

Attitudes to Abortion in the Era of Reform: evidence from the Abortion Law Reform Association correspondence

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This article examines letters sent by members of the general public to the Abortion Law Reform Association (ALRA) in the decade immediately before the 1967 Abortion Act. It shows how a voluntary organisation, in their aim of supporting a specific cause of unclear legality, called forth correspondence from those in need. In detailing the personal predicaments of those facing an unwanted pregnancy, this body of correspondence was readily deployed by ALRA in their efforts to mobilise support for abortion law reform, thus exercising a political function. A close examination of the content of the letters and the epistolary strategies adopted by their writers reveals that as much as they were a lobbying tool for changes in abortion law, these letters were discursively shaped by debates surrounding that very reform.

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The archives of the Abortion Law Reform Association (ALRA), held at the Wellcome Library in London, contain a number of files of letters sent by members of the general public in the 1960s asking for advice on abortion. The letters correspond to 228 individual cases and contain the intimate details of many women's quests to rid themselves of an unwanted pregnancy. Until quite recently these 'personal predicament letters', as they are catalogued, were closed to researchers. Released from this embargo, the letters offer a new and potentially fruitful avenue through which to explore the practice of and attitudes towards abortion at a particular historical moment.

Abortion was illegal in Britain under the 1861 Offences against the Person Act. Any person, including the pregnant woman herself, found guilty of attempting to procure abortion was liable to receive a maximum penalty of life imprisonment. Abortion remained a crime until 1967 when the Abortion Act legalised abortion by registered practitioners up to twenty-eight weeks' gestation.¹ Over the past two decades, a significant body of work has been published on the history of illegal abortion in Britain. Drawing mainly on official documents, medical literature and newspaper reports, research initially focused on the social politics surrounding women's resort to abortion, on the evolution of abortion law and medical practice, and on the politics of the British campaign for abortion law reform.² This literature did not by and large address the attitudes of women themselves to abortion, which were instead unearthed as a product of a number of oral histories of working-class culture and women's lives in the early twentieth century.³ More recently, such oral history interviews have been put to the explicit use of exploring the place of abortion in fertility practice between 1918 and 1960.⁴ Importantly, this work has unlocked new areas of debate surrounding the individual decisions women made about their unwanted pregnancies, and the role of men in the process, themes often neglected in earlier approaches to the subject. In 2001 the Centre for Contemporary British History held a witness seminar which put on record the experiences and opinions of some of the activists and politicians who were central to the post-war reform campaign that led to the passing of the 1967 Abortion Act.⁵

A lacuna still exists, however, in our evidence of the attitudes of women who faced an unwanted pregnancy and who contemplated abortion in 1960s Britain. The intention of this article is to examine how well the ALRA letters might fill this gap. It begins by sketching the epistolary scope and limitations of this body of correspondence. This is to show that the content, language, and form of the letters are inscribed with the purpose for which they were written, and that hence the letters do not provide unmediated access to women's voices. With these issues in mind, the remainder of the article is organised around the major themes inherent in the testimonies: attitudes to childbearing, the responses of the medical profession to their patients' requests for abortion, the problems associated with the lack of available abortion, and the role of ALRA. As a collection, the letters bridge the hugely important divide between a period in which practically all abortion was illegal and severely punished by the courts, and the coming of legal reform. In revealing the lengths to which individuals went to rid themselves of an unwanted pregnancy, the challenges faced, and the disappointments suffered, the

letters offer some means by which to reflect upon the impact and meaning of the 1967 Act.

The Collection

Of the 228 requests for help, over half (122) were initiated by the pregnant woman herself. The husband or partner of the pregnant woman composed fifty-seven of the requests, whilst a further twenty-eight were sent to ALRA by relatives or friends, and three by welfare agencies and members of the clergy. In the case of six requests, the status of the sender is unknown. In terms of marital status, 55% of the pregnant women were classified as married, 33% as unmarried, and 12% as divorced, separated or status unknown. At least twenty-two of the letters received by ALRA involved students. Geographically, the letters originate from all corners of the UK, although the lion's share of letters was received from individuals living in the Greater London area, and the counties of Yorkshire, Lancashire and Cheshire. Letters were also sent from Wales, Scotland, Northern Ireland and the Republic of Ireland. Three letters were sent from expatriates living abroad in Madrid, Durban, and Krefeld, West Germany.

Consisting of only 394 original letters and replies, the body of correspondence can hardly be said to be comprehensive, and nor can it claim to speak for the population as a whole. Those writing to ALRA were clearly those who had both the impetus and initiative to approach the Association. One major difficulty is assessing the social class status of the correspondents as so few provided sufficient detail of either their occupation or income level, and on the whole, the majority of correspondents appear well educated and articulate. Other indicators, such as the use of headed notepaper, or the reference to certain newspapers, can help in some cases. By their own accounts, it is clear that some correspondents were not financially 'well-off', and had difficulty affording even a backstreet abortion. Nevertheless, a more significant number mentioned they were able to afford private treatment or travel abroad in search of an abortion, factors that suggest the collection is weighted in favour of higher socio-economic groups. ALRA membership was itself mainly drawn from the professional, middle classes (two-thirds of its membership had a higher education, for example), but most of those writing to ALRA were not already members, although some later joined.⁶

