting the Abortion Act was made at a 'fringe' meeting at the Labour Party Conference at Blackpool. This plea came from Mr. Stan Cohen, Labour MP for Leeds South-East, at a meeting organized by LIFE Labour Group. He claimed that some pro-life MPs were prepared to risk not being re-elected by their constituency parties, rather than abandon their belief in the unborn child's right to life.

A Dr. Reginald Webber also attacked the DHSS for its failure to investigate and publicize the hazards of abortion. He said there was evidence that women who had an abortion ran a 20-50% risk of suffering complications, a ludicrous and totally fallacious claim.

James Hamilton, MP for Bothwell, and Mr. Pat Duffy, MP for Sheffield Attercliffe, are also known to have attended the meeting, which of course directly contradicted the Labour Party policy of abortion on request.

## PARTY PIECES

### CONSERVATIVE PARTY CONFERENCE

The Conservative Party Conference Committee carefully ensured that no motion on abortion could be called for debate. Two motions were, however, sent to the Conference, one proposed by the Federation of Conservative Students called for no restrictions on the availability of abortions, claiming that restrictions would be 'incompatible with a society based upon freedom of choice and individual conscience'. The other motion saw the issue as one of 'individual conscience for MPs and not a matter on

## PLAID CYMRU CONFERENCE

The Welsh Nationalists were brave enough to debate abortion at this year's Conference.

A motion called on Conference to recognize a woman's right to choose abortion and called for a new Abortion Act which would 'place the decision where it belongs, with the woman in question and not with doctors or officials'. It also deplored the way in which some hospitals and doctors interpret the 1967 Act, denying women NHS abortions and compelling women to travel long distances for facilities provided by the private sector. The motion, if passed, would have made party policy and would therefore have been binding on members of Plaid Cymru and on the MPs.

However, Conference decided to leave the decision on the abortion law to individual conscience and not to tie the hands of MPs or other members of the party.

which political parties should attempt to impose a three-line whip', a direct attack on last year's Labour Party Conference decision.

Whilst the National Young Conservatives held a debate on abortion in their Conference newsletter, the right-wing Monday Club showed their distaste for Conservative and (presumably) other students by saying 'and they support abortion on demand'.

SPUC as usual distributed their leaflets, but most of these could be found in wastepaper bins and very few people could be seen reading them.

### OXFORD SUCCESS

Abortion on request was overwhelmingly supported by Oxford students in October.

In a debate at the Oxford Union, the motion 'That abortion on request should be freely available throughout the

country' was passed by a majority of 210 and the vote of 470 to 260 reflected the very weak arguments put by Joanna Nash and Phyllis Bowman. Proposing the motion were Robin Hodgson, MP, Kathleen Frith, and Colin Moynihan.

### AID FOR WOMEN

Congratulations to the British Pregnancy Advisory Service, which has set up an artificial insemination by donor (AID) scheme. Women with or without partners will be eligible for the scheme, neither will AID be restricted to married women. ("I don't believe that a wedding ring guarantees the ability to be a good parent," says press officer Diane Munday.)

For this invaluable service, BPAS are charging an initial fee of £20 for counselling, a further charge of £30 for a first cycle of three months treatment, and, should conception not have taken place, £10 for each additional month of treatment.

This scheme will give hope to many women who were despairing of ever becoming pregnant for several possible reasons, including infertility of their partners, or incompatibility of their and their partner's blood groups.

There is general agreement that the legal status of children born by this method needs to be more clearly defined. But the Bishop of Worcester seems anxious about the moral issues involved: "The unknown father raises a great many moral issues, including the ultimate responsibility for the child." Perhaps the Bishop of Worcester hasn't noticed that women have been carrying the responsibility for children since time immemorial. And what about adopted

children; would the Bishop be concerned about the moral issues there? Isn't he, like others who have come out against AID, expressing a fear of women deciding for themselves?

We welcome this initiative for what it is, a caring service for women, permitting them to choose to try and have a child. We hope that many women will benefit from the scheme. One thing seems clear, if a woman goes to BPAS to ask for AID, it's because she really wants a child. And good luck to her!

The BPAS will also be providing artificial insemination by husband, and are organizing the freezing of semen. For AID use and for men who have vasectomies.

# HOW DAY-CARE WORKS

## THE TOWER HAMLETS DAY-CARE ABORTION SERVICE (DCAS)

Few, if any women in the East End can afford to pay the fees charged for abortion privately. With the knowledge that delay in performing abortion causes unnecessary social, emotional, and physical suffering, it is essential that appropriate services are provided to meet the total need if injustice is to be avoided.

Such a service started at the London Hospital, Mile End, in July 1977, accepting referrals from Tower Hamlets.

The DCAS is under the direction of Professor Peter J. Huntingford and is his personal achievement.

The DCAS team were specially recruited for their commitment to women's rights and the N.H.S. The key person is the administrator, the only full-time member of the team. The three doctors, two counsellors, three nurses, anaesthetist and porter work part-time on a sessional basis.

When women present themselves they are given an appointment to be seen at the next counselling and medical screening session. These are held three times weekly. The lay counsellor spends as much time with each woman as circumstances demand, so that information and support in the decision can be provided, and contraception is also discussed. Medical examinations are carried out by the three doctors, who are all general practitioners with practices in the East End. The GPs also perform the operations and post-operative care.

If the woman decides to have an abortion, an appointment is made for her to attend the next operating session. These are held twice weekly and run concurrently with two of the counselling/screening sessions. Running sessions in this way allows maximum privacy, good communication, and enables the team to

keep a relaxed and informal atmosphere in the small, compact Outpatient Department. Operations are performed in the rehabilitated, but very simple, operating theatre. In fact, the building closely resembles an average Community Health Centre.

Generally speaking, the objective of reducing delay has been achieved; abortions have been carried out within five to ten days of the woman first being in touch.

Women under twelve weeks' pregnant have their operation (vacuum aspiration, local paracervical block) in the Outpatient Department and have a choice between local and general anaesthesia. Continuity of care is provided by the administrator and the counsellor, who remain with the women throughout the abortion and recovery period. Women attending for abortion arrive at intervals between 1.30 and 2.30 p.m. and are collected between 4.00 and 6.00 p.m. by a relative or friend. Women who are more than twelve weeks' pregnant, or who have medical conditions requiring special care, are admitted to the gynaecological ward and operations are carried out in the main operating theatres.

The majority of women (84% of all abortions) do not stay overnight either before or after the operation.

The service has been entirely successful. DCAS has met the need in Tower Hamlets. The duration of pregnancy at the time of abortion had decreased. 89% of abortions were carried out before twelve weeks and the complication rate compares favourably with that of a conventional service. The demand for gynaecological beds for abortion has been reduced whilst the total number performed increased.

The gynaecological out-patient clinics have been relieved, releasing time for other consultations and, similarly, time has been saved in the main operating theatres.

The cost of abortion has been reduced so that working with maximum efficiency a day-care, out-patient abortion should cost about £35, compared with an average cost of £112 per abortion done in hospital. This means that all abortions needed could be done under the N.H.S. for less than half the present cost of performing less than half the number required.

Most important to those running the service, DCAS has been able to make abortion freely available to the women of Tower Hamlets in a sensitive, humane and responsive way with sufficient time and privacy to meet the needs of individual women.

The possibility of extending the service, but in other premises, to meet the needs of Hackney and Newham women is on the cards.

One hopes that it will not be long before many areas can benefit from this sort of service, currently unique to Tower Hamlets.

A first annual report, which includes statistical analyses, is currently being completed for the City and East London A.H.A. It is hoped that copies will be made available later in the year.

Should anyone wish to observe the service in action, please contact the incoming administrator, Ms. Pat French. Telephone: 01-980 4855, ext.283. It is essential to ring for an appointment as observers are limited to two per session.

Hilda Bartle, August, 1978.  
Outgoing Administrator,

## GP Expels Patient

On 29th September, *General Practitioner* carried a curious article which casts light on the attitudes of some GPs.

The author, an anonymous GP, recounted how he had been approached for an abortion and "after taking a detailed history and examining her, I... could not... sign the green form. She took my views without comment and merely said that she would have to make other arrangements."

The lady went to the Pregnancy Advisory Service and was accepted for an abortion. They then wrote to the GP explaining that she had been offered a day-care operation and concluding:

"We understand she is registered with you under the NHS and therefore may call upon you in the unlikely event of emergency care being required."

This procedure is quite standard and,

indeed, the DHSS will only allow day-care to the charities where the patient lives within '50 miles or two hours travelling time', can be accompanied home, will remain accompanied overnight, and has a GP to call upon. Thus does the DHSS ensure the maintenance of high standards by the charities. NHS clinics are not subject to these rules, presumably because they are trusted to maintain their own standards. But to continue the tale.

The GP rapidly determined that his contract with the NHS required him to attend his patient should she need help. He then immediately informed the patient that she must find another GP and she was expelled from his panel!

In a letter published three weeks later, Dr. Peter Gugenheim of PAS argued:

"If a GP...cannot...(help) women who do not take his advice on this issue, then he should also feel unable to support any patient who fails to follow his advice: he could rapidly empty his practice if he refused to deal with smokers, over-eaters, diabetic non-diet users....(etc)."

The anonymous GP is simply exhibiting the irrationality that bedevils the whole issue of abortion. Unhappily, he is also in a position to confuse and obstruct his patients.

### NAC TRADES UNION CONFERENCE

As we go to print, the National Abortion Campaign will be holding their Trades Union Conference. We hope to give you a full report of this in the next issue.

# CATHOLICS~SEX, CONTRACEPTION AND ABORTION

An original research article into Roman Catholic attitudes to sex, contraception, and abortion.

Although the Catholic Church is strongly opposed to abortion, many Catholic countries have very high rates. Poland, France, and Italy all have more abortions per woman of childbearing age than England, Scotland, or Holland, and even countries like Ireland which have been traditionally conservative on sexual matters are finding increasing numbers of women travelling abroad for safe, legal abortions.

Furthermore, when surveys have been conducted within different countries, it has been found that Catholics have been represented at least in proportion to their population. British Pregnancy Advisory Service found that at least 24% of its patients were Catholic in 1977 and this is much higher than the percentage of Catholics in the British population (estimated between 12% and 15%) of childbearing age. In the United States I found 62% of patients at a Long Island clinic were Catholics and this was about 10% higher than estimates of the percentage in the area. Other studies in the United States seem to bear out this finding.

A number of theories have been put forward to explain this fact. The Church's hierarchy points to the difference in behaviour between those who are serious Catholics and those who have fallen away from the church's teaching. Diane Munday, however, suggests that the church's teaching on contraception is important. She suggests that many Catholics will keep to the church's teaching at a theoretical level when pregnancy seems only a possibility; however, once those involved realize that the unplanned pregnancy has occurred, then facts have to be faced. These two theories are not mutually exclusive but I decided to examine them by considering the sexual behaviour and attitudes to abortion and contraception of students in the United States.

In the study, I gave questionnaires to nearly 800 single Long Island students aged between 17 and 20 years inclusive. The results can be tabulated as follows:

Table A

	had intercourse	not known	no intercourse	Total	%
Catholic males	167 (74%)	15 (7%)	43 (19%)	225	100%
non-Catholic males	252 (64%)	13 (10%)	35 (26%)	133	100%
Catholic females	138 (51%)	23 (9%)	107 (40%)	268	100%
non-Catholic females	101 (59%)	17 (10%)	53 (31%)	171	100%
Total				797	

The table shows that Catholic males were significantly more likely to have sex than non-Catholic males while Catholic females were less likely to have claimed to have sex than their non-Catholic counterparts. It seems from this that the double-standard may have been much stronger among the Catholics and this could in part be due to the ethnic origins of the group. For example, an Italian male in the study said that he would like to have sex with as many girls as possible and then travel to Italy and marry a virgin. With such attitudes being present in at least some of the males it could be that certain of the women in this group might remain virgins or would try as far as possible to prevent their sexuality from being known.

The questionnaire also asked about religious attendance and it is instructive to break down sexual behaviour by recent attendance in church:

Table B

Single Catholics: Sexual Behaviour and Church Attendance				
Last religious service	had sexual intercourse	not known	no sexual intercourse	number
past week	48%	9%	43%	194
past month	66%	9%	35%	124
not in past month	76%	4%	20%	172
total				490

The results show clearly that those who were the most frequent attenders at church were the least likely to have had premarital intercourse. If the answers for those who did not answer are redistributed, it can be seen that only just over half of those who were in church the previous Sunday had had intercourse, compared to almost four out of five Catholics who had not been to church in the past month. This result does therefore give some support for the belief that the regular attenders were more likely to follow the church's teaching on sexual matters. However, the fact that the majority of those at church the previous week had not followed the rule on chastity must be of some concern to those within the church who take a traditional view on such matters.

The results therefore show that if other factors were constant the Catholics in the sample would have slightly fewer abortions, as their females have slightly less sex. However, it could be that Catholics would be less likely to use birth control. One of the items in the survey was to ask the students if they agreed with the statement "After a girl on the pill finishes with her boy-friend she should stop taking the pill to make sure she does not too freely enter into sexual relations."

The replies were as follows:

Table C

	agree	neither agree nor disagree	disagree	total
Catholic males	47 (21%)	108 (50%)	70 (40%)	225
non-Catholic males	13 (10%)	66 (50%)	54 (40%)	103
Catholic females	63 (24%)	103 (38%)	101 (38%)	267
non-Catholic females	35 (20%)	59 (35%)	77 (45%)	171

The results show some tendency for Catholic young people to take a more conservative view. Thus Catholic males were more than twice as likely to agree with the statement than were their non-Catholic counterparts. With the females, the difference is by no means so marked in terms of religion but the variation is in the predicted direction. On other questions in the survey, such as attitudes to free availability of condoms, the Catholic students also took a more conservative attitude and so it seems that their use of birth control was less efficient. Interviews in fact showed that a number of them tried to use the safe period, which is a very unreliable method, especially for those who are not having their intercourse on a regular basis.

Thus, although Catholic females may have slightly less intercourse, their attitudes to contraception place them in greater risk of an unwanted pregnancy. Once this has occurred, the woman has a choice of continuing to term or having an abortion. Two items in the study monitored the attitudes. The students were first asked if they agreed with the statement "A woman should have the right to choose an abortion in the first three months of pregnancy." The replies were as follows:

Table D

	agree	neither agree nor disagree	disagree	total
Catholic males	128 (58%)	33 (15%)	58 (27%)	220
non-Catholic males	104 (78%)	16 (12%)	13 (10%)	133
Catholic females	171 (64%)	27 (10%)	70 (26%)	268
non-Catholic females	147 (86%)	9 (5%)	16 (9%)	172

The females were then asked if they agreed with the statement "I personally would never have an abortion."

