

A Historical Summary of Abortion from Antiquity through Legalization (1973)

Excerpted from A Christian View of Abortion
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Chapter 1 The Abortion Problem Today

One of the knottiest problems facing the medical profession, the religious community, and society as a whole is that of abortion. Every doctor is faced with repeated requests to perform this relatively simple operation. The unmarried girl who has become pregnant asks her physician for help; the doctor knows that if he does not accede to her frantic pleading she will probably seek assistance from an abortionist who will exploit her financially and may harm her permanently or even kill her by performing the operation under unsterile conditions with subsequent infection. Also the married come for help. The married woman with several small children pleads for assistance because she does not feel capable of managing another infant at this time. In addition there is the mother who is physically ill; her life may be threatened by the pregnancy. There is also the mother with emotional problems; these may be complicated by her pregnancy, and by virtue of her emotional problems she may not be able to provide the stable environment that a child needs. There is the couple who feel they cannot afford a child at this time and ask help in preserving their standard of living.

Society too must deal with this problem. On a worldwide scale there is increasing pressure for changes in abortion laws which will make abortion easier. Many people have reached the opinion that abortion is a matter solely between a woman and her doctor and that ultimately abortion should be granted on request.

The issue is complicated by the fact that emotions do indeed play a large role. “Abortion seems particularly apt to bring out the mentality of the crusader, whether of liberal, radical, or conservative stripe. Crusaders have their own *modus operandi*, requiring that one belittle the opposition, paint one’s own position in the most attractive terms possible, master only those facts which support one’s case, and attempt as far as possible to monopolize the discussion.”¹

Thus in the discussion of this subject horror stories and pictures are likely to play a large part. Proponents of more liberal abortion laws are likely to tell of teen-age girls who have been raped and have subsequently had mental breakdowns because they were refused an abortion; instead they were forced to face the whispers and insinuations of their neighbors. Others who favor more liberal laws delight in showing us pictures of children who have been born hopeless cripples as a result of their mothers’ having contracted rubella during the first part of their

¹ Daniel Callahan, *Abortion: Law, Choice and Morality* (New York: Macmillan, 1970), pp. 3-4.

pregnancies or having ingested thalidomide during the same critical period. Others who oppose the liberalization of the abortion laws are wont to insist that we look at pictures of fetuses who have been aborted and dumped into a waste can.

A further complication is the charge that our present abortion laws are simply an example of the hypocrisy of the establishment. There is no doubt that a woman of means who wishes to be relieved of an unwanted pregnancy can secure an illegal abortion easily and under conditions which offer very little threat to her life.

The psychiatric interview which is required under some laws which permit therapeutic abortion for reasons of mental health may indeed be a game glibly played out to fulfill the law. This is evident from the fact that in many cases the consulting psychiatrist is not seen after the woman has been granted an abortion or has resolved her pregnancy in some other way. Peck says that it is unusual for the psychiatrist to remain in contact with the patient.²

It may be that further psychiatric treatment is too expensive or that the psychiatric condition is only temporary. It may well be, though, that in these cases the psychiatric interview is a subterfuge to conform to the requirements of the law.

Another aspect that is often pointed to as evidence that our present laws are hypocritical is the fact that more abortions are performed in private hospitals than in public and charity hospitals. There are those who believe that this is clear evidence of discrimination against the poor. There are many who say cynically that the difference between having an abortion and not having an abortion is whether one has \$500 and knows the right person.

Still another indication of hypocrisy is said to be the fact that hospitals and physicians vary in their permissiveness regarding therapeutic abortions. In some cases this is no doubt due to the religious background of the physician or hospital. A Roman Catholic hospital is unlikely to permit therapeutic abortions, and a Roman Catholic doctor, an Orthodox Jewish doctor, or a conservative Protestant doctor is unlikely to perform an abortion. But aside from religious scruples many doctors are reluctant to perform an abortion even if it is legal under the code of the state in which they are practicing. The doctor's role traditionally has been to preserve life, and this is still his chief function today. The Declaration of Geneva, to which many doctors today are pledged, states "I will maintain the utmost respect for human life from the time of conception; even under threat I will not use my medical knowledge contrary to the laws of humanity."

HISTORY OF ABORTION

Abortion is not new. Along with infanticide it has existed in many societies, both primitive and advanced. The earliest records of an abortive technique go back about 4,600 years to an ancient Chinese work, purportedly the work of Emperor Shen Nung which prescribes the use of mercury to induce an abortion.³ An Egyptian medical papyrus of 1550 B.C., the Ebers Papyrus, gives directions for producing abortion. While the Hippocratic oath forbids abortions,

² A. Peck, "Therapeutic Abortion: Patients, Doctors, and Society," *American Journal of Psychiatry*, 125 (1968), 802 f.