Since these men and women were writing to ALRA for information, they were already receptive to the idea of abortion. Indeed, correspondents were quite specifically seeking information on how to obtain a termination. In writing to ALRA, individuals knew they were corresponding with an organisation sympathetic to their concerns. Founded in 1936 by a group of socialist-feminist women, ALRA campaigned tirelessly to make medically performed abortions free of all legal impediments.⁷ As a political pressure group, ALRA focused much of its effort on lobbying parliament, the British Medical Association, and women's organisations in support of legal reform. The bulk of the letters was received between 1964 and 1967, when ALRA's post-war campaign was at its most active. By this time the association had been reinigorated, with a new leadership, an

increasing membership size, and a more aggressive approach to its publicising of the campaign. The Association and its sympathisers sought through the media to both educate and engage the general public in the abortion debate. Indeed, correspondents wrote to ALRA having read about the association in newspapers as wide ranging as *The Observer* and the *Daily Mail*, in women's magazines, and in middlebrow periodicals such as *The Statesman*, *New Society* and *The Humanist*. Correspondents also referred to television and radio interviews (e.g. a Radio 4 *Woman's Hour* broadcast in 1967).

This slant affects both how we read these letters today, and our understanding of how they might have been read at the time. As recent studies in epistolary history and culture have argued, the language, form and content of letters are affected by the purpose for which they were written. The letter should not be viewed as a transparent and unmediated act of self-expression; rather it should be viewed as a 'text', and submitted to the same rigours of interrogation as we would apply to any other documentary source.⁸ The letter represents a tentative space between the writer and recipient. The intended reader, in this case ALRA, as much as the writer, is present within the purpose, contents and form of the epistle. As David Gerber argues in relation to the nineteenth-century immigrant letter, the epistolary process involves 'negotiation', both in terms of 'bargaining between individuals', and 'an internalised discussion within the consciousness of the individual correspondent'.⁹ Epistolarity, he adds, 'is about self and other in conscious as well as semiconscious dialogue about what is to be addressed and how it is to be addressed'.¹⁰ We cannot therefore take the content of the ALRA letters at face value. They are not unmediated and do not give us direct access to women's voices.

An interpretation of the ALRA letters must be guided by considerations as to what linguistic calculations are being made and why. It may well be that correspondents addressed ALRA in the manner they believed was expected of them in order to forward their case. Few correspondents, for example, avoided expressions of desperation in their letters. Indeed, the ubiquitous use of the terms 'desperate' or 'desperation' creates a strong sense of unity among the many personalised accounts that make up the collection. Kate Fisher has recently shown that women did not have to be 'desperate' to contemplate abortion, and that decisions could often be made quite casually with little agonising over the moral or physical risks involved.¹¹ While a great many women would have been genuinely anxious in writing to ALRA, especially as it was so often a last resort, we cannot also deny the rhetorical mileage that was got out of women's determination to avoid childbearing at all costs in this period. In 1956, for example, *Woman's Sunday Mirror* published the results of a survey of 200 women on several themes including motherhood, in which abortion was discussed under the section heading of 'Drastic'.¹² In 1966, the *Daily Mail* asked, 'what anguish drives a woman to an abortionist' and went on to consider the 'desperation' such women experienced when faced with a pregnancy they did not want.¹³ ALRA too made significant rhetorical use of the perceived 'desperation' of the women on whose behalf they campaigned, even going so far as to compile a pamphlet containing a selection of women's letters,

which they entitled 'In Desperation'.¹⁴ The letters were at once both a driver for and a response to the push for abortion law reform.

Attitudes to Childbearing

When the letters were written in the mid 1960s, women were experiencing significant social and economic change in Britain. They entered the workforce in increasing numbers, their access to higher education widened, and the introduction of the Pill in 1961 promised sexual independence and an end to continual childbirth. The ALRA letters register the impact of these developments on a personal level. In general, married men and women told ALRA that an additional child spelled personal disappointment and economic disaster. Married women, many of whom had managed to return to work, spoke of an unplanned pregnancy as a personal bind, tying them to the home and limiting their options. It was also addressed as a threat to hard-earned financial security, the potential for social mobility, and the future welfare of existing children. The cost of raising another child was, some felt, likely to place out of reach the idealised commodities of modern living—holidays, cars and buying a home. Other couples in their forties and fifties, and with teenage children, informed ALRA that they simply felt too old to begin again. Beyond these temporal concerns, married correspondents also worried about the physical strain of another confinement, and the possible aggravation of previous pregnancy-related health problems, including varicose veins, thromboses and toxæmia, to name but a few. The widowed, divorced and separated spoke of their predicaments in much the same way as their married counterparts, their economic concerns compounded by the problematic nature of their marital and domestic situations. A pregnancy resulting from an extramarital affair, or during a period of break-up and separation, appears to have placed considerable pressure on relations between these couples. Some wrote of their desire to conceal the pregnancy from spouses, friends and relatives. Other correspondents, most of them women, expressed concern with the financial and physical costs of running a home single-handedly, keeping down a job, and caring for existing children on a single wage, usually with limited or no prospect of maintenance payments from the absent father. Meanwhile, for unmarried individuals, the social and financial expense of conceiving a child outside of marriage dominated their requests for help. Many turned to ALRA fearing the reactions of their parents, relatives and employers to news of the pregnancy, others when their fears had become a reality. Students stressed the impracticalities of marriage and parenthood, and anticipated the disruption of their education and future career prospects. More than one wrote of not wanting 'to ruin my career', or 'to be forced into marriage at this time'.¹⁵