Table E

	agree	neither agree nor disagree	disagree	total
Catholic females	120 (45%)	52 (20%)	94 (35%)	266
non-Catholic females	41 (24%)	42 (25%)	88 (51%)	171

These figures show that both for Catholics and non-Catholics, the females took a more liberal view of abortion than the males. This is surprising for two reasons. First, because it was the only subject relating to sex on which the women were more permissive than the males and secondly because in other surveys the males have taken a more liberal line. A possible explanation for the latter point is that attitudes to abortion are related to education. Thus the reason why men normally come out more liberal is that they tend to have a higher educational level, so within a group which is intellectually homogeneous this factor does not apply. The results do, however, seem to show that, while Catholic females tend to believe that women should have the right to an early abortion, they would not choose this alternative for themselves. If this result were taken at its face value, it would indicate a much lower abortion rate for Catholic females. However, once the reality of the predicament faces the pregnant woman her attitudes may well change. She has the choice of having a baby outside wedlock, which is always a difficult path, and is especially so within the American context, trying to marry the father, or she can choose an abortion. Given these choices, it is not easy for the single woman, especially if she has been taught that abortion is murder. However, there was plenty of evidence from those applying at the local clinic that, even if they did not really believe that abortion is right, nevertheless it was the decision they had to take.

The results of this survey show that the church's teachings on sexuality produce a great many problems for her members. The young people are faced with a system of morality with which they clearly cannot cope and end up in a situation of conflict.

Colin Francome.

## New Birmingham Professor

Professor John Newton, who takes over from Hugh McLaren as head of the Department of Obstetrics and Gynaecology at the University of Birmingham, has made it clear that he supports the 1967 Abortion Act.

In an interview with the *Birmingham Post*, Professor Newton said, "I believe that women have a right to abortions on social as well as medical grounds." On day-care facilities, he continued, "You don't waste money on abortion. Look at the work in Aberdeen, where they have had a good family planning service coupled with an abortion service for much longer than anywhere else in England (sic). The quality of life there has improved no end."

The Professor has been senior lecturer and honorary consultant at King's College

Hospital and Medical School, London, where there has been a day-care abortion unit since 1969. He takes over from the staunch anti-abortionist, Hugh McLaren, on January 1st.

Whereas McLaren is proud that Birmingham has an abysmal record for abortion, the worst in the country, John Newton points to King's, where 70% of all abortions are now performed under eight-weeks' gestation. McLaren will talk about the gynaecologists he has trained, his 'young men', who follow his line on abortion, and Newton will talk modestly about the situation in London, where "the GPs are working in harmony with the hospitals."

McLaren will conveniently forget to mention the perinatal mortality rates for the West Midlands, which Newton describes as "a crude index of what

obstetrics care is doing." The rate for the West Midlands is the worst in the country, 19.4 per 1000 births compared to an English average of 16.9. So much for McLaren's supposedly caring attitude towards mothers in the West Midlands.

The new Professor doesn't intend only to improve the abortion facilities in Birmingham. He also plans to set up an infertility clinic (artificial insemination has never been performed in the Birmingham area), carry out some research into reversible sterilization techniques, and improve cervical cancer screening facilities.

John Newton will undoubtedly reverse many of the things that his predecessor has done. As he said to the *Birmingham Post*, "Everything depends upon what Birmingham wants - what the people here want, they will get."

Sharon Spiers

## N Ireland Exodus

Abortion is illegal in Northern Ireland, and so the number of women who go to England for the operation is increasing.

In 1975, the last year for which figures are available, 1100 women travelled from the Province to have an abortion. Some who made the journey were as young as 13.

Last year, the Ulster Pregnancy Advisory Association helped 600 females between 19 and 22 to make the journey - most were unmarried.

This high rate is worrying the Association and blame is laid on the lack of sex education.

Mrs Joan Wilson, an Association director, says parents and teachers are just not educating children about inter-

course and that some children still believe in many myths which must be dispelled.

"Sex education in the home and school is the only answer. Even the family planning clinics who cater for anyone over 16 can come up against problems," she points out.

Most women seeking an abortion go to health clinics in London, Birmingham, Liverpool and Brighton. They have to have £76, the cost of the operation, and 48 hours convalescing.

On top of this is the high travel fare. Small wonder, perhaps, why there are still back street abortions.

It is believed there are about 400 abortions carried out by doctors in Ulster hospitals every year under the case law dating back to 1938 when a doctor was

Reproduced by  
Kind Permission Doctor

prosecuted after performing an abortion on a 14-years-old girl who had been raped.

Mr. Justice McNaughton directed the jury to find the doctor not guilty on the grounds the abortion was carried out by a medical practitioner who had available knowledge that the continuation of the pregnancy would have caused severe physical or mental problems for the girl.

The case for abortions in hospitals in Ulster rests on that. The operation can also be performed if the woman is mentally sub-normal, has been exposed to German measles during early pregnancy or if there is a substantial risk that she will have a handicapped baby.

Judith Rosenfeld

# AN OLD WIVE'S TALE

## LEAD AS AN ABORTIFACIENT

As early as 1893 evidence exists of lead being used by Leicestershire women with an unwanted pregnancy. By 1899 the practice had reached Birmingham and a year later Nottingham. Medical men noted that for a penny a woman could buy enough lead not only to empty the uterus, but to cause grave, even fatal, upset in the bowels, the kidneys, and the brain. By the early twentieth century the use of lead had become so common that in the Midlands doctors examined the gums of all women presenting themselves as outpatients. Lead poisoning would be indicated by a blue line.

By 1909 the practice had reached London and Sir Thomas Oliver gave the following case history:

"A woman, aged 40, pregnant, mother of 11 children, ten of whom were alive, was admitted into the Royal Victoria Infirmary suffering from severe pains in the abdomen and great weakness

of the limbs. Three months before this, believing herself to be pregnant, she took in all 40 diachylon pills. After taking two pills night and morning for ten days she became seriously ill. On admission the menses had not been re-established; there was a marked blue line on the gums... She recovered and was in due course delivered of a healthy child at term."

He then commented that the disciples of Malthus might think it good that the mother of ten children should not have another, but the woman could easily have died and left them to care for themselves.

There were various calls for action. The Association of Chemists and Druggists of Newcastle met and passed a resolution not to sell lead pills, and, more importantly, diachylon was placed on the poison schedule in 1917. This action seems to have had the desired effect and the practice died out.

Colin Francome

# No Medicaid Help

Writing in the *New Statesman* of 25th August, Marion Lowe writes of two women who have been unable to get Medicaid abortions in the U.S.A. following the restriction of Federal funds for abortion to 'hard cases', e.g. rape and incest.

Monica was pregnant by a man she had killed in self-defence. The man, her boy-friend, had come home drunk and an argument had developed. He had reached for a loaded gun but she had been quicker and had shot him twice, fatally.

Bridget's experience was rather different, for she was the one to be shot.

The shooting, by her husband, occurred because his dinner was late!

On her discharge from hospital three months later she had returned to her husband, having nowhere else to go. Not surprisingly, this did not work out, but by the time she left she was pregnant, with four children to look after.

Both women requested termination and both requests were denied.

The refusal of Medicaid to women in such difficult circumstances shows the great danger in any law which restricts abortion to women with legally defined 'grounds'.

Sharon Spiers

## IMPROVEMENTS IN LEICESTER

In 1977, 1549 legal abortions were carried out on women living in Leicestershire, 282 (18%) in local NHS hospitals and 49 (3%) in hospitals elsewhere. With 21% within the NHS, this just escapes the ALRA blacklist.

Leicester NAC have campaigned for better abortion facilities since 1975 and in 1976 they made a substantial contribution with their pamphlet 'Abortion in Leicester Now'.

The money allocated by the Area Health Authority is clearly a very welcome step forward, although it remains to be seen whether the £20,000 will be sufficient to provide for all the Leicestershire women in need of abortions.

## CARRY ON COUNSELLING

David Ennals, Secretary for Health and Social Services, has approved the re-registration of all thirty-two pregnancy advice bureaux until 31st March 1980.

Source: Doctor

LEICESTERSHIRE AREA HEALTH AUTHORITY (TEACHING)  
Heads of Old House, 17 Prince Road, Leicester, LE1 4PL

Chairman: C. Adolph Telephone: Leicester 9201 5499/95  
President: Mr. N. Froom, Ext. 211  
Our ref: KB/NCP/pi 5th September, 1978

Dear Sir,

Abortion Facilities

In reply to your letter of 27th August, 1978 I wish to inform you that the Leicestershire Area Health Authority has agreed to a policy of providing a comprehensive service within the Area both for counselling and for termination of pregnancy and have in fact, made £20,000 available immediately for this purpose.

Of the foregoing sum of money, £5,000 has been earmarked for counselling and arrangements and consultations are currently taking place for the recruitment of the necessary staff.

The arrangements for the provision of day care facilities are being considered by the Division of Obstetrics and Gynaecology.

Yours faithfully,  
Area Administrator

D. C. Flint Esq.,  
Abortion Law Reform Association,  
66 Wellington High Street,  
London,  
W1 8EE.

# shock tactics

3500 families in Southend have been subjected to pictures of aborted foetuses being pushed through their letterboxes.

SPUC, who distributed the leaflets, tried to show mock consideration by saying that they were delivered in the evening, "when the young children would be in bed and would not see them." SPUC do not deny that these tactics are intended to shock people, but feel that these methods are justified since they gained 'a few new members'.

These shock tactics are in character with the latest anti-abortionist policy. Life, at their Annual General Meeting in September, decided to mount a campaign of 'direct non-violent action against abortion clinics and hospitals.' The Catholic Herald described the meeting as the 'most militant ever'.

John Cavanaugh O'Keefe from the U.S.A. outlined the tactics used there, where they picket clinics, invade them, seven have been subjected to arson and one clinic in New York burnt down. Since there has already been one anti-abortion campaigner sending letter and fire bombs to abortion supporters in this country, I wonder how long the 'non-violent' section of Life's new policy will last.

Sharon Spiers

## BEBES AU FEU

We thought we had heard the end of *Babies For Burning*. In open court in January this year the authors, Kentish and Litchfield, gave an undertaking not to republish certain passages in the book referring to BPAS. The apology and undertaking were made in settlement of a libel action brought by BPAS.

But now a rehashed second edition repeats its totally disproved allegations. This edition, entitled *Bebes au Feu* and published in Paris, is selling well in France, Belgium and Canada. Furthermore, an additional note in the book wrongly states that the authors were acquitted of two legal actions arising from the book. Those who witnessed this infamous book receive its just desserts will know that the action was in fact settled out of court.

These recent disclosures were made by the *Sunday Times*, despite their being asked by the Attorney General to give an undertaking not to publish anything further on the authors, pending the trial of a libel action begun by them in 1975 against the newspaper.

We're glad the *Sunday Times* stuck to their convictions.

## LEEDS FOLLOWS

The Leeds Family Practitioner Committee has asked the Area Health Authority to provide a day-care abortion clinic. This valuable initiative is doubtless due to the fact that the NHS currently provides only 26% of the abortions needed in Leeds.

Source: Pulse

# ILLEGAL ABORTIONS MYTH

Opponents of abortion often claim that illegal abortion has not decreased since the passage of the 1967 Abortion Act. Indeed, as recently as 9th September, the medical paper *Pulse* printed a letter from Croydon GP Margaret White accusing me of "repeating the hoary old myth that before 1967 'illegal abortions probably occurred at the rate of 100,000 per annum'." The same line is often taken by those who write to local papers, so the issue is still a live one.

Happily it is often possible to demonstrate the sharp decline in illegal abortions by reference to a few figures (see Table). Any one of the indices shown might be open to a number of objections. Together they tell a clear tale of falling illegal abortions. The extent of the fall is however difficult to judge, due to changing medical and social attitudes and the difficulty in distinguishing between genuinely spontaneous and illegally induced abortions.

As recently as 1973, C.B. Goodhart was arguing that there had been relatively few illegal abortions before the Act. Since he also suggested that the number of legal abortions would fail to stabilize in the very year that it did so, his estimates may probably be ignored.

In 1976 another member of the SPUC executive took up the fight, though with a markedly lower regard for truth. By a perverse treatment of the septic abortion figures he tried to show that illegal abortion had actually increased since the Act, a conclusion effectively demolished by Colin Francome (1976).

(It is noteworthy that anti-abortionists rarely understand figures: in the letter referred to above, Dr. Margaret White claimed that septic abortions had remained a constant fraction of births; my calculations showed a threefold decrease! Campaigners should never be frightened by the opposition's impressive statistics — they will usually be wrong!)

More recently, Colin Francome (1977) has examined the evidence again and has confirmed earlier views by a new method. It may now be taken as established that:

1. Before the passage of the Act there were, very approximately, 100,000 abortions per year, of which the large majority were illegal;
2. There are now rather more than 100,000 abortions per year, of which the overwhelming majority are legal;

YEAR	Abortion Deaths from all 'spontaneous' causes	and illegal	Hospital discharges following septic abortion	Offences known to police	persons found guilty
1960	62	?	-	-	-
1962	-	?	-	406	82
1965	52	?	2290	184	60
1966	-	?	-	208	55
1969	35	25	2000	257	52
1970	32	22	1900	212	41
1971	27	15	1200	80	36
1972	26	16	1000	62	25
1973	12	8	900	36	7
1974	11	5	540	21	11
1975	(8)	2	610	14	1
1976		4			

Sources: *Abortion Today*, No. 2; Francome, 1977. PQ/PR

David Flint

## PUBLICATIONS OF INTEREST

**ABORTION: WHY THE ISSUE HAS NOT DISAPPEARED** by Colin Francome, Political Quarterly, April 1978.

**ANNUAL REPORT OF THE FAMILY PLANNING ASSOCIATION MAKE IT HAPPY — WHAT SEX IS ALL ABOUT** by Jane Cousins, Virago Press.

**ABORTION: THE STRUGGLE IN THE LABOUR MOVEMENT**, Labour Abortion Rights Campaign, 40p. **SAFE, EASY, EARLY ABORTIONS**. A slim campaigning leaflet from NAC.

**INTERNATIONAL FAMILY PLANNING PERSPECTIVES AND DIGEST**, 4(2), Summer 1978: A World Health Organization study in seven countries has shown that early vacuum aspiration does not cause spontaneous abortion or prematurity in subsequent pregnancies.

**MY MOTHER SAID... THE WAY YOUNG PEOPLE LEARNED ABOUT SEX AND BIRTH CONTROL** by Christine Farrell & Leonie Kellaher, Routledge and Kegan Paul, £5.95.

**ASSOCIATION OF RADICAL MIDWIVES NEWSLETTER**, June 1978. Available from ARM, c/o 17 Fairfax Road, Derby.

**SAFE SEX FOR TEENAGERS** by Dilys Cossey, Brook Advisory Centres: This new pamphlet calls on Area Health Authorities to provide more clinics for young people and to involve nurses, and perhaps, pharmacists, more in the provision of contraception. It also calls for freer advertising.

**OUR BODIES, OURSELVES** by the Boston Women's Health Book Collective (British edition edited by Angela Philips and Jill Rakusen, Penguin, 1978, £3.50): The editors seem to have done a good job of transferring this excellent American book to a British context.

**PROVISION FOR ABORTION IN THE WEST MIDLANDS** by BPAS: BPAS's comments on the Regional Health Authority's proposals.

## TEN YEARS OF ABORTION

BPAS has published a new edition of *Abortion Today*, their compilation of statistics and comment on abortion. As before, *Abortion Today* contains comprehensive but intelligible tables, indeed the tables are more extensive than in previous years.

Here is the evidence needed to nail the anti-abortionists' lies about the supposed decline in contraceptive usage (table 3), long-term morbidity (table 10), illegal abortion (tables 13-16), as well as basic data for the first ten years of the Abortion Act.

