

ABORTION IN ENGLAND 1900–1967

Barbara Brookes

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BARBARA BROOKES

CROOM HELM

London • New York • Sydney

Abbreviations

ALRA	Abortion Law Reform Association
BMA	British Medical Association
<i>BMJ</i>	<i>British Medical Journal</i>
BSSSP	British Society for the Study of Sex Psychology
CMAC	Contemporary Medical Archives Centre, Wellcome Institute, London
FPSI	Federation of Progressive Societies and Individuals
<i>IJE</i>	<i>International Journal of Ethics</i>
MH	Ministry of Health
NBCA	National Birth Control Association
NCW	National Council of Women
NHS	National Health Service
NUSEC	National Union of Societies for Equal Citizenship
PRO	Public Record Office (Chapter 2 — Chancery Lane; Chapter 5 — Kew)
WLSR	World League for Sexual Reform

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Jo Smith, Matthew O'Meagher and David Thomson have all assisted with the word-processing, and to the latter's ingenuity and good spirits I am particularly grateful. The University of Otago has been most generous with funds for research to allow the completion of the manuscript.

There are many difficulties in trying to establish the choices made by women in the past to control their fertility. Such decisions are private and when they are publicly discussed, the discussion is often abstracted from the realities of women's daily lives. I am, therefore, indebted to Dr Silvia Mehta who provided me with a home in London and, through her own and her friends' recollections of life in the 1920s and 1930s, gave me a counterbalance to the written record.

Introduction

Over the period from 1861 to 1967, abortion was frequently referred to as the 'illegal operation' because it was the only operation specifically prohibited by statute law. Today, abortion often surfaces in public as a feminist issue, encapsulated by the slogan 'a woman's right to choose'. Although abortion has always been a women's issue by virtue of the fact that it is the female sex which conceives, it is only recently that it has been publicly identified as such. Women were on the periphery of the medical and legal debates on abortion which shaped government policy from the early nineteenth century. They were excluded from these debates both by virtue of their absence from the public realm and by the language used. 'Abortion' and 'miscarriage' were technical terms seemingly unrelated to a woman's attempt to 'bring down her courses' or to 'restore regularity'. To examine the history of abortion in the twentieth century, then, it is necessary to ask how these popular perceptions of appropriate means of regulating fertility changed in the twentieth century. Why was it that in the inter-war years, women began speaking out on the abortion issue and organising to reform the law?; and how did it come about that abortion came to be seen primarily as a medical issue so that the 1967 reform of the law put the abortion decision firmly in doctors' hands?

These questions are not easily answered, and what follows is an historical view of an issue that has received more attention from lawyers, sociologists and abortion activists than from historians. The debates about abortion have often obscured the realities of life for women to whom abortion was not a matter of philosophical nicety or medical expertise, but a necessary survival strategy. It is this realm of intimate personal experience, the most difficult to ascertain, that has often been ignored. This study attempts to explore the female subculture where women shared information on abortion, and to look at the intersection between women's culture, medicine, law and public policy.

Abortion was a criminal act, a medical therapeutic procedure, and a popular method of fertility control. The illegality of the act, far from removing the practice, helped to highlight it and brought this aspect of fertility control to public attention. It was not until fertility control was regarded as a widely accepted social goal, and

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a necessary part of health care for women, that abortion moved out of the criminal context and into the mainstream of the health services.

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1

Abortion in the Early Twentieth Century

Introduction

Abortion is a universally practised but by no means universally approved procedure.¹ The legitimacy of the act varies according to religious and scientific evaluations of foetal life, sexual mores, state population policies, the circumstances of conception, and the status of the woman involved. Society's attitudes to abortion, therefore, reveal anxieties over the family, sexuality, secularism, the birth rate, and shifting gender roles. Legal strictures on abortion which arouse little comment at one time may become the focus of much discontent under different social circumstances.

Criticisms of the 1861 Act prohibiting abortion were raised in England in the early twentieth century. It was clear to many that the abortion clauses of the 1861 Offences Against the Person Act were unenforceable.² The extent of recourse to abortion was revealed by the decline in the birth rate and the success of the child welfare movement. Infanticide was a fast-fading problem in the early twentieth century and infant mortality rates improved.³ The decline in the crude birth rate from 36.6 per thousand of the population in 1876 to 24 per thousand by the First World War increased public concern for infant welfare. As Janet Lane-Claypon wrote in 1920,⁴

The teaching of all the experiences with Child Welfare work [was] to throw back further the need for care from the period after birth to the period before birth, and then yet further back to the health of the mother before marriage.