By the 1960s, small families were already the norm. Most married correspondents had two or three existing children, and the forty-five-year-old woman who had given birth to twelve children, the youngest only seven months old, was a rare case. Correspondents in general reported that they had practised some form of contraception, but often spoke of being dissatisfied with their chosen method. Common complaints included the failure of the rhythm method and safe period,

wrongly prescribed or irritant pessaries, and ill-fitting or faulty devices, such as the cap or the condom. A few women had fallen pregnant whilst on the contraceptive pill. The supposed reliability of the Pill is part of its allure, but its effectiveness is dependent on a woman's ability to adhere to instructions on taking it.¹⁶ Two correspondents admitted missing pills. Two more had stopped taking the Pill, one through fear of the health risks that had recently come to light, the other on the advice of her doctor.¹⁷ Contraceptive ignorance was most apparent among the younger correspondents, who rarely refer to their use of contraception. The first birth control clinics and student health centres to provide advice and contraception for unmarried men and women opened in the 1960s, but these providers continued to face moral censure and were suspected of promoting promiscuity. This atmosphere did little to alleviate the ignorance and embarrassment felt by young people in seeking advice.¹⁸

The ALRA letters register an important shift away from the fatalism of earlier generations of women and men who had faced an unexpected pregnancy. As Kate Fisher and Simon Szreter discuss in their oral history study of the contraceptive choices of married couples during the first half of the twentieth century, pregnancies that came about after the use of natural methods of birth control such as withdrawal were not wholly unanticipated. Rather, interviewees accepted them as 'predictable, expected "slip ups"' and blamed them upon the mistake of the user.¹⁹ The failure of an appliance method of birth control, such as the condom or the cap, was understood quite differently, the authors argue. Conception was more likely to be seen as the fault of the appliance and not the user, and because the fault was unlikely to have been detected at the time of intercourse the pregnancy 'would have been all the more surprising and unexpected'²⁰—something that resonates strongly with the reports of the ALRA correspondents. Fisher and Szreter's interviewees were accepting of the consequences of failure because they were employing a regime of sporadic natural birth control which they knew was likely to result in an occasional pregnancy. Those writing to ALRA, many of whom had placed their faith in modern appliance methods of contraception, were much less willing to tolerate their fate.

There was little difference in the language of female and male writers, but the letters show that abortion was part of the complicated sexual power relations between women and men. On the one hand, the letters from men are evidence of their interest in abortion and the important role they could play in assisting women in obtaining a termination. Although women carried the main burden of an unwanted pregnancy, men could be just as anxious at the prospect of parenthood and the forgoing of social and economic security, and this was expressed in their letters. Certainly, within ALRA there was an expectation that men *should* be involved in the decision-making process. In one instance a woman wrote that her husband did not agree with her seeking an abortion, although she was convinced that he would be relieved if she had a miscarriage. In reply, ALRA believed it 'inadvisable' that she should think about having an abortion without her husband's 'full backing'.²¹ Incidentally, this comment was strikingly different to the views of the Association's founders in the 1930s, when the then President of ALRA, Janet

Chance, had argued that 'the father should not have a say'.²² Of course there is a world of difference between comments made in public as part of a feminist campaign and those made in private to an individual some twenty years later, but the shift in opinion is interesting, and perhaps partly reflects higher expectations of companionate marriage which were evident from the 1950s.²³ Although concern for their wives is always to the fore, in letters from husbands we might read a tacit assumption that should a further birth not be prevented they might be called upon to do more around the house and in the care of their existing children. While no woman wrote that she was seeking an abortion against her will, a number were considering abortion because they were concerned enough about their husband's reactions to another pregnancy, and, as one ALRA respondent put it, some women seemed in need of a new husband as much as an abortion.²⁴

Abortion within and outside the Law

Most correspondents asked for help in obtaining what they termed 'a legal abortion'. Gynaecologists had long performed therapeutic abortion on the grounds of saving a woman's life although this practice lacked any judicial sanction and a doctor risked prosecution if they terminated pregnancies without evidence of physical indications. By the 1950s, however, a series of court test cases had set legal precedents for performing abortion on mental health grounds.²⁵ The first and most important of these was the trial of the gynaecologist Aleck Bourne in 1938. Bourne (who had deliberately set out to establish such a test case) was prosecuted for performing an abortion upon a fourteen-year-old girl who had been raped. In acquitting Bourne, the judge in the case ruled that the operation had been performed in good faith to preserve the life of the mother for whom the continuation of the pregnancy would have damaged her mental health. The Bourne trial was significant on a number of levels. It extended the scope of indications for abortion to include psychiatric grounds, ensuring that doctors who acted honestly in recommending a termination as necessary to preserve the physical and mental health of a mother would be safe from legal repercussions. It also opened the way for doctors to later 'respond to the social circumstances of their patients, and to respond to women's demands for fertility control without necessarily compromising medical ethics'.²⁶ Crucially, following the Bourne judgement, the medical profession would maintain ultimate control over the abortion decision.

Despite the Bourne ruling, and subsequent trials, there continued to be a lack of agreement over what exactly constituted 'mental' and 'physical' health grounds in advising a termination. ALRA sought to educate doctors and other professional groups as to the legal status of therapeutic abortion by clarifying the situation through such things as its 'Enquirer's Leaflet—What Help Can ALRA Give?', which was issued from the 1950s onwards. In it was stated clearly that 'any woman who fears that her health (mental or physical) would be *gravely affected* by the birth of her child, owes it to herself and her family to consult her doctor—the sooner the better'.²⁷ It also made clear that it was legal for a woman to ask her doctor for a 'termination of pregnancy', and for that doctor to consider such a request and to

seek a second opinion from a recognised expert. Finally, the leaflet advised that it was legal for a surgeon to operate based on these opinions, given in good faith for '*preserving the life of the woman, interpreting that phrase in a very wide sense*'.²⁸ This last phrase represented a key point in ALRA's campaign to have both the medical and social implications of health recognised as indications for abortion. Similar guidelines were disseminated through magazine and newspaper articles at the time, as well as in other pamphlets such as 'What is ALRA?', and 'A Lawyer's View'.

