Reproductive Politics in Twentieth-Century France and Britain

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Abstract: This special issue adopts a comparative approach to the politics of reproduction in twentieth-century France and Britain. The articles investigate the flow of information, practices and tools across national boundaries and between groups of experts, activists and laypeople. Empirically grounded in medical, new media and feminist sources, as well as ethnographic fieldwork, they reveal the practical similarities that existed between countries with officially different political regimes; as well as local differences within the two countries. Taken as a whole, the special issue shows that the border between France and Britain was more porous than is typically apparent from nationally-focused studies: ideas, people and devices travelled in both directions; communication strategies were always able to evade the rule of law; contraceptive practices were surprisingly similar in both countries; and religion loomed large in debates on both sides of the channel.

Key words: abortion, assisted conception, contraception, family planning, prenatal genetic screening, in vitro fertilisation (IVF)
Last summer, France paid tribute to Simone Veil (1927–2017). On 1 July 2018, the former Health Minister and Auschwitz survivor was interred in the Panthéon, the resting place of the country’s icons, to become, alongside Marie Curie, one of only five women so honoured. In France, Veil is a household name synonymous with the law she drafted that legalised abortion in 1975. A landmark of feminism and secularism, it became known simply as ‘la loi Veil’ (the Veil law). Attended by thousands in Paris and broadcast on state television, the ‘panthéonisation’ of Simone Veil was a major national event. ‘Merci Simone’ posters adorned the streets.¹

Four days later, on 5 July 2018, the Science Museum in London opened a temporary exhibition to mark forty years of in vitro fertilization (IVF). Louise Joy Brown, the ‘first test-tube baby’, was born at Oldham General Hospital near Manchester on 25 July 1978, and the exhibition promised to explore the ‘ten years of experimentation, hundreds of failed attempts and many setbacks’ that culminated in her ‘“miraculous” birth’. IVF: 6 Million Babies Later showcased original scientific notebooks, equipment and press coverage, as well as ‘equipment used in an IVF lab today’, the ‘future of embryo manipulation’, and ‘ethical questions around this research that continue to be debated.’² Beyond the exhibition, Louise Brown’s fortieth birthday was celebrated around the world; a collection of letters (including notes of


congratulation, but also hate mail), gifts, and other mementoes kept by her mother was unveiled on her birthday at Bristol Archives.3

France’s loi Veil and the British ‘birth’ of IVF represent significant milestones in the history of modern reproduction. The national character of the original events and their more recent commemorations also raise timely questions about the contributions of France and Britain to the politics and technology of reproduction, in the 1970s and today. For this special issue, we have decided to explore reproductive politics in twentieth-century France and Britain, not only because the two countries present historians with a number of productively challenging similarities and differences, but also because much of the best scholarship on France is accessible only to readers of French; a situation we hope this special issue will begin to alleviate.

Political histories of reproduction

Reproductive politics is a capacious term that, especially since the 1970s with feminist critiques of medical sexism and conservative family values, has come to denote struggles over access to birth control, legal abortion and assisted conception as well as the class, gender and race inequalities that the widespread, but uneven and often fraught adoption of new reproductive technologies has tended to exacerbate.4 In the 1980s and early 1990s, as


women’s studies was forming as an academic field, feminist scholars increasingly turned their attention to the politics of motherhood, pregnancy and abortion. Faye Ginsburg and Rayna Rapp’s landmark article, ‘The politics of reproduction’ (1991), consolidated the field for anthropologists.5 Since then, an increasingly diverse range of researchers across the humanities and social sciences have explored how reproductive politics link scientific and medical knowledge—especially about women’s reproductive bodies—to national and transnational political, legal, religious, colonial and postcolonial regimes of fertility regulation.6


Separated only by a narrow body of water and historically entangled in various ways, France and Britain invite comparison. But with the notable exception of Melanie Latham’s *Regulation Reproduction* (2002), histories of reproduction have for the most part been confined to the national level; and approaches have to some extent developed in isolation. While Latham’s work provided the first in-depth study of the legal changes pertaining to contraception, abortion and assisted conception in Britain and France over the twentieth century, she focused mainly on the parliamentary systems of each country, neglecting the powerful role played by cultural shifts in bringing about these changes. As the contributions