³ Christopher Tietze and Sarah Lewit, "Abortion," *Scientific American*, 220 (1969), 21.

the writings attributed to Hippocrates describe a number of carefully fashioned instruments designed to dilate the cervix and curette the uterine cavity, and Hippocrates himself describes how he brought about an abortion in one of his patients. Aristotle and Plato favored abortion on social and economic grounds. In Greece, in the Roman republic, and during the greater part of the Roman Empire's existence there were no laws against abortion, and the Greeks, the Romans, and the Egyptians developed extensive literature on abortive techniques.

With the introduction of the Judeo-Christian ethic, which emphasized the sanctity of human life, abortion came to be viewed as a crime. The *Didache* excoriated abortion, and Tertullian branded it as murder. The canons of St. Basil condemned abortion at any point, and the Council of Ancyra in 314 A.D. laid down 10 years' penance as the penalty for abortion.⁴

One interesting and oft cited distinction made in the early church was that abortion in the early stages of a pregnancy was not considered wrong. The reason for this can be traced back to Aristotle who held that the soul entered the body of a male fetus at 40 days and the body of a female fetus at 80 days. He believed that at conception the individual received a vegetable soul which gradually was replaced with an animal soul and finally by a rational soul. It was only after the appearance of the rational soul that abortion was to be considered murder.

Sixtus V issued a bull in 1588, *Effraenatum*, wiping out the 40- and 80-day rule and punishing all abortion as murder; the punishment was to be excommunication. Subsequently Gregory XIV returned to the 40- and 80-day rule. However in 1869 Pius IX returned to the sanctions of Sixtus V.⁵

Gradually strict laws were passed both in the United States and in Europe. Generally these forbade abortion in any circumstance or at least unless the life of the mother was threatened; many of these are still on the books, though they cannot be enforced in the United States because of the recent Supreme Court decision. They were originally passed to protect women from abortionists at a time when major surgery had a 38% death rate but childbirth only a 2% death rate,⁶ and their purpose apparently was to protect women from the threat that any abortion, legal or illegal, posed.

Interesting in this connection are the laws of some states of our country which permit abortion to save the life of the fetus. These laws been the subject of a great deal of ridicule; they are often cited as examples of legislation passed by uneducated and ignorant legislators. Yet it appears that the actual purpose of these laws was to make it clear that induced birth was not to be considered abortion and that a doctor who for the welfare of the fetus decided to bring about a birth somewhat earlier than that which would occur naturally would not be held to have committed an abortion.

⁴ Russell Shaw, *Abortion on Trial* (Dayton, Ohio: Pflaum Press, 1968), P. 158.

⁵ Lawrence Lader, *Abortion* (New York: Bobbs-Merrill, 1966), P. 79.

⁶ *Newsweek*, 75, April 13, 1970, 55.

ABORTION STATISTICS

At the present time it is estimated that there are somewhere between 30 and 35 million abortions a year, legal and illegal, throughout the world.⁷ This compares with a total of 115 million live births each year.⁸ In Belgium, France, West Germany, and Italy it is believed that the number of illegal abortions each year equals the number of live births.⁹

ILLEGAL ABORTIONS

One particular concern is the number of illegal or criminal abortions that are being performed under our present laws. It is believed that between 10 and 20 criminal abortions are performed every 15 minutes in the United States. Estimates of 2,500 per day are not unusual, and it may be that the actual number is a great deal larger.

One of the problems cited by proponents of more liberal abortion laws is the fact that the death rate from illegal abortions is much higher than that from legal abortions performed in a hospital. Today there are 20 deaths for every 100,000 live births in the United States but only three for every 100,000 hospital performed abortions.¹⁰

There is a real problem, of course, with illegal abortions. Probably the most dangerous are those which are self-induced. With the advent of antibiotics there are few instances of death even at the hands of an abortionist. Yet Lader reports that almost half of all childbearing deaths in New York City can be attributed to abortion alone.¹¹ It is believed that the actual number of deaths from illegal abortions in the United States is about 500 annually.¹²

ABORTION METHODS

Up until the twelfth week of pregnancy the most commonly employed method of abortion is a one-stage dilatation and curettage popularly known as D & C. The operation, performed under a local anesthetic, involves dilating the cervix by inserting a series of metal dilators, each slightly larger than the preceding; introducing a sharp curette into the uterus; and curetting the whole uterine cavity with short strokes. The chief danger of D & C is perforation of the uterine wall which increases with the length of gestation. To overcome this problem a newer technique has been introduced, that of uterine aspiration. It is widely used in eastern Europe, and involves removing the conceptus from the uterus by suction, using a tube with a flexible connection to a suction pump.