Throughout the 1950s the number of abortions undertaken for psychiatric reasons gradually increased, and by the mid 1960s, the National Health Service (NHS) was reportedly performing between 1500 and 2000 such abortions a year.²⁹ Events such as the thalidomide tragedy (c.1958–61), where the prescribing of a new drug to hundreds of women to prevent morning sickness and to help them sleep resulted in the birth of over three hundred children with gross deformities and a number of well-publicised abortions, and a measles epidemic in 1962, where people feared the birth of defective children, helped to galvanise both medical and public opinion in favour of extending the indications for abortion to cover foetal abnormalities, and eventually, by extension, wider social considerations. The law as it stood remained untouched, however, and the issue of psychiatric indications alone remained a grey area for both doctors and their patients, despite ALRA's best efforts. The letters reveal the tension between the medical profession, who wanted to create a distinction between 'medical' and 'social' reasons for abortion, and who were perhaps more likely to be reluctant to perform abortions that might place them needlessly at risk of prosecution in spite of their own clinical judgement in any given case, and their patients, who simply wanted to safely control their fertility. In their advice to one woman, ALRA outlined the rules of this game: 'Because of the circumstances you mention in your letter, I think you might be able to make a case on mental health grounds, but to do so it is no use being rational and pleading on the grounds of the happiness and welfare of your family I fear'.³⁰ The law did not recognise what many women acknowledged in their letters, that the social circumstances of their lives were intertwined with their mental and physical well-being.

The letters reveal just how difficult it was for women to negotiate an abortion through the legal channels, and the medical encounters they describe make for frustrating, and at times uneasy and disturbing reading. The following extract comes from the letter sent to ALRA in 1967 by a mother of four. It encapsulates, in one extreme account, the experiences of most over the issue of access to abortion:

The whole of my mental health past I feel would return with this baby. I was under the psychiatrist after the birth of the five year old and under went electric shock treatment about 3 years ago. If I got into the same position again I feel it would affect my whole family and my marriage which at the moment is not all that stable. The psychiatrist [who was Catholic] said it was my own fault that I was pregnant as I stopped taking the pill it probably was but when you are really afraid of something you don't stop to think of the risk if you leave it out. I can't really write what I feel deep down and words can only describe what you imagine depends on the person who is listening. I feel the only way to keep the sanity I feel I have is to have this pregnancy terminated ... The psychiatrist said he'd look after

me while I was pregnant and arrange for the baby to be adopted but I don't want to go through all that and then give the baby up to someone else, not being childish as he said but there is enough unwanted in the world today. As my doctor told me I haven't the price of a legal abortion so if you can't help me I feel I would be justified in trying elsewhere ... I just couldn't face up to life after another baby so soon.³¹

It was the ignorance and reticence of doctors that forced individuals to write to ALRA. At best, they found doctors willing to help but unsure of where to turn.³² At worst, they had refused to support a termination or refer a case for a second opinion.³³ One woman told how she had approached her doctor for assistance but his reception was so unsympathetic that she dare not return.³⁴ Like the mother of four quoted above, a number of correspondents felt that the moral and religious convictions of their doctors had prejudiced their case.³⁵ Again, some felt let down by their doctors, who refused to help deal with the consequences when the contraception they themselves had prescribed failed. On finding that her period was three weeks overdue, one woman from Essex returned to her local family planning clinic only to face being told that 'the method they had advised for me was only 99% proof'.³⁶ The letters show that the abortion decision came down to the issue of power and control. At the extreme this turned what was already a difficult medical encounter into a humiliating and belittling experience. Even when women had a history of mental health problems, or showed signs of psychiatric distress, doctors were not necessarily moved to act. One husband reported how his wife had simply been told to 'pull herself together' by a psychiatrist who refused a termination.³⁷ Others were scolded as 'childish' and 'naughty', for refusing to continue with a pregnancy and to consider adoption, or for seeking to procure abortion by other means.³⁸

Most of the correspondents did not succeed in getting a legal abortion. Aside from sending out the 'Enquirer's' Leaflet', and encouraging women to confront their doctors, ALRA could do little to assist those who asked for help. They made it quite clear to correspondents that they were a pressure group and not an abortion agency. In some 'very bad' instances, requests were forwarded to members of the Association's committee and followed up, either by personally calling the general practitioner involved, or using their local medical connections to locate a sympathetic doctor, presumably when they felt there were sufficient grounds to support a termination. In eleven of the cases ALRA assisted in setting up private consultations with gynaecologists close to the abortion law reform campaign, although this was never with a guarantee that an abortion would result.³⁹ One such case involved a sixteen-year-old girl who had been refused an abortion by her doctor, and whose pregnancy was now at a late stage. Another was a mother of 'two sickly children', and a Family Planning Association (FPA) activist in her local town, who had conceived after being prescribed the wrong contraceptive pessary by her FPA doctor. It is interesting to consider whether ALRA sometimes censored their replies to correspondents in the fear that their activities might have been under surveillance, hence they might have only referred those cases with the strongest indication of threat to either mental or physical health. In some cases it was the ability to pay for a private consultation that seems to have swayed the case. For those with