As before, *Abortion Today* is a vital campaigning tool.

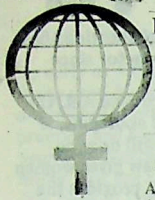
*Abortion Today* No. 3, available at 50p. from ALRA or BPAS, Austy Manor, Wootton Wawen, Solihull, West Midlands, B95 6DA.

## ABORTION PRAYER

"Into your hands we commit in trust the developing life we have cut short. Look in kindly judgment on the decision that we have made and assure us in all our uncertainty that your love for us can never change."

From a proposed prayer to be used after an abortion rejected by an Anglican Liturgical Revision Committee.

# Abortion Law Reform Association : A Woman's Right to Choose campaign



INTERNATIONAL  
DAY OF  
ACTION

International  
Campaign for  
Abortion Rights

The International Campaign for Abortion Rights (ICAR) has designated March 31st 1979 as an International Day of Action around 'Women's demands for:

- \* the right to control their own bodies;
- \* the right to contraception;
- \* the right to free abortion;
- \* the right to refuse forced sterilization.'

In Britain the day will be marked by a demonstration for day-care facilities, to be organized by the National Abortion Campaign. Further details from NAC at 374 Gray's Inn Road, LONDON, W.C.1.

## US NEWS

Although Jimmy Carter has gained something of a reputation as an anti-abortionist he has chosen Agriculture counsel Sarah Weddington to replace Midge Costanza as his adviser on women's issues. Ms. Weddington was the lawyer who won the landmark 1973 Supreme Court Decision liberalizing abortion and served as President of NARAL, the nearest equivalent of ALRA in the United States. I met her earlier this year and was impressed by her warmth of personality and ability.

Colin Francome

## LATEST LITERATURE AVAILABLE FROM ALRA

1. WHAT IS ALRA? An explanatory leaflet, 5p.
2. DO YOU KNOW YOUR CANDIDATE'S VIEWS? Information on how and whom to lobby. Very useful for 1979 election. Free
3. ABORTION: MEETING WOMEN'S NEEDS (1978). A detailed breakdown of regional provision of N.H.S. facilities. Useful for individuals and groups campaigning for better N.H.S. facilities. 10p.
4. DIRECTORY OF MPs. Comprehensive guide to MPs' voting habits, 1966-1977. Broken down into 13 regions. 10p. per region.
5. ABORTION TEN YEARS ON. Published by the Birth Control Trust. An excellent review of the last decade since the passing of the 1967 Act. 60p.
6. ABORTION AFTER TEN YEARS. By George Sinclair, MP, and Renee Short, MP. Reprinted from *New Humanist*, Spring 1978. 10p.
7. ABORTION: WHY THE ISSUE HAS NOT DISAPPEARED. By Colin Francome. Reprinted from *The Political Quarterly*, April 1978. 20p.

These represent the latest additions to ALRA's literature list. They may be obtained from the office. Please note the prices quoted do NOT include postage and you should add on the relevant sum when making out your cheque or postal order.

A complete list of literature available from ALRA will be supplied free on request.

## RENEWAL OF MEMBERSHIP

At the November executive meeting it was decided that in the interests of administrative efficiency and financial commonsense we shall revert to the old system of membership renewal, whereby there is one single renewal date for all members. We shall be taking steps to effect the changeover early in the New Year and will then inform individual members of their situation. We hope to ensure that no one feels that they have 'lost out' in the change and that all interests will be best served by the new/old system.

## BREAKING CHAINS

Breaking Chains is published bi-monthly by the Abortion Law Reform Association. It is sent without charge to members of the association

Signed articles are the responsibility of the authors and do not necessarily represent the views and policy of the Association or the Editorial Committee. Unsigned material is the responsibility of the Editorial Committee.

Letters and other contributions will be gratefully received. Letters should not exceed 250 words or other contributions 400 words except by prior arrangement. Cuts may be made at the discretion of the Editor. All contributions should be sent to:

The Editor, Breaking Chains,  
88a Islington High Street, London  
N1 8EG. Telephone: 01-359 5200/9

## EDITORIAL COMMITTEE

Hilary Jackson  
David Flint  
Sharon Spiers  
Judy Cottam

Colin Francome

## DAVID GLASS DIES

Prof. David Glass has died suddenly at the age of 65 years. He was a member of ALRA from the 1930s, when he was a committee member. It is not often realized that Professor Glass was the

originator of the estimate that there were 100,000 abortions a year in Britain before legalization. The latest academic literature suggests that this figure was very near the mark.

## HELP ALRA FIGHT FOR 'A WOMAN'S RIGHT TO CHOOSE'

The Abortion Law Reform Association was formed in 1936 by a group of people appalled by the tragic consequences of widespread backstreet and self-induced abortion.

In 1967, ALRA was the major force responsible for the passing of the Abortion Act which for the first time gave women access to legal abortion though under certain conditions.

Thus access to legal abortion is still selective: however much a woman wants an abortion, she must satisfy two doctors that she meets the conditions laid down in the Abortion Act. We wish to make abortion on request available to all women. This will require new legislation.

We also wish to ensure adequate facilities within the NHS to make free, safe and legal abortion a reality.

Our immediate tasks are to defend the existing law against repeated attack by anti-abortionists, and to prepare for legal change

Help ALRA achieve these aims. Fill in the form below and become a member.

### MEMBERSHIP AND RENEWAL FORM

I would like to join/renew my membership of (delete where applicable) the Abortion Law Reform Association.

I enclose £ . . . subscription/affiliation fee. Membership to commence from . . . . . 197 . . .

Name . . . . .

Address . . . . .

Post code . . . . . Telephone . . . . . Signature . . . . .

Please send the completed form to: The Membership Secretary, ALRA, 88A Islington High Street, London N1 8EG.

Membership Rates: Ordinary £3.00, Overseas £7.00. Group affiliation on application.



# BREAKING CHAINS

**ALRA**

THE NEWSPAPER OF ALRA - THE ABORTION LAW REFORM ASSOCIATION

## ABORTION IN IRELAND

The Northern Ireland Abortion Campaign emerged as a response to the death of Charlotte Hutton, a young Belfast girl, in 1979 as the result of a back-street abortion. Every year, hospitals in Northern Ireland are full of the results of such acts.

The 1967 Abortion Act was never introduced here and that is primarily what NIAC want, although they do realize that abortion on demand would be preferable. At the moment the 1929 Infant Life Preservation Act is still on the statute book. It criminalizes all abortions except on medical grounds:

- (1) If having a child would endanger the life or health of the mother;
- (2) If she is mentally subnormal;
- (3) If she has been in contact with German measles;
- (4) If there is a genetic risk of her having a handicapped child.

### ACCESS TO ABORTION

Even within these restrictions terminations are difficult to obtain and stringently discouraged. Rape victims are not given abortions, even if they are under age or seriously affected emotionally. The complete failure of this legislation to deal adequately with the demand is illustrated by the 1,900

women sent last year to England to obtain an abortion. These are Ulster Pregnancy Advisory Association (UPAA) figures and do not include those who went to England under their own steam, nor the increasing number of backstreet abortions. The real figure is therefore far in excess of this.

Also they do not include those women who had the abortion privately in Northern Ireland — those who had enough money to buy one, disguised as a D&C. Those who have the money do not need to bother about legal and moral considerations. (Abortions are not available to Northern Ireland women on the NHS, unless they can provide an address in England. This too militates against an assessment of the real numbers involved.)

### THE POVERTY FACTOR

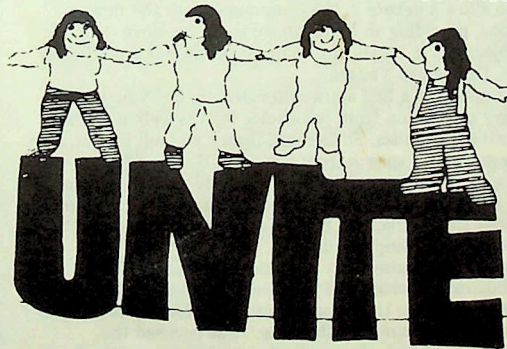
There is, then, a demand for abortion in Northern Ireland. The biggest factor is, however, poverty as opposed to straight-forward choice. Government statistics reveal that 38% of all households may be classed as poor. Families have lower incomes than in any other region of the U.K. and a cost of living comparable to London's as both food and fuel costs are considerably higher than average. The housing conditions are

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### ALRA IRISH MEETING

Sat. June 6th at 2p.m.  
(following AGM)  
at

Birkbeck College, Malet St.



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# a woman's right to choose

# NAC/LARC Conference

More than 400 people attended the Labour Movement Conference in London on March 14th. Many of them were delegates from trade-union branches or Constituency Labour Parties. It was a very successful day, following up the 1978 Trades Union Conference. The widening of the audience to the Labour Party added a valuable and potentially very effective component.

The Conference, chaired in the morning by Judith Hunt from AUEW/TASS and by Jo Richardson in the afternoon, was realistic but determined throughout. At the end of the day it was very clear that if the campaign can be built within the grass-roots Labour movement, then the chance of achieving a woman's right to choose will be much, much greater when the next Labour government comes to power. Everyone there shared the view that women should no longer continue to be the victims of opportunist MPs or the arbitrary decisions of doctors.

The morning plenary led to a comprehensive set of workshops, ranging from campaigning within 'difficult' trades unions and activity in the Health Service unions to influencing the Labour Party manifesto.

A set of action proposals was adopted which will now serve as positive guidelines for those willing to further the



photo: Barbara Nicholls

campaign in their part of the movement.

NAC and LARC will continue to build on the contacts they have established and to this end the Trades Union Liaison Committee will continue to meet, to guide and monitor progress.

Congratulations go to all the people concerned for a well-organized and extremely valuable conference.

# New Abortion Regulations

On Sunday, March 1st, the Statutory Instrument on abortion regulations came into force (see *Breaking Chains 21* for full details). On Monday all hospitals and clinics performing abortions began using the revised forms, which had been issued the week before, and on Wednesday, March 4th a Standing Committee was held to 'consider' the Statutory Instrument, with no powers to amend or reject it. The Government had refused to allow a debate in the Commons about the new Regulations, providing an opportunity to do no more than record objections in detail, and to question the evasive Minister of Health, Dr. Gerard Vaughan.

In the hour and a half allowed for debate, Dr. Vaughan faced angry opposition from pro-choice MPs as well as from leading anti-abortionists, Sir Bernard Braine and Jill Knight. The debate began with a speech from Gwyneth Dunwoody (Labour spokeswoman on health) who firstly challenged the principle of collecting detailed personal information on women, pointing out that Parliament had never debated the notification form used for collecting this data.

She went on to raise every objection, medical, political, and administrative, which had been made against the form, and questioned, "whether the Department is consciously seeking to confuse rather than simplify the issue." She accused the Minister of lack of consultation in drawing up the form, and the DHSS of taking, "a political decision to change the form's wording, to obscure some aspects of termination," in relation to regional variations in NHS provision. She concluded by returning to the issue of gathering personal information, raising doubts about confidentiality, and then addressed a number of specific questions to Dr. Vaughan, in an attempt to draw a response from him.

She failed; Vaughan stayed firmly in his seat and instead Sir Bernard Braine leapt up and launched into one of his incoherent tirades, dwelling in particular on the fact that the question on marital status includes a category "Not Known". This seemed to upset him a great deal. However, he also raised an important point about pay-beds in NHS hospitals.

Jill Knight spoke next, calling the manner of introducing the new Regulations "both high-handed and arrogant". She used her speech to ride her personal hobby-horse of physical after-effects of abortion, quoting from outdated and discredited research

studies.

Jo Richardson in her speech returned to the lack of consultation in drafting the form and also addressed specific questions to the Minister. At last Vaughan rose to assert that, "the new form is a considerable improvement on the old one." He claimed that the revisions were necessary because, "in the Corrie debates the Government were asked many questions... which could not be answered because of the manner of the old form." He denied that consultation was inadequate, and then went rapidly through the form question by question, glossing over the section on grounds, and omitting the methods question altogether. He confirmed that the forms will be destroyed after three years — Jill Knight was concerned that this will make it difficult to show that abortions affect subsequent pregnancies — and also stated that, "private patients in private beds in the NHS are counted as NHS patients". This is the first time it has been admitted that figures for NHS abortions include some (an unknown number) where women have paid for treatment.

Terry Davis (junior Labour health spokesman) spoke last, criticizing Vaughan for his handling of the issue. He pointed out that in the old form, "the definition of 'children' included not only a woman's natural children, but foster children, adopted children, and other children in her family. That has been deleted". He went on to ask, "Why has the Minister made such a mess of the form?", and urged Vaughan to redesign the form after proper consultation with medical bodies and the charitable agencies.

The Committee ended on a scornful note from Terry Davis. "I cast no aspersions on the Minister's honesty — only on his competence."

Gill Kent

*This article was originally written for the NAC March 1981 Newsletter.*

NB. Following ALRA's mailing to MPs asking them to sign the *Early Day Motion* opposing the proposed new Abortion Regulations, several MPs sent us sympathetic replies and added their names to the motion. To date, 61 MPs have signed the Motion.

# Prostaglandins - the future?

## A LOOK AT THE HISTORY, DEVELOPMENT AND POTENTIAL OF PROSTAGLANDIN ABORTIONS HISTORY

In Great Britain the most widely accepted method of abortion induction in early pregnancy involves vacuum aspiration of the uterine cavity performed under general anaesthesia. Although this method is effective, it is expensive in terms of medical manpower and hospital accommodation. Not only that, but it also exposes the patient to the risk of general anaesthesia. Day-case vacuum aspiration performed under local anaesthesia (menstrual regulation or induction) does overcome some of these problems, but this technique still requires trained medical or paramedical personnel and carries the risk of surgical intervention, such as uterine perforation, cervical laceration and possible subsequent cervical incompetence. Because of these problems with the present methods of pregnancy termination, research over the past ten years has attempted to develop a safe, easily administered non-surgical means for the induction of abortion in early pregnancy. Early in this research, attention was focused on a group of compounds called prostaglandins, as they had been shown to be potent stimulators of uterine muscle, and indeed they are now thought to be the principle agents responsible for uterine contractions in labour and the colicky abdominal pain felt with dysmenorrhoea (difficult and painful periods). A large number of naturally occurring prostaglandins have been identified but two of them (PGE and PGF) were found to be especially potent in the human uterus. In the mid-1970s several workers showed that if these prostaglandins were placed into the uterine cavity in the early weeks of pregnancy, abortion could be induced, and furthermore that this method was as effective as surgical termination of pregnancy. Of course, this technique offers few advantages over surgical termination and was further hindered by the severe side-effects of lower-abdominal pain, nausea, vomiting and diarrhoea, which were a consequence of the high concentrations of prostaglandins needed to induce the abortion and of the effect of the same prostaglandins on the muscle of the intestinal tract.