For abortions performed after the twelfth week of pregnancy a miniature caesarean or hysterotomy is often performed. This involves a surgical removal of the conceptus. To attempt an abortion by D & C at an advanced stage of pregnancy risks considerable hemorrhage and perforation of the uterine wall. An alternate method of terminating later pregnancies has recently been developed which involves an amniocentesis. Some of the amniotic fluid is drawn off by inserting a needle into the amniotic sac. It is then replaced either with a hypertonic saline

⁷ Callahan, p. 285.

⁸ Robert E. Hall, "Commentary," in *Abortion and the Law*, ed. David T. Smith (Cleveland: Western Reserve, 1967), p. 234.

⁹ Callahan, p. 286.

¹⁰ *Newsweek*, 75, April 13, 1970, 55.

¹¹ Lader, p. 3.

¹² Hall, p. 228.

solution or a 50 percent glucose solution. This is believed to be much safer than the hysterotomy, as the dead fetus is delivered in labor about the following day.

One of the problems in “late” abortions is the effect the abortion may have on the doctors and nurses involved. “It is difficult to get nurses to aid in abortions beyond the twelfth week because nurses and often the doctors emotionally assume that a large fetus is more human than a small one.”¹³ Indeed in some cases the fetus begins to breathe and in at least one case has survived.

¹³ *Time*, 96, Sept. 7, 1970, 48.

Chapter 2

Abortion Practices

Laws in various states vary from strict prohibition to what amounts to “abortion on demand,” though most, if not all, of these laws are meaningless in the light of the 1973 Supreme Court decision. Louisiana, Massachusetts, New Jersey, and Pennsylvania forbid abortion and provide no exceptions to this blanket prohibition. However, courts in Massachusetts and New Jersey have modified the law by their interpretation so that in effect abortion is not strictly illegal in these states.

In all other states legislatures have specifically provided conditions under which abortions may be legally performed. In 46 states and the District of Columbia abortions are permissible if necessary to save the life of the mother. In 31 states anyone may perform the operation, but 11 states require that a legal abortion be performed by a physician or surgeon. In some cases the individual performing the abortion must demonstrate that the patient’s life was actually threatened; in other cases it is sufficient that he believe in good faith that a necessity exists. In some cases prior consultation with one or more physicians is necessary—in others it is not.

In a number of cases an abortion may be performed to protect not only the life but also the health of the mother.

It is estimated that from 1963 through 1965 there were 8,000 therapeutic abortions performed each year in the United States, about two per thousand births. Forty percent of these were performed for psychiatric reasons, 25 percent because the mother had had German measles, and the rest for a variety of reasons.¹

THE ALI MODEL LAW

In response to the pressure for a revision of abortion laws the American Law Institute drew up a model abortion code as a part of its Model Penal Code, which provides that a licensed physician is justified in terminating a pregnancy if he believes there is substantial risk that the continuance of the pregnancy would gravely impair the physical or mental health of the mother or that the child would be born with a grave physical or mental defect or that the pregnancy resulted from rape, incest, or other felonious intercourse. All illicit intercourse below the age of sixteen is considered felonious for purposes of this law.

Under the model law abortions are to be performed only in a licensed hospital except in emergency cases when hospital facilities are unavailable. Legal abortions under this model code are not to be performed unless two physicians, one of whom may be the person performing the abortion, certify in writing the circumstances which they believe justify the abortion. The certificate is to be submitted before the abortion to the hospital where the abortion is to be performed. (Section 230.3 of the Model Penal Code, proposed official draft, 1962).

¹ Christopher Tietze and Sarah Lewit, “Abortion,” *Scientific American* 220 (1969), 23.

Proposals similar to the Model Penal Code abortion provisions were adopted by the House of Delegates, the policy-making board of the American Medical Association, on June 21, 1967.