requisite funds and know-how, abortion was available on the borders of legality. Of the ALRA female membership, for example, one in three had at some time required an abortion, and one in four of these had obtained one privately and legally.⁴⁰ Correspondents would write to ALRA with details of their success in obtaining an abortion. For those who accessed it on the NHS, perseverance and strong medical grounds were key factors in their success.⁴¹ Correspondents wrote to ALRA because they lacked access to networks that might have put them in touch with a gynaecologist.⁴² As one woman wrote, 'we are strangers to the North and I feel so helpless not knowing who to see or where to go'.⁴³ Another couple had recently moved so had 'few friends as yet and know nothing about the attitudes of doctors here'.⁴⁴ For those who obtained a private medical abortion, it was money, knowledge of how to play the system, and contacts that had been essential.⁴⁵ It is their letters, as they themselves acknowledged, which stood testimony to the hypocrisy of the situation created by the law.

In emphasising their desire for a safe and legal abortion, the majority of correspondents expressed a reluctance to seek illegal, amateurish, expensive and potentially dangerous backstreet abortions. A woman from Belfast was quite clear on the sort of abortion she wanted: 'By the way I am of course speaking of a proper medical abortion and not some back street quackery'.⁴⁶ Instead correspondents sought information on gynaecologists with 'liberal views', clinics, private nursing homes, and the possibility of pursuing a legal abortion abroad, in places such as Sweden, Denmark and Japan.⁴⁷ To these specific requests, ALRA responded thus: 'the law is not as liberal as popular opinion would have us believe, and both Sweden and Denmark do not welcome foreigners arriving hoping for an easy, safe abortion'.⁴⁸ An abortion in any country would prove difficult to obtain, they further pointed out, unless one had 'reliable personal contacts'. The reluctance of correspondents to consult a backstreet abortionist and the use of such phrases as 'medical abortion' or 'termination of pregnancy' represented, as Barbara Brookes suggests, 'a significant shift in terminology to an expression which had medical rather than "backstreet" connotations'.⁴⁹ This was also apparent in more open discussion of abortion as a medical procedure. By the 1950s women's magazines were taking steps to inform readers precisely what an abortion was. In a 1951 article in *Woman's Pictorial*, for example, Dr Charles Hill distinguished between the medical use of miscarriage 'to describe an expulsion which occurs from natural causes only, and especially one between the third and sixth months of pregnancy' with abortion, or 'the loss of the foetus, as the growing child is termed during the first three months, before it can independently support life, from natural causes or from outside interference'.⁵⁰

Of course, not all correspondents adopted these official, medical terms in addressing their problem. A few correspondents found it difficult to even put into words their situation, speaking instead of 'a terrifying ailment', a 'shattering problem' or a 'ghastly sequence'.⁵¹ Nevertheless, the fact that these women turned to ALRA for help implies that they have faced up to the possibility that they are pregnant, even if they cannot bring themselves to mention it by name. Historians have shown that under the layer of official legal, medical and religious views on abortion

persisted a popular ethic, which espoused different understandings and meanings of abortion.⁵² While it is difficult to pick this up in the letters, correspondents might shift between medical terminology and popular vernacular. As one nineteen-year-old wrote in 1964: 'I am now about six weeks pregnant having just missed my second period ... I understand that there is a possibility of obtaining certain drugs or injections that are able to bring on the period provided that I can act fairly swiftly'.⁵³ Her use of the phrase 'to bring on' calls forth a much older notion of restoring late menstruation which was not necessarily associated with either pregnancy or the expulsion of an unwanted foetus, and sits awkwardly with the certainty she expresses as to being pregnant. On the whole, however, correspondents come across as overwhelmingly rational and knowledgeable in their decision making. By employing these distinct medical terms and in seeking an abortion under medical supervision, correspondents perhaps hoped to demonstrate to ALRA that they were under no illusion as to the medical implications of what they were seeking. This was further evidenced in their references to the foetus as the 'child', the 'baby', or the 'unborn', which though not emotionally neutral showed little evidence of disguising their intentions. A central tenet of ALRA's claims had been such that women could make wise judgements when deciding on abortion, but such arguments were losing ground against the increasing focus on health and medical control.

Reluctance to seek a backstreet abortion did not prevent women from resorting to self-inducing a miscarriage. Aware that they were unlikely to receive a sympathetic hearing from general practitioners, ALRA correspondents reported trying a variety of methods, including abortifacient pills, 'old wives' remedies, and the use of instruments. These women were not alone, and the trade in over the counter remedies was of a still significant size in the 1960s. In 1965, the Birmingham Group of ALRA investigated the trade in abortifacients. They visited forty shops (twenty chemists, seventeen rubber shops, and three herbalists) in London and Birmingham asking for products to both 'bring on a delayed period' and 'terminate a pregnancy'. Investigators felt that this sort of request was so common as to deserve no distinctive reaction from those selling the purported remedies.⁵⁴ Interest in self-induced methods was further evidenced in an intriguing spate of letters received by ALRA in 1963 after a group calling itself 'Direct Action for Abortion Law Reform' published details of what it termed a 'relatively safe method' for procuring miscarriage. Their leaflet described in detail the instruments required, where to purchase them, and a do-it-yourself guide to the procedure.⁵⁵ The police were unable to trace the creators of the document, and both the medical profession and ALRA were quick to denounce the leaflet. ALRA denied any connection to the group. *Queen* magazine, however, described Direct Action as 'the maverick side of a movement whose sober face is worn by the Abortion Law Reform Association'⁵⁶ and it seems this led a number of correspondents to associate the two organisations.⁵⁷ For ALRA correspondents the results of self-inducing were mixed. One woman, for example, swallowed the ergometrine pills she had been prescribed after her fifth confinement and had hoarded 'for such an emergency'.⁵⁸ 'The tablets worked', she reported, and had 'no ill effect'. Others were not so successful. One mother of five

from Cheshire, who had failed to obtain a legal abortion, had attempted to abort herself at twelve weeks. At the time of writing she had endured six weeks of continuous bleeding but experienced no miscarriage.⁵⁹