The emphasis on healthy infants in turn led to a concern with the

status of the foetus, imbuing foetal life from the moment of conception with a new significance. It is not surprising, then, that a 1918 Circular to County Councils (excluding London) urged local authorities to do what they could to 'stop the traffic of abortifacients and the practice of abortion-mongers in their districts'.⁵

Methods of family limitation came under greater scrutiny as social investigators and welfare workers intruded into the previously private aspects of women's lives. Many were alarmed at the 'national calamity' of the decline in the birth rate and the apparently 'general spread of Malthusian principles among the masses'.⁶ It soon became clear that the methods used to limit family size were varied and that abortion played an important role. 'Evidence of the use of abortifacients', a Yorkshire Medical Officer reported to the 1906 Infantile Mortality Conference, 'is growing in our industrial centres'.⁷ Working-class women were in the habit of anticipating their menstrual period by taking 'violent purgatives, or by resorting to any one of the reputed means for the interruption of pregnancy — not only chemical, but physical'.⁸

Resort to abortion was common and, many claimed, increasing. In the late 1920s the *British Medical Journal* lamented that the extent of abortion was such that it presented 'a grave national danger'.⁹ The gap between the statute law and the social practice of abortion in the early twentieth century became a focus of concern and points to significant social change. What, then, were the changes in English society which, by the inter-war years, allowed public discussion of a previously unmentionable subject? To understand this transition it is important to examine the traditional use of abortion as a common method of birth control; the impact of the First World War on social mores; women's new status as hastened by the war and recognised by enfranchisement; and the ideological and institutional reinforcement of motherhood and the family at a time when family size reached dramatically low levels.

Abortion as birth control

In the early twentieth century abortion and contraception were fused in the popular mind in the single category of birth control. In 1908 the Lambeth Conference of Bishops found no incongruity in denouncing birth control as 'preventitive abortion'.¹⁰ By the inter-war years those in positions of authority were far less likely to confuse the two methods of fertility control. The medical profession,

assisted by the birth control movement, intensified its campaign to impose a clear separation between those methods of birth control used before and after fertilisation. Contraceptive methods employed during coitus were held to be a matter for the individual conscience, but the full weight of medical and clerical censure fell on those who aborted after conception and so caused 'the death of a new individual'.¹¹

The evidence relating to working-class women and fertility control in the early twentieth century suggests that women regulated their fertility in a number of ways primarily oriented around menstruation rather than intercourse. Experience suggested that not every act of intercourse led to pregnancy, whereas late menstruation for a woman whose periods were regular was a sure sign of something amiss. Emmenagogues of many kinds and increasing potency had traditionally been used to ensure regularity, to 'cure' late menstruation and prompt problematic menstruation.¹² Indeed, doctors themselves, until the decline of humoral theory in the mid-nineteenth century, were primarily concerned to 'regulate or restore' the flow of normal secretions whenever they were disrupted.¹³ They might, therefore, prescribe emmenagogues for amenorrhoea, and thus women's needs and medical therapeutics may have coincided to some extent. Even in the 1920s, doctors were warned that 'women will frequently deceive a medical man with regard to their symptoms in order to induce him to administer drugs which they hope may have the desired effect'.¹⁴

Controlling fertility by means of abortifacient drugs gave women a measure of control when the main method of birth control, *coitus interruptus*, was subject to male judgement. Drugs were usually easy to obtain, inexpensive and put the power of decision-making into women's hands.¹⁵ At a time when sexual intercourse was often regarded by women as 'an obligation to be submitted to rather than as something desired', it was not planned for and hence family limitation often took place after the event.¹⁶ Moreover, leaving the decision about birth control until a period was actually overdue allowed more accurate short-term calculation of the burdens or benefits of another mouth to feed.¹⁷ Abortion, then, represented an important survival strategy which women used to prevent the hardships that another child would bring.