STATES WITH NEW CODES

By mid-1969 ten states had liberalized their abortion laws: Colorado, North Carolina, and California in 1967; Georgia and Maryland in 1968; and Arkansas, Kansas, Delaware, Oregon, and New Mexico in 1969. In general the changes in these laws follow the recommendations of the Model Penal Code of the American Law Institute. In the first year of the new Colorado law, 407 legal abortions were performed compared with 51 which were performed in the previous year. Seventy-one percent of these were performed for psychiatric reasons, 12% for fetal reasons, 11% for rape, and 6% because of threats to physical health. Fifty-five percent of the abortions were performed on single women, 34% on married women, and 11% on divorced women.²

In 1970 Alaska, Hawaii, and New York enacted laws which are more liberal than those of the Model Penal Code and which in essence provide that abortion in the first four to six months of pregnancy is a matter to be decided by the woman and her physician. It was argued that the model code of the American Law Institute had little effect on the poor, because these cannot afford abortions or the preliminary consultations. Critics of the model law who favored more liberal laws said that only one woman in 10 seeking an abortion can get one under the model law.

The Hawaiian law permits an abortion by a licensed physician on a patient who has been a resident of the state for 90 days. The latter restriction was placed into the law in order to prevent women from coming to Hawaii when they discovered that they were pregnant. In Hawaii more than 600 abortions were performed in the first two months of the law. Most of these were performed on women in their twenties who were unmarried and who were Caucasian.³

In New York the State Department of Health reported 34,175 abortions in the first three months of the new law from July 1, 1970 to October 31, 1970, and on this basis the department estimated that 125,000 abortions would be performed in the first year of the new law. Unfortunately, reliable figures are not available for the entire state, but in New York City careful records have been kept. Here 278,122 legal abortions were performed during the first 18 months of the law from July 1, 1970 until December 31, 1971. The State Department of Health suggested that 40% of the abortions would be performed on women from out of the state; in New York City 35.5% of the patients were residents of the city and 64.5% were nonresidents of the city.⁴ Undoubtedly most of these were nonresidents of the state, since there would be little reason for a resident of the state of New York to come to New York City for an abortion which she could receive at home. At present about 4,250 abortions are being performed weekly in New York City.

² Daniel Callahan, *Abortion: Law, Choice and Morality* (New York: Macmillan, 1970), p. 141.

³ *U.S. News and World Report*, 68, June 8, 1970, p. 83.

⁴ Alan F. Gutmacher, "Abortion on Request: the Physician's View," *American Biology Teacher* 34 (1972), 516.

Some New York abortions are resulting in fetuses that display unmistakable signs of life. The law permits abortions up until the 24th week of pregnancy, but not thereafter. The physician however is dependent on the mother's word about the time of conception and may find himself trying to abort a fetus within a month or two of birth. In the first six months of the law, 26 cases of viable fetuses were reported, 25 of which lived for only a few minutes. One, a girl, survived and is a normally developing child.⁵

THE SUPREME COURT DECISION

On January 22, 1973, the United States Supreme Court, in a landmark decision, struck down most of the state laws against abortion. Although only two states—Texas and Georgia—were directly involved in the decision, almost every state will have to rewrite its antiabortion laws, and until new state laws acceptable to the Supreme Court are passed, it seems unlikely that abortions performed at any stage can be considered illegal.

Specifically the court held that during the first three months of a pregnancy, the decision on whether to have an abortion lies solely with the woman and her doctor; state laws cannot interfere in any way with this decision. During the next three months, when the risk of an abortion is greater, the state may regulate abortions to protect the health of the mother: abortion may not be forbidden, nor may it be regulated on the basis of any rights of the fetus. Only in the late stages of pregnancy, when the fetus might survive outside the womb, may the state forbid abortion; in these cases too it must be permitted where it is necessary in appropriate medical judgment for the preservation of the life or health of the mother.

The decision was rendered on a 7 to 2 vote and held that any prohibition of early abortion was an unconstitutional invasion of a woman's right to privacy. The majority held that in the early months of a pregnancy the state's only legitimate interest is in seeing that an abortion, like any other medical procedure, is performed under circumstances which insure maximum safety for the patient. Only after a fetus reaches that stage where it is capable of independent life may the state step in to protect the life of the unborn child.

The court did not answer the question of when an unborn child actually becomes a human person with a legal right to live, and it will be interesting to see what the effect of this decision will be in cases where lawsuits are brought for damages to compensate for injury to an unborn child. The court said "We need not resolve the difficult question of when life begins" and continued "When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, at this point in the development of man's knowledge, is not in a position to speculate as to the answer."

BRITISH LAWS

Before 1803 in Britain the rule of common law was that abortion was a crime only if it took place after quickening. In 1803 the rule was made a statute and was changed to make abortion before quickening a crime as well. A 1929 law made abortion illegal except to save the life of a mother.