Conclusion

The aim of this article was to evaluate how well the ALRA letters serve to inform us about the attitudes of women to abortion in the 1960s. Though highly personal to their narrators, the predicaments described in the letters to ALRA are in fact strikingly familiar. Despite post-war developments in health and welfare, education, employment and contraceptive knowledge, individuals continued to struggle to make ends meet, and to suffer poor health often in spite of any increase in prosperity. In fact, in the context of growing part-time work and educational opportunities for women, declining family size, the introduction of the Pill, and higher expectations of companionate marriage, an unexpected pregnancy took on a new significance for these individuals, as did, it seems, their demand for accessible abortion. The letters provide insight into how individuals navigated the quagmire that was legal abortion in this period. They provide evidence on a very personal level of the ignorance, confusion (and sometimes deliberate obstructions) of doctors regarding the legal indications for abortion. They reveal the tensions that existed between social and medical indications for abortion, tensions that sat at the heart of abortion reform, and which were largely resolved in 1967 when the Abortion Act ensured that the law recognised abortion in cases where either there was risk to the life of the pregnant woman, injury to her physical or mental health or any existing children of her family, or the possibility of foetal abnormality. The inability or unwillingness of some doctors to handle women's requests for abortion adequately and speedily is something that has, however, endured.⁶⁰

The letters also shed some further light on ALRA in the 1960s. While we know quite a lot about the Association's public role as a political pressure group, the letters are evidence of the behind-the-scenes role it played in advising and assisting members of the general public. As the only organisation that specifically supported the cause of abortion, it was perhaps inevitable that they would attract the interest they did. Dilys Cossey, the Secretary of ALRA in the 1960s, for example, recalled that many women and their partners wanting help would call at her flat, which was given as the main ALRA address.⁶¹ As some of the letters suggest, ALRA did assist in facilitating some legal terminations, but in the main, the Association existed to 'change the law, not help individuals to evade it'.⁶² Perhaps one correspondent summed up best what most individuals got from their contact with ALRA: 'the morale boost of meeting calm, clear, intelligent advice in the welter of well meaning but woolly and sentimental procrastinations was tremendous.'⁶³ However, while the letters reveal the private and confidential side of ALRA's work, they also served a political function in that ALRA used the cases to mobilise public support in favour of abortion reform. It was cases such as those described in the letters that were a driving force behind their campaign to end backstreet and self-induced

abortion and to ensure that those who could not afford to pay for a safe termination were not risking their lives and health.

In as much as the letters shaped ALRA's campaign, the ALRA campaign shaped the letters. As a source, the letters certainly complement and extend research that has already documented the attitudes and experiences of earlier generations of women who similarly sought to control their fertility in this way. One value of them is that they are direct testimonies written at the time by the women and men who were deliberately seeking to terminate an unwanted pregnancy, giving them an immediacy that oral histories, for example, that draw on memory and recollection, cannot provide, but herein lies also their central weakness. The letters show how a voluntary organisation, supporting a specific cause of unclear legality, calls forth correspondence from those in need of a service. Thus, while they are a valuable new source of information, they have to be carefully contextualised within the wider discursive debates of which they were a part. It may well be that those writing engaged with the language of the Association in order to forward their own case. Literature such as the 'Enquirer's' Leaflet', together with increasingly accurate and sympathetic coverage of abortion in the media (as a result of such things as the thalidomide tragedy), provided the public not only an appropriate language but also a legally acceptable framework with which to frame their requests for abortion. There is an underlying, tacit negotiation taking place within this body of correspondence regarding the intentions and responsibilities of both parties. This 'ethical discourse about purposes and obligations', as Gerber argues, 'narrows the gap between writer and reader'.⁶⁴ Perhaps, in order to advance their cause, correspondents had to show that they understood the medical implications of the problem for which they sought help.

The letters are evidence that abortion was, as Leslie Reagan terms, 'an open secret', discussed frankly between couples, inside families, among groups of friends, and in the semi-private, semi-public space of the letter.⁶⁵ There are, however, few comparable letter-based sources, so we have little means by which to adequately assess whether these particular individuals addressed the issue of abortion differently to how they might have spoken about it in other contexts, or to other people. The Marie Stopes letter collections of the 1920s, for example, cover an earlier generation of women who wrote to the birth controller with quite different purposes and expectations.⁶⁶ It has proven impossible to locate surviving letters to 'problem pages' and 'agony aunts', beyond a few published, and heavily edited, examples.⁶⁷ In the absence of similar testimonies, the ALRA letters, for the time being at least, must be read on their own terms, as an original, useful, if problematic source.