## DEVELOPMENT

In order to get around this problem, prostaglandins were developed which were metabolized more slowly by the body and which had a more specific action on the uterus than on the gastro-intestinal tract. This development opened the way to the use of these prostaglandin analogues when given into the vagina and removed the need for their direct application to the uterine cavity. The past five years has seen a large number of studies in which analogues of the PGF and PGE series have been used in the form of vaginal suppositories, similar in shape and consistency to those commonly used for vaginal infections,

to determine the optimum dose for the induction of abortion. The analogues have been shown to be effective in approximately 90% of women who have had pregnancies terminated by this method. With the newer analogues of the PGE series vaginal bleeding is usually induced in all women who receive the pessaries. In about 1 in every 10 women complete expulsion of the uterine products does not occur and a subsequent dilation and curettage is required. The majority of women simply experience a mild degree of dysmenorrhoea, but in the studies undertaken in Europe, between one-fifth and one-third of them have required pain relief in the form of intramuscular injections. However, in the large number of studies that have been undertaken in Singapore and Japan, where there are obvious cultural differences, intramuscular pain relief is seldom required. This need for pain relief can be reduced by not keeping the patient in hospital after she has begun to receive the pessaries. Although the side-effects of nausea, vomiting and diarrhoea are marked reduced with the prostaglandin analogues compared with the naturally occurring prostaglandins, they are still a problem and occur in approximately 50% of the women who receive the vaginal suppositories. However, it is seldom that more than three episodes of diarrhoea and vomiting are seen and most women do not find this to be an unacceptable side-effect from this technique.

## POTENTIAL

At this stage therefore the use of vaginal suppositories containing analogues of prostaglandin is a reasonably effective method for the non-surgical induction of abortion in women in early pregnancy. But it is a technique which is associated with some side-effects and which is not as effective as the surgical methods for pregnancy termination. In the developed countries, however, it does provide an alternative to the rather institutionalized method by which abortions are undertaken at present, and it does allow the woman a choice as to the method of abortion. Its use in the third-world countries is perhaps more obvious, where the pressure on scarce medical resources is acute. In many of these countries, the patient is simply given the pessaries, instructed in their use, and asked to return to the clinic two weeks after self-administration to ensure that the abortion has been successful.

It is hoped that future developments in this field will include the production of even more specific prostaglandin analogues, and easily administered local anaesthetic cream so as to reduce the degree of lower-abdominal discomfort.

Stephen K. Smith,  
Lecturer at the Centre for Reproductive Biology,  
University of Edinburgh.

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worse than the lowest of British standards with the Belfast Household survey finding 75% of all inner-city houses lacking in basic amenities. In some areas all of these are paralleled by 50% unemployment, army harassment and police brutality. Women are under a terrible strain as social security benefits are quite inadequate and often the Payment of Debts Act ensures that some of this is channelled back to pay for electricity and other debts.

## FUTURE OF THE CAMPAIGN

With so much else to challenge, the women's movement as a whole has only been embryonic. We can only be optimistic for the future. The churches do however have a strong position here, due to the polarization in our society. Campaigning has

not been easy but we know that our sisters throughout the U.K. lend us support; for that we are grateful. Recently, on March 8th, a rally in the centre of Belfast went off well, protesting at the lack of notice being given to women who want abortions. Our next action will be in support of the International Day of Action on Abortion, Contraception, and Sterilization on May 16th. Although contraception is available free in Northern Ireland, often the cost of having an abortion is sterilization. All these things are now being looked into in the hope of advertising further the poor position of women in our society.

C. Loughran.

\*\*\*\*\*Hear more from our Irish sisters at the AGM —  
June 6th.

# Ireland's bishops decide

MARY HOLLAND REPORTS ON THE SUFFERING CAUSED BY THE DOUBLE STANDARDS IN IRELAND'S ATTITUDE TO SEXUALITY

Every Friday a party of twelve Irish women boards the evening flight to Birmingham for the weekend. When they arrive there they are taken by taxi to a hotel. On Saturday morning they check into a nursing home, have an abortion, remain there overnight and return to the hotel for breakfast on Sunday morning before going to the airport for the return journey to Dublin. The travelling arrangements cost £192 and the abortion itself £85 sterling.

This is not the only route, nor the only method, by which young Irish women obtain abortions in Britain. They are simply the ones recommended by the Irish Pregnancy Counselling Centre, which is the only organization willing to admit openly that it operates an abortion referral system which ensures that Irish women will receive adequate counselling on the choices open to them if they are pregnant. It also means that if they opt for an abortion, they will get the necessary psychological and medical help in country where abortion is still a civil crime and, as important, deemed a mortal sin by the Catholic church to which most of them belong.

Official British statistics show that about 3,000 Irish women went to Britain last year to have abortions. These statistics refer to women giving addresses in the Irish Republic. The real number is likely to be at least double, possibly treble, that, since many Irish women either stay with friends in England or, being fearful of subsequent discovery, give false addresses. What these figures mean is that the number of Irish women who have abortions is about the same per thousand of the population as in Britain.

For most of these Irish women, over 60% of whom are under 27, the experience of abortion is likely to be traumatic. I asked one of the counsellors at the Irish Pregnancy Counselling Centre what was the main problem confronting an Irish woman with an unwanted pregnancy and her answer was immediate: "Guilt. Guilt whether she has the abortion or not. I often feel there are four of us in the room, the girl, myself, her mother and God."

It is sometimes difficult to assess who presents the greater difficulty, the woman's mother or God. Of 300 young women questioned at the Dublin Well Woman Centre last year 30% gave as their reason for having an abortion the fact that they couldn't tell their parents. 'It'll kill my mother' was the phrase most often used. Nonetheless, God, as represented by the bishops of the Roman Catholic Hierarchy, led by Cardinal O'Fiach, is also a vocal and extreme factor in influencing their decisions.

## IRELAND & THE EEC

It is illuminating, in this context, to detail the furore here over the debate in the EEC Parliament in February on the Document on Women's Rights. This document, the result of fourteen months' work by the women's group in Parliament, accepted that there was a need for women to have access to safe and legal abortion as a last resort in the case of an unwanted pregnancy. It was careful, given Catholic influence in the EEC, to put this squarely in the overall context of demands for safe contraception, maternity benefits, creche facilities, and so on. There are fifteen deputies for the Irish Republic and three from Northern Ireland in the European Parliament. Thirteen of those from the Republic voted against the Document because of the section on abortion. Two abstained, as did Rev. Ian Paisley. One Unionist deputy from Northern Ireland, John Taylor, voted to support it. Afterwards, he described the scenes in the European Parliament, which had reduced the Dutch author of the Document to tears, as Ireland's day of 'Holy Terror'.

In fact, the holy terror was only starting. In the days that followed the debate Archbishop Dermot Ryan of Dublin warned that Ireland might have to face the prospect of withdrawing from the EEC because of the Parliament's endorsement of abortion. One of his fellow bishops, commenting on the debate, recalled the Nuremberg Tribunal which had been set up to remind the world of what could happen when the natural law was made subordinate to the law of the state.

The Irish Hierarchy is rattled about abortion, even though all the major parties here are firmly committed to oppose it and individual politicians are fond of denouncing any discussion of it as 'un-Irish'. The bishops, as usual, are considerably shrewder than the politicians. They know that the number of women going to Britain for abortions is increasing at an annual rate of about 20%, and that their own best efforts with a widely advertised counselling service for pregnant girls have failed to reverse the trend. They know very well that these women are not 'un-Irish'. What alarms them is that within less than five years, abortion, at the moment the last taboo, could become a live issue in the way that divorce is now, or abortion is in other Catholic countries, such as Italy, which lack the safety valve of Britain close at hand.

For the moment, Irish Ireland, abortion-free, is safe enough. The bishops are supported not only by the political punters but by the medical establishment, which voted unanimously at its last annual conference that any doctor discovered to have performed an abortion should be struck off the register. But they have seen how many doctors have changed their minds on the contraceptives issue and they don't like it.

## ANTI-ABORTION LOBBY

As in Britain, there is in Ireland a large well-organized and effective anti-abortion lobby, writing to newspapers, putting pressure on politicians, telling the usual horror stories about struggling fetuses in the schools. Here I must declare my own interest. Last month I spoke at the first public meeting of the Irish Women's Right to Choose Campaign. Our packed audience had been guaranteed by a headline in Ireland's largest selling national newspaper reading 'MASSACRE OF THE UNBORN', which described our small and embattled platform as part of a 'liberally financed' international conspiracy to bring abortion to Ireland.

I had been prepared for the placards about murder, the women describing their own emotions about motherhood, the warnings that God was in the room with us. What was unexpectedly shocking was the vehement moralizing of the men, many of them young enough to be students. In England, in my experience, men are usually rather reticent about abortion, perhaps because they feel that if women have to terminate unwanted pregnancies it is, to some degree, their fault. No such restraint obtains in Ireland. It seems evident that in a country where virility is often measured by the number of children in the family, men feel deeply threatened by the fact that abortion will return to women the ultimate control of their own fertility. Maybe they are right to feel threatened. One pregnancy counsellor told me of a middle-aged country-woman, mother of six children, who was asked to fill in a survey which contained a question about what she felt when she found out she was pregnant. She had written one word: 'Brutalized.'

ALRA/A WOMAN'S RIGHT TO CHOOSE CAMPAIGN, 88A ISLINGTON HIGH STREET, LONDON N.1. 8EC.

24 May 1981

Dear International Member,

We wrote to you on 14 March 1981 asking you to renew your membership to ALRA.

Subscription costs are as follows:

Europe and overseas surface mail £7.00

Overseas airmail £10.00

Membership entitles you to receive BREAKING CHAINS six times a year.

According to our records, you have not renewed your subscription.

If we do not hear from you after receiving this mailing, we will unfortunately have to remove your name from our mailing list.

We are prepared to consider reciprocal exchange of information for other abortion campaigning or research groups, in lieu of membership.

If you have already renewed your subscription, we would appreciate your confirming when you sent it.

With best wishes,

Yours sincerely,

Judy Cottam  
for the ALRA executive committee

NB. Please make cheques/postal orders/international money orders payable to the Abortion Law Reform Association. THANK YOU.



Abortion Law Reform Association/A Woman's Right to Choose Campaign,  
88A Islington High Street, London N.1. 8EG.

### ALRA ANNUAL REPORT

#### PARLIAMENT, MPs and the DHSS

This year the Breaking Chains Committee prepared a special edition of Chains for the Conservative and Labour Party Conferences. The issue was specifically on the falling proportion of total abortions being carried out on the NHS, and called for more NHS day-care. It was distributed by ALRA to delegates at Blackpool and Brighton.

At the end of October /beginning November a poll about choice on abortion was conducted by Gallup at ALRA's request. 76% of women and men consulted thought that the choice of whether or not to continue a pregnancy should be left to the woman in consultation with her doctor. The same percentage had supported choice when asked the same question in the Woman's Own survey published in February 1979. In our new survey, however, those opposed to choice had gone down by 3% ... We timed the publishing of the results for the week of the Private Members' Ballot draw. They were press released and sent to all MPs with a covering letter by a sympathetic MP just before the Ballot.

Unfortunately this did not prevent Tim Sainsbury from drawing first place in the Private Members' Ballot and announcing his intention of taking an anti-abortion Bill which would, inter alia, reduce the upper time limit to twenty-two weeks. ALRA asked all their members to write to Sainsbury discouraging him from such a step. We understand that Sainsbury received a large postbag from pro-choice supporters, and I am sure ALRA members played their part in helping Sainsbury change his mind. A huge sigh of relief went up from all the pro-choice lobby in January when Sainsbury announced that he was opting for an Indecent Displays (Control) Bill.

A year without a restrictive Bill on abortion is a precious year indeed. But not all changes to the Act have to go through Parliament. In January we learnt that the DHSS were intending to introduce new abortion regulations, which did not seem to be in the interests of women or doctors - or even efficient data collection. An Early Day Motion praying against the regulations was put down on the order paper on 19 January. ALRA wrote early in February to about 80 MPs likely to sign the Motion who had not already signed it. We particularly stressed the civil liberties point: is it necessary to have so much information on this particular aspect of women's health care - making it very exceptional in relation to others?

The rumpus over the regulations led to a Standing Committee being convened to discuss them. Although the Committee had no powers to change the regulations - which were now law - it was the first time that the regulations had been publicly discussed.

#### POSITIVE LEGISLATION

ALRA wrote and took part in a meeting with the NAC on the day school on positive legislation. A paper on the pros and cons of men's tradeunion conference was presented to the NAC/LARC.

We feel that the most useful role we can play in this area is to continue to build on the work we have done in the past in studying different aspects and possibilities of positive legislation, for example as we did with Doctors for a Woman's Choice on Abortion. We are prepared to work with and share what we know with any pro-choice organizations who wish to work with us.

#### INFORMATION

We have continued to bring out BREAKING CHAINS every two months. The previous edition to the current one contained a long article by an ALRA member suggesting ways of raising the abortion issue and securing pro-choice policies within unions. That edition of Chains came out just in time for the NAC/LARC tradeunion conference and was sold there on the ALRA stall.

We recently produced a voting record on abortion of all union-sponsored MPs. The idea for this list grew out of several different women in unions writing in asking if we had the voting records of their union-sponsored MPs as they thought they had put up a poor show on Corrie!

The annual regional breakdown of figures for 1979 was also recently published by ALRA.

We had a new batch of badges made during the year and these are selling well.

A Literature Group is in the process of re-writing and updating a large amount of our general information literature, and we will give details to members via Chains as this work progresses. This is one area where we think ALRA can make a positive contribution in popularizing information on abortion in general, and on a woman's right to choose in particular.

#### SPEAKING ENGAGEMENTS

ALRA has continued to do a number of speaking engagements, particularly within a limited radius of the London area. We find these engagements very useful, not just as a way of telling others more about ALRA and the campaign, but also because we learn from hearing other people's opinions and views. I personally have been pleasantly surprised by how many Young Tories support choice. One younger Young Tory - still at school - sold twenty ALRA badges to her schoolmates following our visit, and then wrote in asking for some more!

#### RELATIONS WITH OTHER GROUPS

ALRA has regularly attended meetings of the Co-ordinating Committee in Defence of the 1967 Act. We also attended some of the NAC tradeunion liaison meetings, and more recently attended the Doctors for a Woman's Choice meeting and ACM. We have joined the Maternity Alliance and will be attending their AGM this week.

## IRISH MEETING

Although extending the Abortion Act to Northern Ireland is one of ALRA's aims, we have not done anything actively to support that aim. I hope we are making some amends by inviting our sisters from N. Ireland who are campaigning for a woman's right to choose to come to tell us about their work. We look forward to welcoming them on June 6th, in the afternoon following our AGM, together with a spokeswoman from the Women's Right to Choose Group in the Republic of Ireland.

At the end of another ALRA year, I would like to thank all my fellow executive committee and Chains committee members who are a fine bunch of people to work with, with special thanks to Hilary Jackson, editor of Chains. I'd also like to thank our volunteers, who help particularly with mailing Chains.

Writing this report, I can see so many things I would like ALRA to have done. Perhaps you can too. This year the executive has not been discouraged but we have sometimes been tired. We all hold full-time jobs and many of us have other commitments as well. Please continue to put up with us with all our imperfections. With your practical, moral and financial support, we commit ourselves to go on trying to build A Woman's Right to Choose. I sincerely believe that Stella Browne's vision of a world in which women can call their bodies their own gets nearer all the time. On evenings when one is exhausted and a few more hours for ALRA seems like an unbearable chore, it helps to believe that ...