7 See, for example, Viviane Quirke and Jean-Paul Gaudillièrè, ‘The Era of Biomedicine: Science, Medicine, and Public Health in Britain and France after the Second World War’, *Medical History*, 52 (2008), 441–52.

to this special issue show, doctors and activists not only influenced policymakers but also facilitated access to information, helping to establish a more favourable milieu for the public and political reception of radical ideas about reproduction.

While French officials have long feared population decline, their British counterparts were historically more concerned with the over-prolific poor. Birth control and abortion became increasingly acceptable in Britain in the mid twentieth century, just as legal prohibitions and punishments became more severe in France. Religious tradition also played a key role in shaping different national policies. Namely, the Catholic Church opposed birth control France while Anglican bishops legitimized contraception in the 1930s. Beyond comparison, there were direct exchanges of information and ideas, including about contraception, eugenics and ‘family planning’, an initially British concept. Contraceptive devices, too, crossed the border, from Britain to France, while French women travelled to London to obtain abortions after Britain, in 1968, became one of the first Western countries to decriminalize abortion. France and Britain, thus, are strategic fields to study comparatively.

In addition to these divergent historical trajectories, the two nations have remarkably different historiographical traditions. Demography has long been strongly institutionalized in France, where a large number of demographic studies have been devoted to reproduction. In Britain, the history of medicine and oral history, combined with demographic analysis of Britain’s dramatic ‘fertility transition’, have provided some of the most productive lines of

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inquiry. Media studies are beginning to make strides in both countries, generating new questions about the crucial developments in communications technology that produced mass audiences for often controversial information about all aspects of reproduction. Against a backdrop of national histories, this special issue adopts an explicitly comparative perspective. The period covered in this special issue, from around 1900 to the


present, is one that witnessed major changes in reproductive politics. This is especially true of the decades after World War II, a significant and transformative period in the history of reproduction that saw the advent of ‘the pill’, the liberalisation of access to contraception and the decriminalisation of abortion in several Western countries, as well as the increasing medicalisation of pregnancy and childbirth, culminating in IVF.

Empirically grounded in medical, news media, and activist sources, as well as ethnographic fieldwork, the article address questions of how information, practices and tools crossed national boundaries and circulated between groups of experts, activists and laypeople: Which arguments did campaigners put forward to advance their distinctive agendas? How did these arguments travel and how did they fare with policymakers and with the more general public? To what extent did changing scientific and medical knowledge shape reproductive politics? And, not least, what role did the media play? The rest of the introduction sketches a cross-channel history of reproductive politics in the two countries and presents the five articles that constitute the special issue.

**From Malthus to pronatalism**

Histories of population science and politics suggest that France and Britain had different fears regarding the state of their population; pronatalism was central in France while neo-Malthusian and eugenic concerns predominate in Britain. Despite these main differences some experts in France and Britain shared neo-Malthusian and eugenic concerns at the turn of the twentieth century. First published anonymously in London in 1798, Thomas Robert

Malthus’s *Essay on the Principle of Population* argued that population growth, especially among the poor, would outstrip available resources unless kept in check by ‘moral restraint’.

At around the same time—much earlier than any other European country—France began a steady fertility decline that reached its lowest point in the mid 1930s. Initially framed as ‘degeneration?’ and somewhat later as ‘depopulation’, this downward trend was a major source of concern for medical doctors, population experts, politicians and religious leaders in France. Abortion later became a source of major concern in both countries, but for somewhat different reasons: depopulation in France; maternal mortality in Britain. The trend towards criminalisation, however, began in the early 1800s.