Notes

- [1] The 1967 Abortion Act did not replace the 1861 Act. It only enabled medical termination of pregnancy.
- [2] Patricia Knight (1977) *Women and Abortion in Victorian and Edwardian England*, *History Workshop*, 4(1), pp. 57–69; Angus McLaren (1977) *Abortion in England, 1890–1914*, *Victorian Studies*, 20(4), pp. 379–400; Barbara Brookes (1988) *Abortion*

- in England, 1900–1967 (London: Croom Helm); John Keown (1988) *Abortion, Doctors, and the Law: some aspects of the legal regulation of abortion in England from 1803 to 1982* (Cambridge: Cambridge University Press); Lesley Hoggart (2004) *Feminist Campaigns for Birth Control and Abortion Rights in Britain* (Lewiston, NY and Lampeter: Edwin Mellen Press); Gayle Davis & Roger Davidson (2006) ‘A Fifth Freedom’ or ‘Hideous Atheistic Expediency’? The Medical Community and Abortion Law Reform in Scotland, c. 1960–1975, *Medical History*, 50(1), 29–48.
- [3] See, for example, Diana Gittins (1982) *Fair Sex: family size and structure, 1900–39* (London: Hutchinson); Elizabeth Roberts (1984) *A Woman’s Place: an oral history of working-class women, 1890–1940* (Oxford: Blackwell); Steve Humphries (1988) *A Secret World of Sex: forbidden fruit: the British experience 1900–1950* (London: Sidgwick & Jackson).
- [4] See Kate Fisher (2006) *Birth Control, Sex and Marriage in Britain 1918–1960* (Oxford: Oxford University Press); and Kate Fisher (1999) ‘Didn’t Stop to Think, I just Didn’t Want Another One’: the culture of abortion in interwar South Wales, in Franz X. Eder, Lesley A. Hall & Gert Hekma (Eds) *Sexual Cultures in Europe: themes in sexuality* (Manchester: Manchester University Press), pp. 213–232.
- [5] Institute of Historical Research, ‘The Abortion Act 1967’, seminar held on 10 July 2001 at the Institute of Contemporary British History. Available online at http://www.ccbh.ac.uk/witness_abortion_index.php
- [6] Colin Francome (1984) *Abortion Freedom: a worldwide movement* (London: George Allen & Unwin), p. 88.
- [7] On the foundation of the ALRA and its early activities see Alice Jenkins (1960) *Law for the Rich* (London: Victor Gollancz); Brookes, *Abortion*; Hoggart, *Feminist Campaigns*; and Institute of Historical Research, ‘The Abortion Act 1967’.
- [8] Rebecca Earle (Ed.) (1999) *Epistolary Selves: letters and letter writers 1600–1945* (Aldershot: Ashgate).
- [9] David Gerber (2006) *Authors of their Lives: the personal correspondence of British immigrants to North America in the nineteenth century* (New York and London: New York University Press), p. 94.
- [10] *Ibid.*, p. 101.
- [11] Fisher, “‘Didn’t Stop to Think’”, pp. 213 and 228.
- [12] *Woman’s Sunday Mirror*, 15 January 1956, pp. 4–5.
- [13] At least one correspondent wrote to ALRA having read this particular article.
- [14] Francome, *Abortion Freedom*, p. 90. The pamphlet was published sometime in the 1960s; Archives and Manuscripts, Wellcome Library, London (hereafter A&M): SA/ALR/D2.
- [15] A&M: SA/ALR/A.4/3/233; 255; 269; 272; 278; 285; 293; 296; 302; 303; 305; 309; 312; 317; 321; 322; 327; 329; 330; 339; 342; 346.
- [16] Lara V. Marks (2001) *Sexual Chemistry: a history of the contraceptive pill* (New Haven and London: Yale University Press), pp. 192–193.
- [17] A&M: SA/ALR/A.4/3/2; 70; 111; 216.
- [18] On the first Brooke clinic see Hera Cook (2004) *The Long Sexual Revolution: English women, sex, and contraception 1800–1975* (Oxford: Oxford University Press), pp. 288–289. On the ‘ignorance and fear’ of attending student health centres see Carol Dyhouse (2006) *Students: a gendered history* (London: Routledge), pp. 105–106.
- [19] Kate Fisher & Simon Szreter (2003) ‘They Prefer Withdrawal’: the choice of birth control in Britain, 1918–1950, *Journal of Interdisciplinary History*, 34(2), p. 273. Fifty per cent of the twenty-nine fertile marriages in their sample that gave sufficient information about birth-control practices employed withdrawal as their primary and sole method. Thirty per cent combined withdrawal with another contraceptive approach.