⁵ *Fort Wayne News Sentinel*, January 9, 1971, 6A.

In the late 30s the case of *Rex V. Bourne* had attracted considerable attention and affected the administration of the 1929 law. In 1938 a young girl who had been watching a changing of the guard at Whitehall Palace, London, was raped by two troopers and became pregnant. She was treated and [the fetus was] subsequently aborted by Dr. Bourne who first admitted the girl to a hospital with the approval of both her parents and kept her under observation for eight days to study the impact of the assault on her physical and mental health. He was subsequently tried at Old Bailey and argued that his procedure was justified not only by the trauma of the assault on the 14-year old girl but also by the danger of bearing a child at her age. Dr. Bourne was acquitted, and the case was regarded as an indication that preservation of life may be liberally interpreted in England.

THE 1967 BRITISH LAW

In 1967 the English and Welsh law governing abortions was substantially changed, widely extending the permissible indications. The new law went into effect in 1968.

The 1967 law provides that a legal abortion must be performed by a physician who believes in good faith that the continuation of the pregnancy will involve serious risks to the life or grave injury to the health, either physical or mental, of the pregnant woman, or that there is a substantial risk that the child will suffer some physical or mental abnormality which will seriously handicap him, or that the pregnant woman's capacity as a mother would be severely overstrained by the care of a child or another child as the case may be, or that the pregnant woman is mentally defective, or became pregnant while under the age of 16, or became pregnant as a result of rape.

There has been a marked increase in the number of abortions requested as well as in the number granted. It seems apparent that many women who were formerly unhappy with pregnancy but willing to carry it through are now requesting and receiving abortions.

THE EXPERIENCE OF OTHER COUNTRIES

Most students of the abortion problem describe three types of laws in addition to a situation where there are no laws at all on abortion. First are restrictive laws such as those found in most of the states of the United States prior to the present changes in abortion laws. Second, there are permissive laws such as those in Scandinavia which specify the conditions under which an abortion may be performed. Third, there are more permissive laws, listing conditions but suggesting counseling and leaving the final decision to the woman. It is this type of legislation which exists in eastern Europe and in Japan and which many students of abortion problems believe should be enacted here in the United States.

SCANDINAVIAN PRACTICES

In Scandinavia, so far as the mother is concerned, abortion is permitted on serious threat to life; or to physical or mental health arising from disease, a body defect, or exhaustion. A 1946 amendment to the Swedish abortion laws extended it to anticipated exhaustion. The law in Norway favors social indications; serious or chronic illness of the husband or children, alcoholism, criminology, lack of housing, or other specially unfavorable circumstances. Therapeutic abortions may also be granted on the basis of the hereditary transmission of mental

deficiency or disease, fetal damage from German measles or thalidomide, or a disease acquired during intrauterine life.

In spite of these liberal regulations it seems that the number of illegal abortions in Scandinavia has not been reduced. In Denmark it is believed that there are about 15,000 illegal abortions a year, three to four times the number of legal abortions. Thus Callahan concludes “the Scandinavian ‘middle way’ . . . is inherently unstable.” Under present laws . . . “most women with a genuine problem” can secure an abortion. “Yet illegal abortions remain a problem,” especially in Denmark: many women want an abortion who cannot have one under the law. Only “abortion on demand” will satisfy.⁶

In addition to the fact that some women cannot receive an abortion under the very liberal laws, there are those who do not want to publicize their pregnancy and who do not wish to comply with the regulations. These women seek an illegal abortion. Some of these no doubt could receive a legal abortion, but others cannot meet the requirements of the statute.

ABORTION BEHIND THE IRON CURTAIN

Eastern Europe and Japan are often cited as examples of very liberal abortion laws, but the history of abortion regulations in the Soviet Union is particularly interesting. From 1917 until 1920 abortion was totally illegal in the Soviet Union, and from 1920 until 1936 liberal abortion laws held. In 1936 abortion became illegal except on carefully specified, wholly medical indications. The rate of illegal abortions subsequently increased with a correspondingly high maternal mortality rate. In 1955 the law again was liberalized, essentially out of concern for the harm done by illegal abortions and the profiteering of illegal abortionists.

In the Soviet Union in 1968 nearly three out of four pregnancies were terminated by an abortion. It was found that the abortion rate was three times greater for working women than for housewives.⁷ In another study 16% of the Soviet women studied had more than one abortion a year, and in a study of 1,350 women in Leningrad who had had a legal abortion, 70% had had two or more abortions and 12% had had six or more abortions. It was found that 18½% of all admissions of women in Soviet hospitals were for the purpose of abortions.