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Founded in London in 1877, the Malthusian League promoted the education of individuals in sexual matters and contraceptive use with the aim of poverty reduction. In 1913, the League began publishing leaflets with *Hygienic Methods of Family Limitation*, the first medical birth-control publication of the twentieth century that reviewed existing techniques of birth control. Neo-Malthusianism also made gains in France, where Paul Robin, an educator and scientist, promoted the movement upon his return from exile in London. In 1900, he initiated a series of international conferences and established an International Federation of Neo-Malthusian Leagues (*Fédération universelle de la régénération humaine*). As with America’s Comstock Laws of 1873, the French law of 1898 on pornography prohibited the transmission of immoral information and included contraception in its list of ‘unlawful products’. But the sale and public advertisement of contraceptive devices was not explicitly made illegal until 1920, so (neo-Malthusian) campaigners were able to distribute information on birth control and contraceptive devices in France.

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18 Ledbetter, *op. cit.* (note 16); Hall, *op. cit.* (note 13).


20 Latham, *op. cit.* (note 8).

Eugenics was a transnational movement that found support across the political spectrum. A British innovation, the term itself was coined by Charles Darwin’s cousin Francis Galton in 1883 to encompassed the notion that the ‘unfit’ poor were multiplying while the ‘fit’ middle- and upper-classes were dying out. Debates over population often conflated quality and quantity as prominent figures on both sides of the channel were greatly influenced by Galton’s eugenics. For example, early twentieth-century ‘integral’ or ‘individualist’ feminists—who ‘sought equality of opportunity for the individual, irrespective of sex, familial considerations, or national concern’—and neo-Malthusians both drew on


eugenic arguments about population quality and on the idea of birth control. In contrast to their counterparts in Britain, French neo-Malthusians placed ‘women and women’s control over their own bodies at the centre of birth control doctrine.’ Robin’s discipline Nelly Roussel explicitly connected women’s political citizenship with the fact that female emancipation lay in birth control. She and other neo-Malthusians and ‘integral’ feminists increasingly faced opposition from ‘relational’ feminists—who contrastingly sought ‘equality in difference’—and other pronatalists, who sanctified motherhood as a patriotic duty and supported a gendered division of labour in both society and the family.

In Britain, a focus on population size and quality led commentators to set up the National Birth Rate Commission in 1912 to investigate the reasons behind differential fertility. Others proposed remedies for ‘race suicide’ by targeting women. Working-class mothers in particular came under increased surveillance by the state and private charities regarding the welfare of their children. For instance, ‘social hygienists’—middle-class reformers working in voluntary organizations—promoted education in ‘mothercraft’, gave information to individuals on the risks of venereal disease (VD), and discouraged sexual


relations except between husband and wife. They supported the Maternal and Child Welfare Act 1918 because they perceived environmental conditions as essential factors in infant mortality and it aimed to improve access in England and Wales to welfare clinics, day nurseries and health visitors.29

Even as support for birth control remained a radical position well into the twentieth century, national campaigns against VD—aimed at soldiers and unmarried men—raised the profile of condoms, officially used for prophylaxis only, during the Great War.30 Manufacturers in the Germany, Britain and the United States came to dominate a lucrative international market.31 Meanwhile in the United States, Margaret Sanger, the American nurse and radical feminist who coined the term ‘birth control’, was arrested for opening the nation’s first birth-control clinic, in Brooklyn in 1916.32 Sanger had previously evaded arrest under the Comstock Laws by fleeing to London, where she came into contact with the Malthusian League and met the British scientist Marie Stopes, who was writing Married Love (1918), the

29 Soloway, op. cit. (note 24).


landmark book that influentially positioned contraception as respectable for the middle-classes.33

In France, a pronatalist movement reacted to both the fall in birth rate and the rise of neo-Malthusianism. Founded in 1896 and 1911, respectively, the anti-Malthusian Alliance nationale pour l’accroissement de la population française (National alliance for French population growth) and Le Groupe parlementaire pour la protection de la famille nombreuse (Parliamentary group for the production of large families) aimed at raising public awareness around the demographic deficit that threatened France’s military power and sought to encourage large families by lobbying for social benefits.34 In the name of social hygiene, the French government also launched and supported public campaigns on the scourge of VD.35

**Interwar divergence**


French and British reproductive politics increasingly diverged between the wars. Marie Stopes launched the Society for Constructive Birth Control and Racial Progress and opened Britain’s first birth control clinic, in London in 1921. The nationwide network of clinics maintained by Stopes and others promoted the pessary or cervical cap. Scientists, meanwhile, searched for the ‘ideal’ contraceptive. But especially working-class women tended to reject ‘modern’ female methods, instead preferring to rely on the ‘traditional’ male method of withdrawal, or *coitus interruptus*. Women also used the periodic abstinence and

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36 Hall, *op. cit.* (note 13).