- [20] Ibid.
- [21] A&M: SA/ALR/A.4/3/180; see also A&M: SA/ALR/A.4/3/16; 51; 359.
- [22] The National Archives: HO/336/21, oral evidence of Janet Chance, as representative of the Abortion Law Reform Association, 13 October 1937.
- [23] Penny Summerfield (1994) Women in Britain since 1945: companionate marriage and the double burden, in Jim Obelkevich & Peter Catterall (Eds) *Understanding Post-War British Society* (London: Routledge), pp. 58–72.
- [24] A&M: SA/ALR/A.4/3/142–143.
- [25] On doctors and therapeutic abortion see Keown, *Abortion, Doctors, and the Law*, p. 78.
- [26] Barbara Brookes & Paul Roth (1993) R v Bourne and the Medicalisation of Abortion, in Michael Clark & Catherine Crawford (Eds) *Legal Medicine in History* (Cambridge: Cambridge University Press), p. 135.
- [27] 'Enquirer's' Leaflet' among others can be found in A&M: SA/ALR/A.3/1/27; original emphasis.
- [28] Original emphasis.
- [29] The lower figure was reported by Dilys Cossey, ALRA Secretary; see A&M: SA/ALR/A.4/3/51. The journalist Paul Ferris quoted the higher figure in the first of two *Observer* articles; see *The Observer: Weekend Review*, 17 October 1965, p. 21. Ferris believed the figure, taken from national statistics, could have been higher because senior gynaecologists would list abortion operations as 'diagnostic dilatation and curettage'.
- [30] A&M: SA/ALR/A.4/3/42.
- [31] A&M: SA/ALR/A.4/3/42.
- [32] A&M: SA/ALR/A.4/3/235; 329.
- [33] A&M: SA/ALR/A.4/3/38; 46; 67; 85; 90; 94; 100A; 108; 112; 114; 136; 141; 154; 165; 178; 184; 191; 192A; 199; 224; 232; 270; 285; 325; 353.
- [34] A&M: SA/ALR/A.4/3/52.
- [35] On Catholic doctors and the provision of contraception in England see John Peel (1964) Contraception and the Medical Profession, *Population Studies*, 18(2), especially p. 145. A&M: SA/ALR/A.4/3/46; 74; 96; 112; 137; 141; 145; 154; 250; 302.
- [36] A&M: SA/ALR/A.4/3/158.
- [37] A&M: SA/ALR/A.4/3/72.
- [38] A&M: SA/ALR/A.4/3/1–88; 47; 72; 92; 102; 269.
- [39] A&M: SA/ALR/A.4/3/8; 39; 73; 93; 142; 145; 147; 257; 311; 316; 359.
- [40] Brookes, *Abortion*, p. 153. Diane Munday, spokeswoman for ALRA, had a Harley Street abortion in 1961; see Diane Munday in Institute of Historical Research, 'The Abortion Act, 1967', p. 27.
- [41] A&M: SA/ALR/A.4/3/14; 37.
- [42] Lesley Hall makes a similar suggestion in relation to the Marie Stopes correspondence; Lesley A. Hall (1991) *Hidden Anxieties: male sexuality, 1900–1950* (Cambridge: Polity Press), p. 34.
- [43] A&M: SA/ALR/A.4/3/99.
- [44] A&M: SA/ALR/A.4/3/152.
- [45] A&M: SA/ALR/A.4/3/91–93; 140; 144–145.
- [46] A&M: SA/ALR/A.4/3/203.
- [47] A&M: SA/ALR/A.4/3/65; 80; 82; 84; 127; 155; 192A; 207; 214; 219; 230; 265; 281; 283; 296; 305; 308; 335; 350; 367; 371; 376.
- [48] A&M: SA/ALR/A.4/3/126.
- [49] Brookes, *Abortion*, p. 146.
- [50] *Woman's Pictorial*, 17 March 1951, p. 15; see also *Home Notes*, 2 February 1951, p. 41.
- [51] A&M: SA/ALR/A.4/3/268; 297A; 335.

- [52] See Leslie J. Reagan (1997) *When Abortion Was a Crime: women, medicine, and law in the United States, 1867–1973* (Berkeley and London: University of California Press), p. 21; Cornelia Usborne (2006) *Cultures of Abortion in Weimar Germany* (Oxford and New York: Berghahn Books), chapter 5, especially pp. 148–161.
- [53] A&M: SA/ALR/A.4/3/245.
- [54] Colin Francome (2004) *Abortion in the US and the UK* (Aldershot: Ashgate), p. 61.
- [55] For a detailed report of the pamphlet and immediate reactions to it see *Medical News: The Newspaper for the Doctor*, 28 June 1963, p. 1.
- [56] Paul Oakes, 'Abortion: the ABC and the LSD', *Queen*, 3 June 1964, p. 24.
- [57] A&M: SA/ALR/A.4/3/134; 160.
- [58] These pills are used in obstetrics to help deliver the placenta and prevent bleeding after childbirth; A&M: SA/ALR/A.4/3/184.
- [59] A&M: SA/ALR/A.4/3/199.
- [60] See, for example, the study of reasons behind late abortion by Marie Stopes International, *A Research Study of Women Undergoing Abortion between 19 and 24 Weeks Gestation* (London, 2005), p. 15.
- [61] Dilys Cossey, in Institute of Historical Research, 'The Abortion Act 1967', p. 31.
- [62] A&M: SA/ALR/A.4/3/142.
- [63] A&M: SA/ALR/A.4/3/353.
- [64] Gerber, *Authors*, p. 95.
- [65] Reagan, *When Abortion Was a Crime*, p. 45.
- [66] For analyses of the Marie Stopes letters see Clare Davey (1988) Birth Control in Britain during the Inter-War Years: evidence from the Stopes correspondence, *Journal of Family History*, 13(3), pp. 329–345; Evelyn Faulkner (1992) 'Powerless to Prevent Him': attitudes of married working-class women in the 1920s and the rise of sexual power, *Local Population Studies*, 49, pp. 51–61; Lesley. A. Hall (1997) Marie Stopes and her Correspondents: personalising population decline in an era of demographic change, in Robert A. Peel (Ed.) *Marie Stopes, Eugenics and the English Birth Control Movement: Proceedings of a Conference Organised by the Galton Institute, London, 1996* (London: The Galton Institute), pp. 27–48.
- [67] See Robin Kent (1987) *Agony: problem pages through the ages* (London: W. H. Allen), pp. 142 and 161–162; Terry Jordan (1988) *Agony Columns* (London: Optima), p. 171.

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