Most of the Iron Curtain countries have abortion laws similar to those of the Soviet Union. In Hungary in 1964 there were 140 induced abortions for each 100 live births.⁸

Studies indicate that in that country the number of induced abortions for each married woman probably exceeds three by the end of her reproductive life. Yet illegal abortions continue; these are performed on unmarried girls, and on divorced, widowed, and separated women.

JAPAN

Japan is another country which has instituted liberal abortion regulations; indeed, Callahan believes that Japan has the most permissive abortion system. A factor in encouraging

⁶ Callahan, p. 213.

⁷ Ibid., pp. 225-226.

⁸ Ibid., p. 227.

easy abortion laws was the population pressure which resulted from Japan's defeat in World War II. The original law was liberalized in 1948, and since 1952, with further liberalization, abortions are at the discretion of those especially authorized to perform them. Abortions rose from 246,000 in 1949 to "1,128,000 in 1958 and then tapered off to about 955,000 in the following years." The birthrate fell from 30.3 per thousand in 1947 to 16.9 in 1961, and this level has been maintained.⁹

It is believed that the number of abortions is actually higher than the reported figures; some doctors underreport in order to avoid payment of taxes, and others list their abortions in different categories such as abnormal conceptions, to give the client the benefit of payments from health insurance. It is believed that the actual number is about 1.6 times the reported number.

Housing is chronically short in Japan, and houses and apartments for families with more than two or three children are practically non-existent in the cities. There are also many industrial, economic, and educational pressures for small families. In Japan illegal abortion was uncommon before 1948 and still is. The 1948 law did not reduce the number of illegal abortions which was already small, but it created a new clientele for abortion.¹⁰ In 1955, when 1,170,143 abortions were reported in Japan, there were 1,730,692 live births. If we use the 1.6 multiplier for the number of abortions which Callahan suggests, it is apparent that the number of abortions and births is about equal.

"The mortality rates from legal abortions is lowest in the permissive systems"—about 5 per hundred thousand in eastern Europe and Japan as compared with 40 per hundred thousand in Scandinavia.¹¹

Illegal abortions not only cause deaths and permanent injury but also put a heavy burden on public health services; this is an argument for permissive legislation in the underdeveloped countries. Yet the public health services of backward nations, it is agreed, probably would be inadequate to cope with the large numbers of abortions that would be transferred to the hospital or clinic from the back street if legal restrictions were lifted.

Permissive and moderate systems also result in public health problems. Large numbers of abortions put an extra strain on medical services and divert attention from other health needs in the population. Repeated abortions and an increasing number of abortions among young and childless women risk damaging sequelae and are believed to present some degree of threat to female health generally.

PRESSURES FOR MORE LIBERAL LAWS

There is considerable pressure in the United States for a liberalization of all abortion laws along the lines of the more liberal states and the current British law or for permitting "abortion on demand." A United Presbyterian committee in a report to the General Assembly in spring 1970 argued that "abortion of a nonviable fetus should be taken out of the realm of the law altogether and be made a matter of the careful ethical decision of a woman, her physician, and

⁹ Lawrence Lader, *Abortion* (New York: Bobbs-Merrill, 1966), pp. 132-133.

¹⁰ Callahan, p. 265.

¹¹ *Ibid.*, p. 287.

her pastor or other counselor.” The 1970 United Methodist general conference adopted a statement that speaks approvingly of laws intended to make decisions for abortion “largely or solely the responsibility of the person most concerned.”¹²

THE NEED FOR ANY LAWS WHATSOEVER

Are any laws whatsoever necessary or, as some argue, should this be a medical problem left entirely to the discretion of the woman who would seek the advice of her physician and anyone else whom she might desire, but who ultimately would herself be the one to determine whether or not an abortion should be performed? As we have seen, the problem is much more than a medical one. It is also a moral, legal, sociological, and psychological problem. Those who have studied the matter, particularly in the light of the experience of countries with very liberal abortion laws, feel that some law is necessary. They point out that while such a law would infringe on some of a woman’s rights, her rights cannot be regarded as absolute because they may infringe on the rights of others. Induced abortions, it is agreed, have consequences for society, for family life, and for the practice of medicine, and for these reasons society has the right to take a legal interest in them.

¹² *Christianity Today*, xiv, June 5, 1970, 24.