39 Kate Fisher, *op. cit.* (note 10).
supported a huge market in ‘female pills’, abortifacients of dubious efficacy euphemistically advertised as patent treatments for ‘irregularities’.

Eugenic concerns gained ground in the 1920s and 1930s and fed into various campaigns and public health initiatives. A British campaign for voluntary sterilisation failed to gain traction, but ‘reform’ eugenicists had more success with ‘positive’ measures such as encouraging middle-class women to procreate. Health reformers, including the London obstetrician and ‘natural childbirth’ advocate Grantly Dick-Read, worried about the high rate of maternal mortality. They blamed excessive technological interventions and the differential birth rate, and argued that education (instead of intervention) and a ‘return’ to naturally painless delivery would reduce the morbidity rate and encourage the right sort of reproduction.

Following the devastating military losses of World War I, the French fear of population decline intensified; propagandists redoubled their efforts to represent contraception and abortion as a demographic threat. In 1920, the state aided by national

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42 Fabrice Cahen, ‘De l’efficacité des politiques publiques. La lutte contre l’avortement ‘criminel’ en France, 1890–1950’ [The effectiveness of public policies. The fight against ‘criminal’ abortion in
population experts enacted a ‘strongly pronatalist population policy that sought to encourage fertility through a combination of positive programs that enhanced couples’ ability to care for children’ and ‘repressive programs that limited couples’ access to contraception and abortion’. The 1920 law explicitly forbade the sale, distribution and advertising of contraceptive devices, punishable by fines and imprisonment, as well as the inducement to abortion. At the same time, the government created a Conseil supérieur de la natalité (Birthrate committee), and tasked it with taking any measures necessary to increase national fecundity and support large families. Three years later, a new law transferred abortion cases from the Cours d'Assises (crimes) to Tribunaux correctionnels (offences) and set jail terms for both abortionists and their clients.

These divergent stances on birth control were not limited to the legal and political spheres, but extended to the religious domain as well. In 1930, Britain’s birth-control clinics united to become the National Birth Control Council (NBCC), and the Lambeth Conference of the Anglican Church officially allowed contraception within marriage. This marked a radical break from the past and from the Catholic Church. The following year, the NBCC changed its name to the National Birth Control Association (NBCA) and the publication of Pope Pius XI’s encyclical, Casti Connubi, reinforced the prohibition against contraception in marriage, forcing Catholics in France to navigate between doctrine, on the one hand, and economic and other ?mundane constraints on family size, on the other. Testifying to these


44 Cahen, op. cit. (note 34).

concerns, many anxious married couples sent imploring letters to Father Jean Viollet, a renowned Catholic expert in sexual matters and founding member in 1918 of l’Association du mariage chrétien (Association of Christian Marriage), which taught premarital abstinence and fecundity in marriage.46

Just as birth control was becoming almost conventional in Britain,47 pronatalism began to form the political centre-ground of interwar France, attracting supporters from the right and left, and from all segments of the society.48 The French government began introducing family allowances, and insurance companies linked the payment of maternity benefits to antenatal and postpartum check-ups as well as regular visits by social workers.49 This process reached its climax with the creation of a Haut comité de la population (High committee on population) in 1939, a few weeks before France entered World War II. From then on the French state would be continually involved in previously private aspects of reproductive life.50

Campaigns and public discourse in 1930s Britain tended to revolve around the perceived rise in illegal abortion and, relatedly, maternal mortality—trends that were attributed to the deepening economic crisis following the stock market crash of 1929.


