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In the following 1960 article, Mary Calderone, then Medical Director of Planned Parenthood, dismisses the notion that women were being harmed by back alley abortionists.

#### ILLEGAL ABORTIONS

ened by a pregnancy.<sup>2</sup> However, and this is a big however, interpretation of the law varies from city to city within a state.

Fact No. 2—Interpretation of the law also varies between hospitals within a city and between services in the same hospital, because the legal therapeutic abortion rate is higher on private services than on ward services. A public health official put this pointed question at the conference: "Why is there such a difference in the incidence of therapeutic abortion by hospitals? Is the woman in a public hospital healthier than a woman on a private service in a voluntary hospital or in one voluntary hospital as against another one?" The second fact to be established, therefore, is that the border zone between legal and illegal abortion is narrow and shifts frequently, depending on personnel and locale. Indeed, as one participant bluntly put it: "I would like to call attention to the artifact of distinction between illegal and therapeutic abortion. Actually, according to my definition, in many circumstances the difference between the one and the other is \$300 and knowing the right person." So much for fact number two.

From the first two facts it becomes clear that the interpretation of legality is probably in the eye of the beholder. What we have to admit is, as was repeatedly emphasized, that most therapeutic abortions are in the strictest sense of the law actually illegal.

Fact No. 3—Abortion is no longer a dangerous procedure. This applies not just to therapeutic abortions as performed in hospitals but also to so-called illegal abortions as done by physicians. In 1957 there were only 260 deaths in the whole country attributed to abortions of any kind. In New York City in 1921 there were 144 abortion deaths, in 1951 there were only 15; and, while the abortion death rate was going down so strikingly in that 30-year period, we know

what happened to the population and the birth rate. Two corollary factors must be mentioned here: first, chemotherapy and antibiotics have come in, benefiting all surgical procedures as well as abortion. Second, and even more important, the conference estimated that 90 per cent of all illegal abortions are presently being done by physicians. Call them what you will, abortionists or anything else, they are still physicians, trained as such; and many of them are in good standing in their communities. They must do a pretty good job if the death rate is as low as it is. Whatever trouble arises usually comes after self-induced abortions, which comprise approximately 8 per cent, or with the very small percentage that go to some kind of non-medical abortionist. Another corollary fact: physicians of impeccable standing are referring their patients for these illegal abortions to the colleagues whom they know are willing to perform them, or they are sending their patients to certain sources outside of this country where abortion is performed under excellent medical conditions. The acceptance of these facts was such that one outstanding gynecologist at the conference declared: "From the ethical standpoint, I see no difference between recommending an abortion and performing it. The moral responsibility is equal." So remember fact number three; abortion, whether therapeutic or illegal, is in the main no longer dangerous, because it is being done well by physicians.

Fact No. 4—Other countries are having significant experiences with illegal abortion. Take France first, a Catholic country, where no abortions and no contraceptive measures are legal. It is a country, however, whose citizens acting independently have lowered the birth rate by three methods. Two are contraceptive, namely, the use of the condom and withdrawal; the third is abortion. I have no figures on the mortality rate from abortions in France, but various