Judy Cottam  
for the ALRA executive  
committee  
20 May 1981

# Ireland's bishops decide

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## ANTI-ABORTION LOBBY

As in Britain, there is in Ireland a large well-organized and effective anti-abortion lobby, writing to newspapers, putting pressure on politicians, telling the usual horror stories about struggling foetuses in the schools. Here I must declare my own interest. Last month I spoke at the first public meeting of the Irish Women's Right to Choose Campaign. Our packed audience had been guaranteed by a headline in Ireland's largest selling national newspaper reading 'MASSACRE OF THE UNBORN', which described our small and embattled platform as part of a 'liberally financed' international conspiracy to bring abortion to Ireland.

I had been prepared for the placards about murder, the women describing their own emotions about motherhood, the warnings that God was in the room with us. What was unexpectedly shocking was the vehement moralizing of the men, many of them young enough to be students. In England, in my experience, men are usually rather reticent about abortion, perhaps because they feel that if women have to terminate unwanted pregnancies it is, to some degree, their fault. No such restraint obtains in Ireland. It seems evident that in a country where virility is often measured by the number of children in the family, men feel deeply threatened by the fact that abortion will return to women the ultimate control of their own fertility. Maybe they are right to feel threatened. One pregnancy counsellor told me of a middle-aged country-woman, mother of six children, who was asked to fill in a survey which contained a question about what she felt when she found out she was pregnant. She had written one word: 'Brutalized.'

## SHOT GUN WEDDINGS

At the moment, the most obvious solution for any young Irish woman who finds herself unmarried and pregnant is to marry the father of the child as quickly as possible, with the minimum fuss. While more young women are rejecting this option, the statistics show that an increasing number of those who do get married are already pregnant. In a paper entitled 'Recent Demographic Changes in the Republic of Ireland', Dr. Brendan Walsh of University College, Dublin showed that the proportion of marriages in which a birth was recorded in the same calendar year (i.e. in which the bride was probably pregnant) had risen from 7% in 1959 to 14% in 1977. Here too the Catholic bishops have recently intervened. From this Easter all couples wishing to get married in Catholic churches in Ireland will have to give three months' notice to their parish priest. The reason given for this diktat is that the bishops are gravely concerned at the increase in marital breakdown, and in particular about situations where pre-marital pregnancies can lead to families putting intolerable pressure on young couples to get married.

The political implications of this bland ruling are breathtaking, or would be in most countries. 97% of all marriages in Ireland are celebrated in Catholic churches and are recognized as civil marriages by the state. It is easy to imagine what the reaction would have been, particularly from the Catholic Hierarchy, if the state had decided to introduce legislation interfering to such an extent with civil liberties of the individual. In the event, the bishops' ruling passed almost without comment, so completely is it accepted that the Church has the right to impose its own rules in areas like marriage and divorce, and that the state does not even need to be consulted about the possible effects of those rules on Irish society.

The Hierarchy's commendable desire to act against the evils of shotgun weddings would have seemed more credible if it had produced any alternatives, either through a more humane attitude to contraception, or by campaigning vigorously for more practical support for unmarried mothers and against the heavy legal stigma which illegitimacy carries in Ireland. It has done neither. Those charitable groups set up to help unmarried mothers all tell the same sad story. One such group, ALLY, recently published a report on young women who had come asking for help. This showed that 46% felt unable to tell their parents that they were pregnant, 53% got no help from the man involved, and 70% received no advice from their doctors beyond confirmation of pregnancy.

What these figures can mean in practice was starkly illustrated by a short news story which appeared in the *Irish Times* recently. It was a court report of a coroner's inquest, in the prosperous Dublin suburb of Dun Laoghaire, on a male infant who died when he fell into a lavatory bowl during labour, his eighteen-year old unmarried mother having been too frightened to ask for help during her pregnancy. This story merited no media follow-up, nor comments from politicians who were at the time excoriating the government for the inadequacies of its new contraception bill.



The new act, which became law last year, was described by Charles Haughey, who as Minister of Health had had the task of piloting it on to the statute books, as an 'Irish solution to an Irish problem'. For the first time, it legalized the sale of contraceptives in Ireland, but only through chemists' shops and when prescribed by a doctor to 'bona fide family planners'. In effect this meant they were to be legally available only to

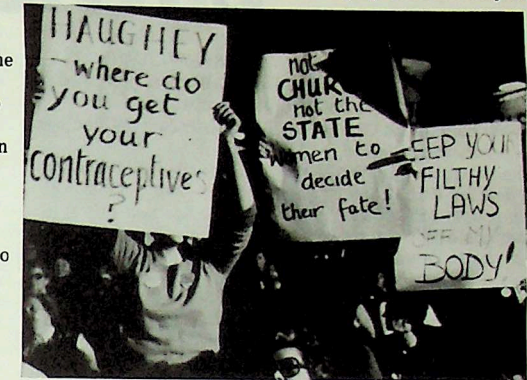


photo: Derek Speirs (Report)

married couples or people living in stable relationships. This was necessary because, although there is no civil divorce in Ireland, there are thousands of couples living in established second-marriage situations.

The very use of the phrase was a sop to the Church. The Hierarchy had already expressed its concern about the situation prior to the Act, when the existence of family planning clinics, operating openly in most Irish cities, meant that contraceptives, in its view, were too freely available to single people. At first it was feared that the Act might set the clock back several years by closing down the existing clinics. This hasn't happened but there is always the danger that it could if the Hierarchy becomes more vocal on the issue, or there is a hardening of conservative political attitudes.

For several years before the passing of the new contraception bill the Irish bishops maintained a very low profile, insisting that they had no desire to dictate to the legislators on the matter. Once it was on the statute books and the danger of an open confrontation with public opinion had passed, the episcopal tune changed.

Last December the Hierarchy issued a statement reminding doctors and chemists that if the bill was against their conscience they should refuse to implement it. The signs are that the chemists at least have rallied to this call and while Dubliners, particularly the middle class, have not been greatly affected by it, in rural areas the story is different. In many small towns contraceptives are completely unobtainable. On this issue, however, a minority of doctors have proved rather less malleable. A recent appeal circulated in the *Irish Medical Times* for doctors to supply contraceptives to their patients if they are unavailable locally has already drawn over 200 responses, or 20% of general practitioners.

Even so, the influence of the Hierarchy is considerable in matters which most doctors would consider to be confidential between them and their patients. Two stories concerning the Regional Health Boards, which administer medical facilities available to the poor, give the flavour. Recently the Eastern Health Board, which is responsible for the Dublin area, decided that the IUD should not be available as a contraceptive because it 'procured abortions'. In Cork, obstetric consultants at another hospital run by a Regional Health Board decided to start sterilizing women whom they thought should not have any more children, by the safe and easy method of tubal ligation. A spokesman for the Catholic Marriage Advisory Service said that the Church authorities would oppose this as 'clearly immoral' and the idea was dropped. In fact this perfectly legal operation is performed, officially at least, in only one hospital in the Irish Republic, although it is safer than hysterectomy. The hospital is under Protestant management.

Reprinted with the kind permission of the *New Statesman*, 3, 4 3rd April 1981.

# ABORTION SERVICE CRITICIZED

A report entitled *FAMILY PLANNING, STERILIZATION AND ABORTION SERVICES* by Isobel Allen was published on March 30th, 1981 by the Policy Studies Institute. A seminar held on 1st April at the P.S.I. to discuss the findings of the report was attended by ALRA.

The two main purposes of this DHSS-funded study were to give a detailed description of the provision of services designed to help people with fertility control of all kinds, and to see whether and how these services could be changed or improved in line with the needs of the community. An in-depth study was carried out in two area health authorities.

As Isobel Allen said at the seminar, there has been a revolution in the last ten years in the way family planning has become a fact of life for most women in Britain today. The report states: *The proportion of women who were so unmotivated that they would not use or consider methods or services was very limited indeed. Awareness of the existence of family planning services from clinics and GPs and the knowledge that these were freely available were almost universal among the women interviewed for this study.*

Unfortunately the gaps in the system for abortion services first shown up as long ago as 1974 in the Lane Report are facts of life for women too. Even the increased demand for sterilization and vasectomy could be seen, commented one participant at the seminar, as a severe condemnation of the unsatisfactory methods of contraception available for women.

Some of the gaps shown up in the report are mentioned below, together with the report's recommendations.

### DELAYS IN PREGNANCY TESTING AND REFERRAL

The report firmly removes the blame for these delays from the women themselves. *There is really not much evidence that most women who want abortions are slow in getting to their doctors early.*

Startling differences were shown up in pregnancy-testing delays. In one of the two areas one-third of the women who took urine samples for pregnancy testing to their GPs did not receive the results for five days or more. In the second area a much higher percentage of women had got their results in a day or less by doing their own tests or taking a sample to the chemist. Some delays in pregnancy testing were also caused by early tests being falsely negative.

*Only one-third of the women in both areas had their terminations within three weeks of first seeing a doctor, and as many as 16% in one and 9% in the other had to wait six weeks or more between first seeing a doctor and their abortion.* Over two-thirds of all the women had to wait more than three weeks between first seeing a doctor and their termination.

Because of delays, some women had to have mid-trimester abortions, with unnecessary greater risk to their health. One woman in the study had first requested help when she was five weeks pregnant. *She did not see the gynaecologist until she was thirteen weeks pregnant and she had a mid-trimester abortion.*

Isobel Allen writes of the feelings of powerlessness women experienced confronted by such delays, which obviously cause great stress and anxiety. *There can be little doubt that women found themselves in the hands of 'the system' and if this moved in a bureaucratic, or sometimes even inefficient way, they were powerless to do anything about it.*

### A SERIES OF HURDLES

ALRA has always maintained that it is only when women can stop having to put all their energies into convincing doctors that they need an abortion that they can really decide whether they want to continue the pregnancy or not.

It comes over very strongly in the report that women frequently saw the interviews and consultations with doctors as hurdles to be overcome in the race to get an abortion. Whilst

such hurdles exist, counselling for women cannot be really helpful or effective. Those women who may have had doubts about having an abortion did not feel they could discuss them with doctors in case this influenced their chances of being given an abortion. One gynaecologist interviewed said that *he usually agreed that he would perform the abortion at the beginning of the interview, so that the matter could be discussed without the girl feeling that she had to convince him.* Some women subsequently opted not to have an abortion.

The report also pointed out that some women got counselling they didn't need. *The main problem in the counselling area was of distinguishing those who were in genuine need of help and discussion, and those for whom discussion was either irrelevant or even upsetting.*

The report identifies three groups of women who seem to be at particular risk of an unplanned pregnancy: *the very young girls, often under sixteen, who were having infrequent or unexpected intercourse; older women who were divorced or separated, who had often been regular users of contraception but were not using anything at the time of conception because they had not anticipated the need; and a small group of women, often over forty, who thought they might be menopausal or infertile.*

### SOME OF THE REPORT'S RECOMMENDATIONS

\* *Abortion counselling should be given outside the 'battle' for authorization or referral, and not necessarily by the doctors making a judgement under the Abortion Act. GPs should refer women about whom they have any doubts to a family planning clinic for further counselling by a clinic doctor, nurse, or social worker. Counselling should never be used to delay referral.*

\* *There is a need to arrange speedier referral procedures for abortion, and a strong case for rationalization of the pregnancy-testing services.*

\* *The scope for day-care abortion in new or existing premises should be closely studied and encouraged, together with the feasibility of removing some abortion work from mainstream gynaecological work.*

\* *Abortion counselling should be rationalized to prevent the situation where counselling may be given by too many professionals, who may give conflicting or confusing advice, or the situation where some women who need it receive little or no counselling. Counselling should be more focused on those who need it. There is a particular need for special care in the counselling and treatment of teenage girls.*

\* *There should be rationalization of the family-planning advice given before and after abortion, again to prevent multiplicity of advice in some cases and inadequate or non-existent help in others.*

\* *Professional workers interested in and knowledgeable about sex education should be encouraged to go into schools to talk about this subject as well as other aspects of preventive medicine.*

\* *The feasibility of specialist fertility units offering sterilization, vasectomy, and abortion facilities and counselling as well as family-planning advice should be explored. These centres should also be a focus for research into new methods, training, disseminating information and monitoring developments.*

Fortunately, Madeleine Simms was present at the seminar to remind the DHSS representative that the DHSS were well known to commission fine reports and then do little about their recommendations. There is plenty of ammunition here to be fired back at the report's sponsors.

Judy Cottam

N.B. Direct quotes from report are in italics.

# Choice in Italy

On 16th May a referendum is to be held in Italy concerning two amendments to the 1978 Abortion Act, potentially one of the most progressive laws of its kind in Europe.

Abortion in Italy has long been used as a method of contraception because in the past information about alternative means has simply not been made available.

This is due in part to the influence of the Vatican over the state and the subsequent organization of its welfare services. In his Easter address the Pope made it clear again that the church still vehemently opposes abortion and called on Catholics to vote for the amendment seeking curbs on the upper time limit and the age of consent.

Abortion facilities are available in principle according to Italy's 1978 Act and theoretically women can go to any hospital and demand a free state abortion. However, in practice the clinics lag behind in conforming to the Act's requirements and women in some areas are forced to arrange private abortions with 'spoon of gold' practitioners, who receive anything from £500 to £1,000 for each operation.

When the Act was presented by the Socialists in the late seventies it provided a conscience clause (Article 9) which has since proved disastrous to the implementation of the Act. Hospital staff involved in an abortion operation can absent themselves from the law's demands. This obviously has a serious effect on abortion provision throughout the country, and especially in the south where the church has had a more lasting influence.

The burden of demand for free, legal, safe abortion becomes intolerable for a few progressive doctors trying to make a stand for women's rights in remote areas. It was recently reported that all but one practitioner in Palermo had



photo: Barbara Nicholls

declared themselves conscientious objectors, leaving most of Sicily without a public abortion service. The remaining doctor sympathetic to women seeking abortions felt the need to conform in the end because of the intense public and private pressure centred on him in the district.

It has been estimated that within six months of the implementation of the 1978 Act 72% of all Italy's doctors declared themselves objectors.

As for the referendum, there will probably be little change in the existing provision. Most Italians thankfully now recognize the need for good family planning and abortion services despite the moralistic influence of the church.

## REVIEWS



**ABORTION: A CHOICE FOR IRISH WOMEN**, produced by the Irish Women's Right to Choose Group, 3 Belvedere Place, Dublin 1, 44p, including postage.

Abortion, write the authors of this pamphlet, is Ireland's invisible export. "Not only is it illegal, but it's also the thing nobody wants to talk about (let alone admit they've experienced)". In the meantime the official figures of Irish women having abortions in Britain go up every year, and we can only guess at how many Irish women slip through the statistics by giving English addresses.

A 1980 statistical sample of 300 women put together by the Dublin Well Woman Centre shows that women having terminations come from all age groups — the highest are 31% aged 22-27 and 27% aged 18-21. The reasons given for choosing to have an abortion were very varied. 75% of the women came from the Dublin area; 32% of them already had children. *Only 50% of the women had used some form of contraception in the past — an indictment of the restricted information on and access to contraception in the Republic.*

The pamphlet gives details of the law on abortion in the Republic, explains what is an abortion, what are the risks, recounts the experiences of three women who had abortions, and answers some of the anti-abortionists arguments.