Working-class women shared information and helped each other procure abortion when necessary. Drugs and douches were popular methods of 'bringing on' a period. Dilation of the mouth of the uterus by the insertion of slippery elm (a bark that expanded with

moisture) was another common method of inducing an abortion.¹⁸ In Salford, Robert Roberts recalled that abortifacient drugs were widely advertised but that 'most of our women in need of such treatment relied on prayer, massive doses of penny royal syrup, and the right application of hot, very soapy water'. Some women, driven by desperation, took 'abortifacients sold by vets for use with domestic animals'.¹⁹ For many women such methods remained more natural than the use of 'artificial' birth control. Claud Mullins, a London magistrate commenting on women's reluctance to attend birth control clinics in 1933, wrote 'contraception is not . . . considered "respectable", but harmful methods of birth control, and even abortion, are'.²⁰ Women would exchange remedies for delayed menstruation yet 'artificial' birth control continued to be viewed as a 'sin against the Holy Ghost'.²¹

The wide use of abortifacient drugs by women from all social classes received publicity in the late nineteenth century in the sensational trials of the Chrimes brothers and William Brown and Associates, distributors of 'Madame Frain's' preparations.²² The former had over 10,000 requests from women for their abortifacient preparations and were caught only when they attempted to blackmail their customers. These businesses were by no means unique.

In 1899 the *Lancet* ran a series of investigations into abortifacient preparations and the newspapers that advertised them.²³ Many of the so-called abortifacient pills were thought to be useless, but the *Lancet* commented that 'any pregnant women taking a reputed emmenagogic or ecboic drug in large or even at times normal doses runs the risk of producing abortion'.²⁴ The journal gained some success in dealing with 'quacks and abortion', but it seems that it was the free trade in abortifacients rather than the drugs themselves that were at issue. Its own *Lancet General Advertiser* continued to carry advertisements for 'well known and most trustworthy' emmenagogues such as 'Apioline'.²⁵ Apiol, along with quinine, was one of the most reliable abortifacient drugs becoming available in the early twentieth century.²⁶

Diachylon, or lead plaster, was one abortifacient which could have disastrous results. The Assistant Medical Officer at the South Yorkshire Asylum reported in 1901 that 'the consumption of this preparation for illegal purposes is prevalent in the districts of Leicester, Nottingham, and Birmingham'.²⁷ Information about the efficacy of lead for inducing abortion seems to have been spread by word of mouth and by 1914 its use was reported in Lancashire,

London, Bristol, Hull and Newcastle. Ethel Elderton's 1914 *Report on the English birth rate* noted the spread of information about lead and about 'bitter apples', or colocynth. Many of her correspondents from different areas of the country noted that, for family limitation, 'chief reliance' was 'placed on drugs'. In York 'every conceivable ecboic' was in request: 'Widow Welch's female pills', apiol and steel pills, borax and others, including gunpowder, a teaspoonful of which was taken with gin.²⁸

In the early twentieth century, patent medicine manufacturers capitalised on the demand for abortifacients by advertising pills and potions to 'restore regularity' or to 'remove obstructions'. Infusions made at home by, for example, soaking pennies and nails in water, might be supplemented by a range of commercial cures such as Paterson's, Blanchard's, Widow Wilder, Triumph, and Dr Reynold's 'Lightning' Pills.²⁹ Remedies for 'female ailments' were advertised widely in women's magazines such as *Home Chat*, *Home Notes*, *Women's World*, and *Women and Home*. The manufacturers also solicited business by sending leaflets to couples who put marriage or birth announcements in newspapers.³⁰

The 'innumerable remedies' for 'female irregularities' were noted with alarm by the Select Committee on Patent Medicines in 1914. Diachylon was of particular concern because it could result in lead poisoning causing insanity, blindness, paralysis and death. Much more common and relatively harmless remedies, such as Beecham's Pills, which sold over a million a day, were accompanied by 'Advice to Females' recommending their use for 'any unusual delay'.³¹

Use of abortifacients was part of an enduring tradition of self-medication among working-class women which allowed them to make choices free from outside interference. Drugs could be purchased with anonymity through mail-order, from rubber goods stores, herbalists, and from women who 'went about selling pills'.³² In hospital out-patient practice, obstetricians saw numerous cases in which women tried to end pregnancies 'by advertised drugs, by purgatives or by diachylon plaster' and cases were admitted to hospital 'where knitting needles or skewers have been used'.³³ Some of Elderton's informants in York estimated that 'at least seven and probably eight in ten' working-class women took abortifacient drugs.³⁴ Her study revealed that abortion was common and apparently increasing in working-class urban areas, and particularly in the textile towns, where there was no shortage of work for women.