47 Hall, op. cit. (note 13)

48 Huss, op. cit. (note 15)

49 Reggiani, op. cit. (note 15).

50 Reggiani, op. cit. (note 15), 731.
Feminists founded the Abortion Law Reform Association (ALRA) in 1936,⁵¹ and the National Council of Women demanded a government inquiry into abortion. In 1937 the Ministry of Health published a report on maternal mortality and, together with the Home Office, set up the interdepartmental ‘Birkett’ committee on abortion.⁵² Meanwhile, the landmark Rex v. Bourne case of 1938 liberalised abortion law in England and Wales. Aleck Bourne, a prominent gynaecologist, went public with the technically illegal operation he had performed — under modern hospital conditions the press contrasted to those of the ‘backstreet’ abortionist — on a young girl who had been raped by soldiers. Whereas the Infant Life (Preservation) Act 1929 had allowed the child to be sacrificed if the mother’s life was at stake, the 1938 ruling broadened the criterion to include her physical and mental wellbeing.⁵³

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In 1939, on the eve of World War II, the Birkett committee published its final report and the NBCA was decisively renamed the Family Planning Association (FPA). By then, pregnancy testing, a German innovation of the late 1920s, had become institutionalised in Britain; a ‘pregnancy diagnosis station’ in Edinburgh performed thousands of tests every year for doctors around the country. Across the channel, the Family Code established a comprehensive system of state support and incentives for families, such as a birth premium for the first child born within two years of a marriage, mainly implemented, under German occupation, by the Vichy government headed by Marshal Philippe Pétain. Moving in the opposite direction of Rex v. Bourne, abortion became a crime against the state, on a par with treason, in 1942. The following year saw the execution of Marie-Louise Giraud, a faiseuse d’anges (literally, ‘angel maker’, or lay abortionist) and one of the last women to be guillotined in France.

As Fabrice Cahen shows in this issue, medical experts and politicians broadly agreed on the need for pregnancy notification in France in the 1930s and 1940s. But they rejected pregnancy testing on the grounds that it could be abused by women planning to seek out illegal abortion. Extending Jesse Olszynko-Gryn’s research on pregnancy testing in Britain,


56 Cahen, op. cit. (note 34). The story of Giraud was dramatised in the 1988 film, Une affaire de femmes (Story of women), directed by Claude Chabrol and starring Isabelle Huppert; see Rosemarie Scullion, ‘Family Fictions and Reproductive Realities in Vichy France: Claude Chabrol’s Une Affaire de femmes’, Esprit Créateur, 33, 1 (1993), 85–103.
Cahen tells a strikingly different story about France. Whereas the British state adopted a laissez-faire attitude and turned a blind eye towards the possible connection between pregnancy testing and illegal abortion, the French state actively persecuted diagnostic laboratories. However, in both countries a similar feature is noticeable—namely, the active role of doctors who attempted to forge alliances with politicians and other elites to shape reproductive policy and practice, and to disseminate information.

At around the same time, the more relaxed legal situation in Britain allowed medical experts to circulate knowledge of birth control. As Caroline Rusterholz explains in this issue, British female doctors were key agents in a process of medicalization by making contraceptive devices and information available to lay women. They produced medical information about birth control and spread this knowledge via birth-control manuals and articles. Not only were British medical women active and experienced agents in the family-planning movement; they also represented a conduit of information and training crucial for French doctors. Thanks to their efforts, contraceptive information travelled from Britain to France, where it laid the foundation for the French family planning movement.

**Fights for contraception and abortion**

After World War II, female doctors in Britain actively campaigned to re-establish an international movement of ‘planned parenthood’, favouring transnational exchange between countries. The newly created National Health Service (NHS) kept birth control at arm’s

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58 Rusterholz, this issue.
length, but private clinics proliferated and gained respectability in 1955, when Conservative Health Minister Iain Macleod made a show of visiting one of them in recognition of the FPA’s Silver Jubilee. Meanwhile, the rising incidence of premarital intercourse—or at least increasing recognition thereof—intensified old anxieties around illegitimacy. Access to contraception and abortion extended in the 1960s and 1970s, largely thanks to feminist activism in collaboration with sympathetic doctors and the liberal welfare state; the first Brook Advisory Centre began providing contraception and advice to unmarried minors in 1964.