Copies also available from the ALRA office, 44p, inc. postage.

### BIRTH CONTROL — A WAY FORWARD

This short pamphlet, clearly written by Colin Francome, contains succinct discussions about the present state of contraception and abortion in Britain today and ends with a discussion of the world need for birth control. Although there is no new research reported and much of the information will be familiar to readers of *Breaking Chains*, the material is neatly pulled together and easy to read. He discusses the problems of young people (the percentage of sexually experienced sixteen-year old girls quadrupled between 1964 and 1974), immigrant groups with their higher infant mortality rate and greater difficulty in obtaining legal abortions, various methods of contraception and various aspects of abortion, including regional disparities and the need for more day-care. The final section of the pamphlet summarizes the international situation and the growth of population in Latin America, Africa and Asia. The pamphlet was published as part of the Marie Stopes Centenary Appeal to raise money for family planning clinics in the Third World and this has quite clearly marked the final section, with its emphasis on economic factors, population growth, food shortages, and its encouragement of overseas aid for family planning by the British Government. Although this section is controversial and many would disagree with its emphasis on population control rather than economic and social change both within the countries concerned and in their relation to the more developed world, the fact remains that control of their fertility is as important to Third World women as it is to women in Europe or America and that they also need caring family planning services.

*Birth Control — A Way Forward*, Marie Stopes House, 108 Whitfield Street, London, W1P 6BE

# The Wessex Survey

In Wessex in 1974, 49% of women had terminations outside their home region compared with a national average of 33%. In 1975, 2,678 Wessex women went outside their region and of them, 1,100 went to BPAS in Brighton. In an attempt to improve the service the RHA set up a working party to investigate provision in the light of demographic variation and surveys of local GPs, consultants, and the women themselves, both those having NHS abortions and those using BPAS. The results of various aspects of the research have been summarized in a series of papers and the research still continues.

In general in the region, there was an inverse correlation between family-planning provision and abortion rates. Only one district had much day-care and 48% of operations were done there on a day-care basis. Of the BPAS patients interviewed, 66% came from districts with poorest provision, only 21% wanted to be away from home, and 84% would have liked an NHS operation in a unit like BPAS. In other words, patients were not choosing to go privately but were doing so because of the failure of the NHS to make adequate provision for their care.

In an eight-week survey, women having a termination at BPAS were interviewed. In general, GPs were least likely to refer young (17-24) single women for NHS terminations and the women at BPAS reflected this. Of 197 women interviewed, 31 (16%) were found who had been refused NHS terminations and they were mostly young, single, and working class. Six were under seventeen, nine still at college, eight had a history of depression, one was seeing a psychiatrist, two had tried to abort themselves, six patients were abandoned by their lovers, three pregnancies in married women were extra-marital, and so on. Reasons given for refusal were insufficient grounds under the Act, that they were too late, or the doctors disapproved of abortion. Some were given misleading information and some had unpleasant and unkind consultations. The effect of refusal was to delay the operation appreciably. The mean time from seeing a GP to operation was twenty-one days but forty days for those refused by a gynaecologist.

The impression given by the interviews with the women was borne out by a survey of the Wessex consultants themselves. Twelve of the thirty-two "had conscientious objections to abortion", ten were unwilling to do an abortion later than twelve to thirteen weeks except for urgent medical reasons

and only six later than twenty-one weeks. They were asked their opinion about a series of hypothetical cases and while twenty-eight consultants would do an abortion for a woman known to have had German measles in the first trimester or severe kidney disease, only twenty-one would do an abortion for an unmarried student in her final year before twelve weeks and only twelve after twelve weeks. The figures for a girl under sixteen, married women with four children, or an unmarried poorly paid girl were similar. Some districts are served by only two consultants and if both have a major objection to abortion then NHS abortions will not be available in that district.

Further studies of factors leading to delay showed that age was of major importance. Only 47% of women aged 17-18 had operations before twelve weeks compared to 70% of all other women. In general, by six weeks 75% of patients suspected that they were pregnant and 41% had decided that they wanted a termination. By ten weeks, 65% had confirmed they were pregnant, 54% had seen a doctor, but only 39% had had a termination. Patients aged 17-19 moved most slowly through the system and patients aged over 35 and under 17 most quickly. On average patients waited seventeen days for an NHS referral.

In general then, delay in referral was not due to patients' slowness in realizing that they were pregnant but to a failure of the NHS to emulate the efficient service provided by BPAS.

Patients were asked with whom they had discussed their decision. Younger patients were later in arriving at their decision, more prone to uncertainty, and tended to see both their GPs and boy-friends as hostile.

Three hundred women were interviewed about their knowledge and use of contraception, and sex education. 58% of patients under 20 had had such teaching at school, 45% were not using contraception, 11% were using an unreliable method (spermicide alone or withdrawal) and they were disproportionately young, single, and Catholic. 67% were using no contraception or unreliably, 87% of women over 35 said that one partner in the relationship would like to be sterilized and 33% of women who had recent contact with GP or FP services were more likely to be using a more reliable method of contraception.

The themes that emerge from all these papers are the importance of improving family planning and sterilization services, the need to improve provision and to develop alternative referral and counselling pathways for younger patients and those with GPs reluctant to refer, and to set up one or more abortion centres (preferably providing abortion up to ten weeks on a day-care basis) either within the NHS or on an agency basis.

## REFERENCES:

Lancet 1981; p.82 & p.140. J. Ashton et al.  
Journal Biol. Soc. Sci. 12, 1980, p.201, p.211. p.247. J.Ashton.

## 400 CLUB

We have omitted in recent issues the names of the winners of the 400 Club draw. We are therefore printing here a full list

M. Collin	Leicester Secular Society	S. J. Robertson
G.M. Hall	L. Marsh	E.F. Robinson
C. Jacob	A.R. Noyes	T.F. Robinson
S. Smythe	T. Woodcraft	

## BREAKING CHAINS

Breaking Chains is published bi-monthly by the Abortion Law Reform Association. It is sent without charge to members of the association and is available by postal subscription of £1.50 per annum and from some newsgroups.

Signed articles are the responsibility of the authors and do not necessarily represent the views and policy of the Association or the Editorial Committee. Unsigned material is the responsibility

of the Editorial Committee.

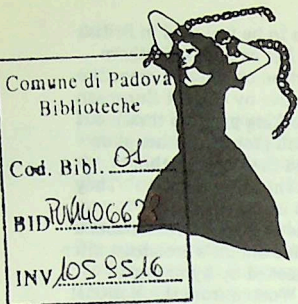
Letters and other contributions will be gratefully received. Letters should not exceed 250 words or other contributions 400 words except by prior arrangement. Cuts may be made at the discretion of the Editor. All contributions should be sent to:

The Editor, Breaking Chains,  
88a Islington High Street, London  
N1 8EG. Telephone: 01-359 5200

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# BREAKING CHAINS

**ALRA**

THE NEWSPAPER OF ALRA-THE ABORTION LAW REFORM ASSOCIATION

## Reductions from Sainsbury

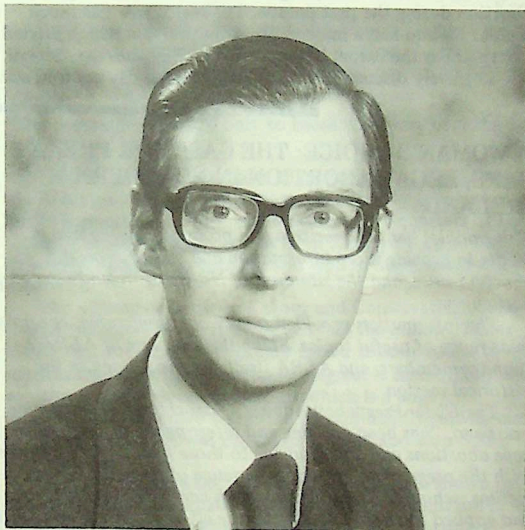
### PRIVATE MEMBERS BALLOT

The first place in the Private Members' Ballot, which was announced on 27 November, was drawn by Mr. Timothy Sainsbury, who has already declared his intention to take a short anti-abortion bill.

Mr. Timothy Sainsbury, a Conservative, for Brighton & Hove, with a majority of 19,449, has said that he is thinking of taking a bill to amend the Abortion Act in two ways - to reduce the upper time limit to twenty-two weeks and to alter the conscience clause to make it easier for doctors and nurses to opt out of abortion procedures. Mr. Sainsbury does not have to declare officially what the subject of his bill will be until mid-January and so it is possible he may broaden the scope of the bill or, although this is unlikely, take a bill on another subject.

In a letter to a constituent in 1978, Mr. Sainsbury wrote, "I would oppose any attempt to turn the (Braine) Bill into one which would unduly restrict the operation of the 1967 Act." Although elected to Parliament in 1974, Mr. Sainsbury has rarely voted on the abortion issue. The only occasion that he has, was during the Corrie Bill Report Stage, when he opposed amending the twenty-week upper time limit proposed by John Corrie to twenty-seven or twenty-four weeks, preferring twenty or twenty-two weeks instead.

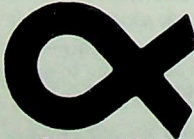
According to reports, the bill Mr. Sainsbury is proposing will restrict the upper time limit to twenty-two weeks, and not to twenty-four, which Parliament voted for. Nor is it clear whether he is prepared to make adequate exceptions to this upper time limit, such as where there is risk of foetal abnormality, or where there is risk to the woman's life.



Mr. Sainsbury is Parliamentary Private Secretary to Michael Heseltine, the Secretary of State for the Environment, and therefore is on the edge of the Government team. It is unlikely that Mr. Sainsbury would take a bill:

- a) without first consulting the Government;
- b) which would embarrass the Government; and
- c) without the tacit approval of Government.

Sharon Spiers



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Founded 1936

# a woman's right to choose

# NEW IRISH CAMPAIGN AFTER BACKSTREET DEATH

Soon after a woman died from back-street abortion in Belfast last Spring, a group of women got together to form the Northern Ireland Abortion Campaign. They held their first national conference in Belfast on 11 October. More than a hundred people attended. Most were women, most under thirty. They came from all over Northern Ireland. Observers came from Dublin. Most important of all, they came from both Catholic and Protestant backgrounds, a loyalty few Ulster causes could command.

Dr. Barbara Harvey of the Ulster Pregnancy Advisory Service spoke about the process of referring women to the abortion charities in England. Leonora Lloyd of the National Abortion Campaign spoke of the organizational and international dimensions of the abortion campaign. Madeleine Simms of the Co-ordinating Committee in Defence of the 1967 Abortion Act and the Abortion Law Reform Association spoke about the history of the abortion campaign in Britain and its relevance to the present Northern Ireland campaign. She pointed out that more than 30,000 women from both sides of the border were officially registered as coming to England for abortion during the past decade. The real figure was much higher. Ireland had a massive abortion problem which it tried to sweep under the carpet by exporting to England.

The lively discussion which continued all day centred round

## A WOMAN'S CHOICE: THE CASE FOR FREE, SAFE, LEGAL ABORTION IN NORTHERN IRELAND

This booklet has been written and produced by Women in Media to provide more information and statistics on the abortion issue, and the situation of Northern Ireland women in particular.

The information provided is very comprehensive, covering a wide range of useful topics. Stella Browne, one of ALRA's founder members, and ALRA itself, are mentioned in the historical section.

The Ulster Pregnancy Advisory Association, formed nine years ago, "has been advising and referring women who want to have abortions and giving advice to those who wish to continue with the pregnancy." In the experience of the UPAA, rape victims, schoolgirls, and women with very large families, who had applied for NHS abortions, have all been turned away after long delays. Those women who do decide to have abortions are referred to PAS and BPAS by the UPAA, which provides an important after-care and contraceptive service on the woman's return.

Obviously only women of a certain income can afford to come to England to have abortions. What about all the others?

the question of whether to campaign to be included in British legislation, since the 1967 Abortion Act excludes Northern Ireland, or whether to press for abortion on request, since the British Act is now narrow and restrictive by current European standards. It was agreed to hold a working party to thrash out details of the future campaign. A small group of rather glum Life supporters eventually abandoned their refrain about 'Human Life Beginning At The Moment of Conception'. They packed up their literature and left to ironic cheers.

Radio, TV, and the press gave the conference reasonable if somewhat nervous coverage. Madeleine Simms's broadcast interview on Ulster Sunday radio was preceded by hymns and succeeded by prayers and a sermon. Women from the National Abortion Campaign International Committee were planning to go to a similar conference organized by their sisters in Dublin the following week-end. To celebrate the occasion, Women in Media produced a special booklet, *A Woman's Choice* (40p from Box WIM, Just Books, 7 Winetavern Street, Belfast 1.).

The campaign for legal and safe abortion in Ireland is well and truly launched.

November 1980  
Madeleine Simms  
*[Part of this article has already been published in 'Spare Rib' and is reproduced with their kind permission]*

The recent abortion campaign in Northern Ireland has been inspired by the tragic story of Charlotte Hutton, who died last year two days after a back-street abortion. Charlotte, who came from the Sandy Row area of Belfast, was a working-class woman with little money.

The Northern Ireland Abortion Campaign was formed earlier this year, "primarily to campaign for the extension of the 1967 Abortion Act to Northern Ireland, but also to look into the whole question of abortion, the medical, legal, and social implications for women in Northern Ireland, and to discuss the failures of the 1967 Abortion Act in Britain, which none of the NIAC members would see as the perfect solution."

The authors of this excellent and valuable pamphlet conclude: "The reaction to Charlotte Hutton's death should not be a witch hunt of backstreet abortionists — the response should be the demand for free abortion facilities here in Northern Ireland. Only when women can choose will the backstreet's days be numbered."

J.C.

Available from ALRA, and from:  
Women in Media, Box WIM, Just Books, 7 Winetavern Street,  
Belfast, 1. Tel. 0232-25426.  
Cost: 40p + 10p postage.

## FPA UNDER FIRE

The Family Planning Association has never been the most popular organization in some circles. The latest stage in its controversial history was reached this summer when it came under a severe attack from Jill Knight, M.P., and others.

Mrs. Knight gave the signal for a remarkable campaign of calumny by attacking the Association in a Commons debate on 4 August. It was during this same debate that Dr. Gerard Vaughan, Minister for Health, stated his concern over the rising abortion rate and announced an increase in the FPA grant from £69,000 to £120,000 to deal with this. A 74% increase in funding is striking under any circumstances, the present fixation on public expenditure makes it almost unprecedented.

Since then Dr. Vaughan has come under very considerable

pressure to renege on his commitment and also to cut funding for the Brook Advisory Centres.

The FPA no longer runs clinics (though many of us must have attended their clinics in the past). Instead its current role is to run the Family Planning Information Service and to provide training courses for teachers, health visitors, and other professionals.

FPA General Secretary Alastair Service, himself a former executive member of ALRA, has described those hostile to the FPA as "bitter and often dangerous...a vociferous group of small organizations that include some individuals who are influential with the government."

He has asked for political support for the FPA's role to be made clear to MPs and to the Minister.