Any accurate estimate of the incidence of abortion is impossible

to obtain, but the number of abortion requests received by Marie Stopes is revealing. She noted with horror the 'staggering facts' which came to light at her birth control clinic. She observed:³⁵

In three months I have had as many as twenty thousand requests for criminal abortion from women who did not apparently even *know* that it was criminal . . . In a given number of days one of our travelling clinics received only thirteen applications for scientific instruction in the control of conception, but *eighty* demands for criminal abortion. (original emphases)

Her experience was shared by the other groups which opened birth control clinics in the inter-war years. Norman Himes's study of seven English and two Scottish birth control clinics that served an overwhelmingly working-class clientele revealed that 'from a third to a half of all pregnancy losses resulted from miscarriages, natural or self-induced'.³⁶ This, Himes concluded, was an understatement, for the clinics did not press their clients for information on abortion. According to the data collected at the Liverpool clinic, *coitus interruptus* was by far the most commonly employed method of birth control used prior to attendance at the clinic. The sheath presented a much less popular second preference, while abortifacient pills or implements ran a close third. Again Himes was led to comment that the latter were 'known to be much more common than these figures suggest'.³⁷

Himes's estimates of the frequency of abortion were reinforced by observations made at the Walworth Women's Welfare Centre where workers reported a 'negative eugenic tendency' found among many of the older women who came for advice. They habitually brought on miscarriages 'by the use of drugs and other ways — invariably with injury to themselves, as individuals and as mothers'. Out of 100 cases, 34 had had miscarriages and some had miscarried three or four times.³⁸ Many of the women who attended the Centre used to get concoctions from the chemist 'which really had the effect of keeping their period on indefinitely'.³⁹ At the Salford clinic, the founders noted that attempted abortion was 'almost a convention' amongst working-class women as soon as they realised they were 'caught' again.⁴⁰

The retail outlets which provided birth control information made little distinction between contraceptive devices and abortifacients. Female pills and syringing powders were listed, along with washable

sheaths and check pessaries.⁴¹ In the pre-war period birth control firms advertised 'on public walls . . . of lavatories, not clinics' and claimed 'hundreds of thousands of customers among the respectable poor'.⁴²

In 1928 Norman Himes estimated that there were 'not less than fifteen million books, pamphlets, brochures, leaflets etc.', detailing contraceptive advice that had been given away or sold since 1918.⁴³ There was clearly no shortage of certain types of birth control, but it was not the 'scientific', 'clean', and 'efficient' contraception that the middle-class advocates of birth control wanted to disseminate.⁴⁴ 'The average rubber shop', one commentator noted, was 'not a particularly tasteful exhibition'; but, he continued, they did provide ready access to information.⁴⁵

The rubber goods stores offended middle-class sensibilities by their 'infamous trade', while providing those who were not accustomed to visiting a doctor with advice and information.⁴⁶ Their windows, as in the case of the Stockwell Hygienic Company's two London stores, were usually packed full of articles.⁴⁷ The shops were often discreetly located and reduced public embarrassment by providing separate entrances for 'Ladies' and 'Gents'.⁴⁸ Such commercial outlets, together with traditional methods of family limitation such as *coitus interruptus*, were under attack after the First World War from supporters of 'scientific' contraception who wanted to remove the matter away from the 'aura of rubber shops and sniggering'.⁴⁹ The birth control movement gained strength in the 1920s and aimed to replace the 'disreputable' rubber-shop trade with medically fitted and approved contraceptives. In so doing its supporters stressed the distinction between contraception and abortion, a new distinction in the process of conception which had previously been popularly viewed as a continuum.⁵⁰

Abortion and women's role

In the early twentieth century middle-class observers and medical men were concerned at the 'rebellion' of women 'against the imposed self-sacrifice of the mother's lot'.⁵¹ They were particularly shocked by the prevalence of self-induced abortion which represented a violation of women's maternal role. Abortion was viewed in absolute terms, however, only by those who regarded it as sinful destruction of human life, most notably the Roman Catholic Church. Medical practitioners procured therapeutic abortions for