I was thrilled to be invited to open the student debate with a talk on the history of abortion. My own research in this field focuses on recovering the personal narratives of abortion experiences for what they reveal about the complexities of sexuality, gender and family life in the twentieth century, as well as the place of abortion in the popular imagination. With this perspective in mind, the aim of my short introduction was to offer a historical overview of abortion law and practice in England in the twentieth century.

I began by outlining the development of legislation outlawing abortion in the nineteenth and early twentieth centuries (e.g. Lord Ellenborough’s 1803 ‘Wounding and Maiming Bill’; Offences Against the Person Act, 1861; Infant Life Preservation Act, 1929) before examining medical attitudes to abortion in the first half of the twentieth century. The medical profession had a deep investment in shaping abortion law and practice. Abortion law delineated the field of medical competence, and the prosecution and punishment of women and irregular practitioners became a testing ground for the legal re-enforcement of professional competence in the field of obstetrics and gynaecology. While there is evidence that some doctors were willing to perform abortions, it is impossible to establish how many of them actually did so. By the mid-twentieth century a series of test cases had set legal precedents for performing abortion on mental health grounds. The most famous of these was the trial of the gynaecologist Aleck Bourne in 1938 who was prosecuted and acquitted for performing an abortion upon a fourteen-year-old girl who had been raped. But despite such rulings there continued to be a lack of agreement over what exactly constituted ‘mental’ and ‘physical’ health grounds in advising a termination, and a wide range of attitudes and practices existed among doctors.

I then addressed the impetus behind the campaign to reform the abortion law in the twentieth century, culminating in the 1967 Abortion Law Reform Act. Here, I outlined the social and economic reasons why women sought to terminate their pregnancies, and the difficulties and dangers they faced in doing so. Backstreet abortion contributed significantly to high rates of maternal morbidity and mortality, fuelling

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demands for legal reform by the interwar period. The Abortion Law Reform Association (ALRA) played a central role here. Founded in 1936, ALRA was dedicated to making medically performed abortion free from all legal impediments. As well as publishing advice to the public and doctors on what could and could not be legally performed, the Association was also instrumental in supporting several abortion Bills that were put before Parliament in the 1950s and 1960s. Eventually in 1967 an Abortion Act, put forward as a Private Members Bill by the Liberal MP David Steel, was successfully passed. It legalised abortion up to 28 weeks where women's physical or mental health was threatened, taking into consideration adverse social conditions and providing two doctors gave their permission.

I ended my talk with a brief review of the impact of the 1967 Act and some of the developments that have taken place since then. The 1967 Act did not mark an end to the political, medical and social dilemmas and debates surrounding the issue of abortion. The religious and anti-abortion lobby has consistently agitated for restriction of the Act, for example, and research suggests that difficulties persist in women’s access to the procedure. Meanwhile, advances in science and medicine, especially neonatal care, have also shifted the focus of debate. Most recently, in 2008, the House of Commons Science and Technology Select Committee reported on its inquiry into the ‘Scientific developments relating to the Abortion Act 1967’. The inquiry was held in order to inform parliamentary and public debate after it was ruled that abortion would fall within the remit of the Human Tissue and Embryos Bill, which was to be presented to the House that coming session. The debate focused on issues including whether to end the requirement of two doctors’ signatures in the first trimester; on the suitability of nurses and midwives to administer medical abortions; as well as on the 24-week limit, which involved discussion of the relevance of foetal pain and the advance of diagnostic imaging tools. Sifting the evidence of medical and scientific developments since the passing of the 1967 Act, the Committee concluded in favour of removing the requirement for two doctors’ signatures before an abortion can be carried out, and supported the view that there would be no compromise to patient safety or quality of care should nurses and midwives with suitable training and professional guidance be allowed to carry out all stages of early medical and early surgical abortion. The committee concluded however that there was no scientific basis - on the grounds on viability - to reduce the upper time limit. Given these findings, I looked forward to hearing the outcome of the evening’s debate.