# NEW POLL ~76% for CHOICE

More than three-quarters of the population now support a woman having the right to choose an abortion if this is what she wants after discussion with her doctor. Only one person in nine is now opposed to this right and this is the lowest figure ever obtained. The poll was conducted by Gallup at ALRA's request during the period 29 October to 3 November, 1980. The question asked was the same as that published by *Woman's Own* in February but asked in November of last year. The exact wording was as follows: "Do you think that the choice as to whether or not to continue a pregnancy should or should not be left to the woman in consultation with her doctor?" The results can be tabulated and compared with those of last year:

	Men	Women	All (Nov 80)	All (Nov 79)
Should	75%	78%	76%	76%
Should not	12%	10%	11%	14%
Don't know	13%	12%	13%	10%
Percentage	100%	100%	100%	100%
Number	469	510	1024	1004

The results show that over the twelve-month period there was no change in the degree of support for the woman's right to choose; however, the opposition declined by 3% to 11%. This is a meaningful reduction and if it accurately reflects a change in opinion must indicate a reduction in the already small minority of anti-abortionists.

Women were more likely to support the right to choose than men but the difference in this year's poll was less marked than last year's result.

AGE & SOCIAL CLASS: Table B  
Agreement with the Right to Choose by Age and Social Class

	18-34	35-44	45-64	65+	ABC1	C2	DE
Should	76%	77%	79%	71%	82%	72%	73%
Should not	15%	9%	10%	6%	8%	14%	12%
Don't know	9%	14%	10%	23%	10%	14%	15%
Percentage	100%	100%	99%*100%	100%	100%	100%	100%
Number	369	155	289	166	371	321	287

\*One percentage point was lost by rounding.

The results show that there is little difference in support of the woman's right to choose according to age. There was a slight tendency for the 45-64 age group to take the more liberal line and this was the same as last year.

The class difference in the table is however greater than in the past studies. The class grouping ABC1 (professional, managerial, and other non-manual workers) supported the right of choice in more than four cases out of five. The classes C2 (skilled manual workers) and DE (semi-skilled and unskilled workers) were less likely to support the right of choice. In last year's study it was the skilled manual workers who were most in support and so it could be that the measured difference is more a result of sampling variations.

Table C

Question: Do you think that the choice as to whether or not to continue a pregnancy should or should not be left to the pregnant woman in consultation with her doctor?  
Replies by political-party voting intention:

	All	Conser	Labour	Liberal	Other	Don't Know
		-vative				
Should	76%	80%	74%	83%	89%	67%
Should not	11%	8%	13%	9%	11%	13%
Don't know	13%	12%	13%	9%	0%	20%
Number	979*	304	415	142	15%	102

\*The question was asked only to those who were over the age of eighteen.

The results show that more than four out of five Liberal voters support the right to choose, that exactly four out of five Tories support this choice, as do nearly three-quarters of Labour voters. The least support comes from those who do not know who they are going to vote for and who in many cases will not vote at all.

The difference between Labour and Conservative voters is greater than that found last year. In fact the *Sunday Times* MORI poll published in February found Labour voters to support abortion right to a greater degree. It seems likely that it was the class difference in support which is a large influence. Conservative voters are predominantly middle-class and the middle-class was shown to support abortion rights very strongly.

This poll shows what various other polls have shown over the years: that Conservative Members of Parliament are in a number of cases well behind their voters in supporting freedom of choice on the issue of abortion. There are some signs that this is changing, but not to the extent that the abortion issue is likely to be settled in the near future.

Colin Francome  
(Senior Lecturer in Sociology, Middlesex Polytechnic)

# Third World Death Toll

Induced abortion remains illegal in many developing countries, and little is known about its prevalence or the associated suffering and individual human tragedies. A recent letter to the *Lancet* summarizes a recent survey by the International Planned Parenthood Federation of member family-planning associations to obtain their estimates of the number of abortions in 1976. The sixty countries in the survey were drawn from all parts of the developing world and the estimates were based on a mixture of data, local experience, and best guesses.

For these sixty countries, they estimated 13.7 million induced abortions were carried out in 1976, yielding a ratio of 207 abortions per 1,000 live births, with a range of 8.9 in East Africa to 325.2 in Latin America.

Since 99% of these abortions were illegal, they speculated that the associated mortality was between 0.1 and 1%. From this they calculated that as many as 68,000 women (between 13,000 and 137,000) may have died from induced abortion in these countries. Over half these deaths occurred in the Indian Ocean region and nearly a quarter in Latin America.

Unreliable as these data are, they illustrate the scale of the problem and the need both for adequate epidemiological research and for much better facilities for reproductive-health services so that women are not forced to risk their lives and health by seeking illegal abortion.

*Lancet*, 30 August 1980.



# ABORTION~ONE WOMAN'S HORROR STORY

We were recently sent this account by reliable friends of ALRA within the movement. It is a horrific story of one girl's humiliating experiences, gained whilst attempting to obtain a Health Service termination. It poses a lot of questions — we hope the people involved will be able to provide some answers.

My period was a week late when I first went to see the doctor at the Student Health Centre, Leicester, on Tuesday, 22 July, partly because I needed antihistamine for hayfever and partly because I had been feeling run-down and tired. The doctor suggested that I might be pregnant. I said I thought not, but my symptoms were classic and I use the cap. He then asked me how I felt about termination (not how I felt about having a child.). I had not at this stage thought about it but told him that I considered termination preferable to having a child, given my unstable circumstances. He was very sympathetic, said that he hoped I'd menstruate before the following week, and if not to see him for a pregnancy test.

On Tuesday 29 July, I went for a pregnancy test. The doctor told me it was positive and that I'd better get some money together fast. He booked me in to see him at 9.30 the following morning. When I said that I'd like a TOP (termination of pregnancy) in a National Health hospital, he became quite angry and told me that my reasons had better be good.

Wednesday, 30 July:

I explained to the doctor my social reasons for wanting a TOP. I was unemployed, I lived on my own in a flat I was to vacate the following March as my landlord was selling up, I did not have a stable relationship, I could not foresee the possibility of using my recently gained degree whilst pregnant or after the baby was born, I had no support from my friends or my family, I was already in debt with an overdraft of over a £100 — I felt desperate. I also feared foetal damage since I'd taken drugs known to risk chromosomal damage after I had conceived but before I knew I was pregnant. This was the most important reason for wanting a TOP and the real deciding factor — I felt the risks were too high and I could not face seeing a pregnancy to full term with that sort of psychological pressure.

It was quite obvious from the doctor's attitude from the week before that he was not against TOP in principle, but he became quite nasty when I insisted that I had a right to one on the NHS. I was given what I term a "horror story". I would have to wait until I was sixteen weeks pregnant, when I would be induced and give birth to a "live and screaming" foetus. I was sickened by this, at six weeks (at the very most) I did not believe this doctor. He then phoned (having sent me out of the surgery) a Mr. -----, consultant at the General Hospital, for an appointment.

Friday, 8 August:

(10 days after the pregnancy test)

I was seen by Mr. -----, consultant at Leicester General Hospital. He was short and sharp, telling me how irresponsible I had been, that I must go on the pill, asked me which I thought was more important, cancer of the womb or TOP, and did I not consider his feelings about TOP. After examining me, the

consultant concluded that I'd "obviously damaged the baby" and he had no choice but to terminate. I was told that I would be admitted within a fortnight, "as soon as there is a bed free."

Thursday, 28 August:

I was admitted to Ward 2 of Leicester General Hospital at 9.15 a.m. (four weeks and two days after my pregnancy test and my doctor's referral). The Registrar, a woman doctor, and the head sister came to see me. Their attitude was hostile; I was told again how irresponsible I had been, that I was bigger than my dates predicted, and accused of lying about the date of my last menstrual period — and therefore could not be trusted. Their moralizing and obvious hostility towards me put me on the defensive. I pointed out that it was not my fault that today's society could put men on the moon but had still not yet developed 100% safe contraception, and that I'd used contraception responsibly for seven years. I was then accused of being a narcotics addict. I have never taken narcotics in my life.

Having re-examined me, the Registrar, head sister and woman doctor stood just outside the open door of my small ward discussing which TOP method to use. Although I was only just within earshot and cannot quote exactly what was said, the words 'blood', 'pain', 'hours of contractions', and how awful it would be for me, in serious tones, carried clearly. I lay on my bed, frightened, in tears and half disbelief at what they were saying.

Although I had expected some resentment and a few nasty comments from anti-abortionist staff, this sort of scaring tactic was hard to believe and I cried with anger at how they'd deliberately frightened me.

At about 11.00 a.m. I was examined by the woman doctor and had a blood test taken. She was cold and detached but not unpleasant. She told me I was eleven weeks and would go into theatre at about 3.30 p.m.

I was then told by one of the nurses to have a bath. I explained that I did not have a towel or soap. I was reluctantly given a towel (along with NHS expense comments) but no soap.

At about 12.30 p.m. two nurses came in to dress me for theatre. One of them pointed out the 'fairy-tale' rubbish I was reading and that it was time to face up to reality (I had deliberately brought a light novel to read with me). The other nurse complained about the waste of NHS money on people like me as she had to use half an 'expensive' bandage around a bangle on my wrist (which does not come off). I was then given some tablets which I presume were tranquillizers (the 'pre-med').

Upon examination by the consultant, I was told that I was "borderline" and had a very tight cervix. He added that for all he knew I probably had "two in there". He made remarks about the possibility of me never being able to conceive again and that he didn't think they'd be able to cope with the blood-loss. He indicated the size of the foetus's head with his hands and asked me if I really wanted him to crush "your baby's head". At this point I was very distressed and a little confused by his medical terminology (and presumably the tranquillizers were beginning to work), so that I cannot say for sure what else

he said to me. However, throughout the interactions, the consultant, registrar and head sister all referred to my "baby".

I cried myself to sleep and was later wakened by an auxiliary nurse who asked if I wanted a cup of tea. I said "no thanks", since I was going into theatre that afternoon (I had been fasting since the night before). She looked surprised, and then very sorry for me, asking me had I not been told. I asked what she meant as at this point I was not sure what was happening to me, and told her that I was confused. She said she would send the head sister in to explain. It was only at this point that I realized the doctors were really serious about inducing me and were not going to operate that day (I was still dressed for theatre).

The head sister came in and was very patronizing, saying that TOP was not like the media said it was; it was a very complicated, dangerous and ugly thing, etc., and explained about the drip in my arm, catheter through my cervix into the womb dripping a hormone, etc., from 9.00 a.m. the following morning through to early evening when I would go into contractions, experience labour pains which they could not give me anything for. The earliest it would be over would be twelve hours but it could be longer and I would probably stay in hospital till Sunday.

At this point, I resigned myself to accepting everything the doctors did and said, since they obviously knew best. Had I not been so sure that my decision to have a TOP was correct, I most certainly would have changed my mind, as going through an induced miscarriage in such a hostile environment sounded so traumatic and painful I wasn't sure I could go through with it.

After my tea at 6.00 p.m., which consisted of one sandwich and a jam tart, my only meal throughout the day, a friend who had by then heard about my treatment phoned me. He suggested that I discharge myself, since even if it was necessary to have a TOP by the most complicated method, at least I could have it in a more supportive environment. He had already booked an appointment at Birmingham's British Pregnancy Advisory Service (BPAS) and offered me the necessary money. At 6.40 p.m. I got dressed when my friend arrived to collect me and walked into the main ward. One of the nurses smiled at me (for the first time), saying, "Oh, you've changed your mind." I said, "No," that I had not changed my mind, but was going elsewhere. There was no surprise that I was discharging myself and I had the feeling that this was not the first time it had happened.

Before leaving the hospital at 7.20 p.m., I called in to say good-bye to the young woman, twelve weeks pregnant, who was already on the drip, being induced. Her left arm was swollen and hung in a sling (they had missed the vein). Her right arm was also in a sling, attached to a drip and a bleeping machine. The sheet under her arm was blood-soaked. She had been lying like this, with a catheter inserted into her womb, since 12.00, waiting, on her own, to go into contractions. A friend whom I asked to visit her the following evening, reported that she was still like this, suffering a lot of pain thirty-one hours later. She told me that all the nurses were extremely

unsympathetic, had made nasty comments all day, and that the head sister had even gone as far as saying something about teaching her a lesson.

I left the hospital feeling like a convict just escaped prison. I was my own person again and convinced I'd just escaped the risks and consequences of staying.

My 'conspiracy theory' was confirmed on Saturday morning, 30 August, when I saw two BPAS doctors in Birmingham. They were very sympathetic and supportive. They concluded I was between eleven and thirteen weeks, small enough for simple suction method and certainly not big enough for TOP by inducement. I was booked into Wistons Nursing Home in Brighton for the following Thursday, 5 September. There I was given a TOP by the suction method. Within half-an-hour of coming round I was up drinking tea and eating sandwiches with other women in the ward. Our ages ranged between fifteen and forty and we were all a great support to each other. All the doctors and nurses were kind and reassuring. We were treated like human beings. The contrast between the two experiences is obvious. The more subtle psychological differences were that between seeing smiling faces of caring staff and frowns, serious looks, from staff who resented you; between being called Mrs ----- and by your first name; between the terms 'pregnancy' and 'baby'; the difference between being made to feel mature and responsible (doctors' letters, charts, etc., were quite open) and small, foolish, and bad; the difference between leaving hospital confident in having made the right decision and leaving hospital with regret and guilt. I say this last point because I'm convinced that the combination of several days of such sophisticated psychological pressure and the natural depression following would certainly leave my head very unstable.

I've made this statement because I see an urgent need to prevent this sort of experience happening to other women. The questions I ask are:

- 1) Why was I kept waiting so long?
- 2) Why was everyone who took care of me in Leicester General an anti-abortionist?
- 3) Why did the consultant decide to induce me when three independent doctors decided it was safer to use the suction method?
- 4) How many women have needed anti-depressants, tranquillizers, or psychotherapy after a TOP under Mr. -----, consultant at Leicester General Hospital (and others)?
- 5) How many other women have discharged themselves before going through with it?

Hospital records will reveal the answer to the last two questions and also the number of TOPs by the induced method relative to the simpler, safer, cheaper suction method.

I believe that the belittling nature of the experience has prevented many women coming forward to complain.

The lessons drawn must be that there is desperate need for the provision of day-care abortion clinics, manned by sympathetic staff, and a mechanism to ensure that anti-abortionists in the medical profession never work in these clinics.

# Court Ruling for RCN

## ROYAL COLLEGE OF NURSING

Following the recent Appeal Court ruling that it is illegal for nurses to participate in prostaglandin abortions we are printing a full account of the developments that led up to this decision.

Towards the end of 1979, when John Corrie's Abortion (Amendment) Bill was going through Parliament, the anti-abortionists began to question the legal status of nurses participating in abortions which are medically induced by prostaglandins. Indeed, according to the latest edition of the anti-abortion newspaper *Life News*, as long ago as 1976 *Life News* advised the Royal College of Nursing (RCN) that "...it was illegal for nurses to administer prostaglandin hormone intravenously to induce abortion". (*Life News* No. 7, Autumn/Winter 1980)

Their argument goes something like this. It is impossible for the 1967 Abortion Act to cover nurses participating in these abortions because at the time the act was passed abortions carried out over twelve weeks were performed by surgical methods which did not directly involve nurses. However, since 1972 drugs such as prostaglandin have been introduced which can induce abortion over twelve weeks. Although a doctor usually initiates prostaglandin abortions, the task of 'topping up' or maintaining the infusion is often delegated to a nurse, or midwife, who monitors the procedure until the abortion is complete. This can take anything up to eighteen hours. It has meant that nurses are brought into abortion procedures which the 1967 Act could not possibly have envisaged.

In support of their claim, the anti-abortionists referred to the wording of Clause 1(1) of the 1967 Act. This states: "Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner." (my italics). Clearly a nurse is not a registered medical practitioner, therefore, their argument concludes, any action a nurse takes to terminate a pregnancy is illegal.

In an attempt to clarify the situation, the Department of Health and Social Security (DHSS) circulated a memo to all relevant personnel, which stated that: "...provided the registered medical practitioner personally decides upon and initiates the process of medical induction, and throughout remains responsible for it, it is not necessary for him personally to perform each and every action which is needed for the treatment to achieve its intended objective." (DHSS Memorandum CMO(80)2 CNO(80)2, 21 Feb 1980)

However, this did not resolve the matter. On the contrary, the RCN, having consulted their lawyers, now took up the case. They believed that nurses were contravening the law when they 'topped up' prostaglandin abortions, even though the nurse might be acting on the instructions of the doctor performing the abortion. Moreover, it was their opinion that nurses might not be covered by insurance if anything went wrong in the operation and the woman was harmed.

Therefore, the RCN advised its members not to participate in medically induced abortions because their action might be illegal. The consequence of this advice was that doctors either resorted to surgical methods of abortion or the abortions were simply not performed. Michael Spencer, counsel for the RCN said: "It is impossible to exaggerate the seriousness of the situation. Patients otherwise entitled to have abortions are suffering from the confusion which exists, and their lives and health are being put at risk." The matter was referred by the RCN to the Solicitor-General.

The advice eventually came from the Law Officers of the Crown. In reply to a written question on 20 June, Dr. Gerard Vaughan, Minister of Health, stated that, "...nurses and midwives may participate in the termination of pregnancies where that participation includes the monitoring and control,

under proper supervision by a registered medical practitioner, of the administration of abortifacient drugs." There was, he continued, a clear distinction between participation in treatment and actual termination by a registered doctor. He also commented: "The role of the nurse or midwife is of the sort in which nurses frequently engage under a doctor's direction in other spheres of clinical work."

However, the RCN were not pleased — in fact, they were dismayed. Their director of professional activities, David Rye, told *Nursing Times* on 3 July: "If Gerard Vaughan's statement indicates all is well, I can tell you all is not well." He pointed out that the advice from the DHSS was not sacrosanct and could be challenged in law.

It now became apparent that the RCN wanted a change in wording of the 1967 Act. This was the only way they believed the matter could be resolved. Meanwhile they sought further clarification from a High Court Judge, Mr. Justice Woolf.

But they were to get no satisfaction from Justice Woolf's ruling, which was in broad agreement with the DHSS's memo and the Law Officers advice. Giving the reasons for his ruling, Justice Woolf said: "In the medical induction process the registered medical practitioner and the nurse performed the same roles as they did in relation to a normal birth where labour had to be induced by medical means. It could not therefore be suggested that the nurse was not fully qualified from a professional point of view to perform the role which she was called upon to perform in relation to abortions." In answer to the fear expressed by the RCN that nurses might not be covered by insurance, Justice Woolf said: "There was no reason for interpreting the provision of section 1 [of the 1967 Act] so narrowly that if anyone other than the registered medical practitioner participated in the treatment, the defence to a charge of unlawful abortion was not available."

The RCN did not like the ruling and immediately entered notice that they would appeal against the decision. Their argument for pursuing the case was becoming clearer. Michael Spencer, instructed by the College's solicitor, Mark Scrivenger, had argued before Justice Woolf that although the catheter containing the prostaglandin solution was inserted by a doctor, it was the act of *starting the infusion or pump* by the nurse in the ward which induced the abortion. The 1967 Act, he went on, specifically stated that abortion was lawful under the Act only when carried out by a registered medical practitioner. If Parliament had been specific, it was up to Parliament to make a change if it wished.

The RCN went on to state: "Unless the Abortion Act is changed by Parliament, we still believe that doctors — and only doctors — should be responsible for the operation." It is obvious from this and later statements that the aim of the RCN is to once more open up the debate in Parliament to reform the 1967 Act. Furthermore, David Rye pointed out in *General Practitioner* (24 October) that the Corrie Bill had demonstrated a need to lower the upper time limit for abortion from 28 weeks to 24 weeks. He suggested that the Government should take advantage of the prostaglandin problem to amend the 1967 Act and to state that medically induced abortion was *not part of a nurse's job*.

It is interesting to note that the RCN are portraying themselves in the press as a 'pro-abortion' lobby, pressing for restrictions to the 1967 Act. They point out that during the Corrie Bill the College was broadly in favour of the 1967 Act, but felt some changes were needed.

The appeal against Justice Woolf's ruling was heard during



At a meeting of the Young Conservatives in North London in October 1976, two ALRA speakers addressing the meeting noticed a young girl making some supportive remarks during the general discussion. After the meeting they asked her if she would like to become more involved. Sharon Spiers, then in her last year at school, went on to form Tories for a Free Choice at the end of that year, joined the ALRA Executive in January 1977 and has been involved on *Breaking Chains* since its second issue, writing regularly on Parliament.

## RHA REPORT

*The Abortion Working Group of the Wessex Regional Health Authority has produced its third report. This covers the attitudes of the thirty-two consultant gynaecologists and obstetricians in Wessex.*

*Twenty-nine of the consultants disagreed with abortion on demand but only three were opposed to abortion under all circumstances. Nineteen described themselves as having no conscientious objections to abortion. A majority of the consultants approved of day-care treatment but only half would support the establishment of special abortion clinics.*

Source: *Hospital Doctor*.

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## RCN ruling cont.

the last week of October, but the Appeal Judges, Lord Denning, Lord Justice Brightman, and Sir George Baker, reserved judgement. However, on 7 November they ruled unanimously in favour of the RCN, and awarded them all costs.

Giving the reasons for the ruling Lord Denning said that although the 1967 Act provided a conscientious objection clause, under which no one participate in abortions if they did not wish to do so, many nurses did not take advantage of this because it meant other nurses would have to do the 'heart-rending' task. In addition, he said, nurses feel if they use this clause it might be held against them by their superiors.

This ruling means that from now on it is illegal for a nurse to participate in prostaglandin abortions. The RCN claims that this will not affect the number of these abortions, it will simply mean that doctors must now administer the drug and not rely on nurses. (In 1978 a total of 6,536 abortions were performed by prostaglandin; this represents 5.89% of the total of all abortions.) However, as the procedure can take considerable time it is unlikely that doctors will willingly perform these abortions, therefore the numbers will either drop or doctors will resort to surgical methods, which are more dangerous for the woman.

But there are other solutions. One possibility is that the 'topping up' of prostaglandin, which it is now illegal for nurses to do, could be carried out mechanically. The catheter inserted

# SHARON SPIERS

In 1977 it was suggested to Sharon that she might contact Peter Price, a solicitor and long-standing ALRA member who was also an active Conservative. This Sharon did, and in June this year Peter Price, who had been elected a Euro-MP in the 1979 elections, asked Sharon to work for him as a researcher. In August Sharon left the Prudential, where she had been working in the Industrial Relations department since leaving school, and is now based at Cardiff, with frequent trips to Brussels and Strasbourg. Sharon's to-ing and fro-ing from Euro-meetings means that she comes through London regularly, and she is staying on the ALRA Executive. Although no longer on the editorial committee of *Chains*, she will continue to make occasional contributions.

From the start, Sharon took to the House of Commons and lobbying MPs like a duck to water, but she has changed a lot since she joined the ALRA Executive — dare I say it, for the better. Some of our unruly but warm feminism has left its mark and Sharon has even been heard to say:

"That's not a very feminist way of doing things!" Sharon, we miss your energy and enthusiasm and belatedly we wish you very well in your job.

July

## NO JOY FOR CANADIAN ANTIS

Analysis of the results of the Canadian General Election last February shows that massive anti-abortion propaganda had little effect.

In the run-up to the election, the Babies Ransom Fund bought time on twenty-five radio stations to oppose the radical New Democratic Party (NDP). The NDP is the third largest party and the only major party to have an abortion policy. It supports decriminalization. Other 'pro-life' groups published lists of the candidates they supported or opposed.

Despite all this, many of those elected were liberal on abortion, most notably the current Health Minister, Monique Bégin. Ms. Bégin has a big majority and she is a supporter of choice.

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into the woman can be connected to a pump which continually feeds a low dose of the drug into the amniotic cavity.

Another option open to doctors which does not involve nurses is to use a different method of terminating the pregnancy, the intra-amniotic method. A needle is passed through the abdominal wall and into the amniotic sac (bag of waters surrounding the foetus). Some of the fluid is removed and replaced by an abortion-causing solution. After approximately six to twenty-four hours contractions cause the foetus to be expelled. Only rarely does the injection need to be repeated and, if so, it has to be administered by a doctor. This method is safer, quicker, and therefore less distressing for the woman. However, it remains to be seen whether doctors will now switch to this method of terminating late pregnancies. As a result of the Appeal Court's decision, the DHSS has withdrawn its original memorandum of 21 February 1980, and will be issuing revised instructions. They are still considering whether to appeal to the House of Lords.

Whatever the outcome, it is clear that the anti-abortion pressure groups have found a new and far more subtle way of restricting the legal availability of abortion.

Joanna Chambers, Co-ordinator  
Co-ordinating Committee in Defence of the  
67 Act

## REVIEWS



### THE BIRTH CONTROL BOOK

Howard I. Shapiro, adapted for U.K. by Ruth Pearson, Penguin, £1.95

Contraception is unusual as a medical problem in that it is required by healthy people over several decades, side effects are unacceptable, and efficacy is directly related to user acceptability. Needs vary widely, not only between people but in the same people at different times. The reliability and simplicity of 'the pill' are probably most important for the student, whereas someone who is concerned only to space her pregnancies might settle for the higher failure rate of the cap because of its safety. What they both need is access to the information that will enable them to make up their minds in the light of their particular circumstances and preferences.

*The Birth Control Book*, written by an American gynaecologist and adapted for British readers, would give them just that. In non-technical language, he describes the basic anatomy of the male and female reproductive systems and then deals clearly with the methods of contraception in turn, giving detailed practical advice and a fair statement of risks, efficacy, and research. There are also chapters on male and female sterilization, future developments, and post-coital contraception. The chapter on abortion gives a clear account of the procedures and the likely after-effects.

In places the book betrays its American origins and there are areas where it is likely to be overtaken by new developments and where specialist in family planning might sometimes disagree with his advice. The book is a handbook, though, so those who are interested in the social and historical aspects would have to look elsewhere. Overall, a useful account and to be recommended.

### ABORTION IN BRITAIN BEFORE THE ABORTION ACT: A Survey of the Historical Evidence

by Madeleine Simms published, October 1980

As Ms. Simms writes in the opening of this pamphlet: "Opponents of legal abortion often appear to believe quite seriously that abortion on any scale in Britain started only with the passing of the 1967 Abortion Act."

The Ronald Butts of this world and others suffering from this delusion would do well to read this factual and well-documented account of the history of abortion, particularly between the two world wars.

The 1933 official estimate, recognised as conservative, was that "about one in seven pregnancies terminates in abortion." In 1949, Dr. Eustace Chesser estimated that there were some 250,000 abortions a year in Britain.

Ms. Simms points out that it is impossible to know exactly how many abortions were performed in Britain before the Abortion Act was passed. However we do know from historical evidence that "throughout the twentieth century abortion on a massive scale has been a feature of English life."

I cannot think of a better argument for legal abortion than the sad and frightening list of 'foreign bodies' that women resorted to: "crochet hooks, wax tapers, goose quills, meat skewers, and even a hairpin attached to an electric battery."

I warmly recommend this book to our readership.

J.C.

Published by the Birth Control Trust, 27-35 Mortimer Street, London W1N 7RJ.

Available from ALRA and BCT, cost 15p + 10p postage.

### WHY LATE ABORTIONS ?

Less than 1% of all legal abortions are performed after the twentieth week of pregnancy, but these often represent the most tragic cases. 'Why Late Abortions' explains that though few in number (just over 1,000 women had abortions over twenty weeks in 1977) these women are at the greatest physical risk from a continuing pregnancy, the most seriously affected emotionally and socially, and the least well equipped to care for a child.

Having an abortion can be considered the outcome of a linked series of decisions, starting from the woman's suspicion of a problem, via diagnosis by a doctor and referral for an abortion. Delays can occur at any stage and the pamphlet analyses the causes of delay, illustrating them with vivid case-histories. Teenagers who respond to their panic with denial, older women who think they are 'on the change', the sub-normal who are unable to understand the consequences of having intercourse, the woman with irregular periods, the doctors who fail to make the diagnosis or consider a contraceptive failure, the delays inherent in the diagnosis of foetal abnormality; examples are given of them all, and many are exacerbated by delays in the process of referral within the Health Service, both because of unequal distribution of facilities and because of lack of co-operation by GPs and consultants.

The pamphlet points out the inappropriateness of the law in these difficult personal decisions and emphasizes that unobstructed access to early abortion, with better education about birth control, is a much more constructive solution to the problem of late abortion than attempts to restrict the time limit and one that is in the interests of women themselves. Lord Denning's judgement about prostaglandin terminations and the possibility of yet another attempt to reduce the time limit show that the discussion is not academic.

The strengths of the pamphlet lie in the succinctness of the presentation and in the case-histories, which illuminate what might otherwise be an arid discussion of law and statistics. A brief outline of the methods of mid-trimester abortions with a fuller explanation of the risks relative to early abortion might have been helpful, but it is a useful contribution to an important issue.

*Why Late Abortion?*, published by the Birth Control Campaign. Available from: 27-35 Mortimer Street, London, W1N 7RJ. Price: 25p, including post and packing.

### "POST-COITAL CONTRACEPTION"

*This is the term used by the Brook Advisory Centres for one of their more controversial services.*

Writing in the annual report of the London Brook Centres, Fay Hutchinson says that intercourse between days ten and eighteen of the menstrual cycle produces a 25% risk of pregnancy. If the woman visits Brook within three days they can prescribe drugs to bring on the period (the dose must be repeated twelve hours later). Of the forty-two women to have received this prescription none became pregnant.

The women asking for this help are mostly those who normally use contraception conscientiously, and there were also some victims of rape.

### DIRECTORY OF WOMEN WORKERS

*I am compiling a directory of women workers, a woman's yellow pages, which I hope will be published in 1981.*

*I hope it will increase women's employment, enable women to employ other women, and encourage women to learn skills in areas still dominated by men. I hope to have sections on women's experiences in training, working, and finding a job, and on the experience, training, and qualifications needed to get a job.*

*I want the directory to be as comprehensive as possible. It will include manual trades, artists, craftswomen, musicians, therapists, professionals of various kinds, etc.*

*If you would like to be listed or could offer information or personal experiences please send me a largish stamped, addressed envelope for a questionnaire to: Lauren Harvey, 43 Beaconsfield Road, London N15 4SH.*