Part of a trend that also decriminalised homosexuality and reformed divorce law, the Abortion Act 1967 liberalised access to abortion in Britain, but in such a way that it made individual doctors into gatekeepers with considerable discretion in how they interpreted the law. Access to NHS services remained geographically patchy, so charities in London and Birmingham established a compensatory network of non-profit abortion clinics, with the latter

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59 Leathard, op. cit. (note 54), 224.


62 Weeks, op. cit. (note 40).

developing into the British Pregnancy Advisory Service (BPAS).\textsuperscript{64} Thousands of women seeking abortion travelled to Britain from France, Ireland and other countries in Europe and the Commonwealth, where abortion was still a crime.\textsuperscript{65} Alongside other scandals such as aborted fetuses allegedly being made into soap,\textsuperscript{66} abortion ‘tourism’ fuelled a Christian conservative backlash against the Act. The formation of the Society for the Protection of the Unborn Child (SPUC) in 1967 and splinter group LIFE in 1970, in turn redirected feminist campaigns towards reproductive rights under the NHS.\textsuperscript{67}

Activists in the newly formed women’s liberation movement (WLM) demanded ‘free contraception and abortion on demand’ and organised drop-in services that combined free or at-cost pregnancy testing with sympathetic counselling, birth-control advice and medical referrals, including to BPAS.\textsuperscript{68} Contraception was made freely available to unmarried women

\textsuperscript{64} David Paintin, \textit{Abortion Law Reform in Britain 1964–2003: A Personal Account by David Paintin} (Stratford: BPAS, 2015), 66–74.


\textsuperscript{66} Sheldon et al., \textit{op. cit.} (note 53).


in 1974, when the network of clinics maintained by the FPA was absorbed into the NHS. But abortion became ‘almost the definitive issue’ of the WLM, with massive demonstrations against the anti-abortion bills of James White (1975) and John Corrie (1979), among others.

In postwar France, Simone de Beauvoir influentially attributed women’s oppression to biological reproduction in her classic book, *The Second Sex* (1949). And the ‘Bac affair’, which played out in public in spectacular fashion in 1954, finally turned the tide in favour of the progressive push for access to birth control information. A young couple accused of accidental manslaughter following the death of their fifth child was sentenced to seven years of imprisonment. But the trial revealed an exhausted wife who, after five consecutive pregnancies, could no longer look after her children. And the Bacs were freed in 1956 after the testimonies of many expert witnesses defended the accused and underscored that such cases were unknown in Britain, where married adults enjoyed legal access to contraceptives and information about them. Contraception, they forcefully claimed, was a means to better family life. Among the doctors who defended the accused was gynaecologist Marie-Andrée Lagroua Weill-Hallé, a founding member of *Maternité Heureuse* (Happy Motherhood).

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Maternité Heureuse was established in 1956 as a private organization by women and doctors from the upper middle classes of French society. As French popular opinion shifted in the 1950s, it increasingly attracted public support and favourable media coverage. Its aim was to disseminate contraceptive information to curb illegal abortion. In 1960, Maternité Heureuse became the Mouvement français pour le ‘planning’ familial (French Movement for Family Planning), self-consciously appropriating the English term that had come into fashion in earlier decades. The first French ‘family planning’ clinic opened in 1961 in Grenoble and was quickly followed by many others around the country. Campaigning by Maternité Heureuse led in 1967 to the ‘loi Neuwirth’. Named after the Gaullist politician, Lucien Neuwirth, who proposed it, the Neuwirth law finally overturned the 1920 ban on contraception.

Bibia Pavard’s article in this issue interrogates grassroots activism to reassess the liberalisation of contraception in postwar France. Pavard demonstrates that old pronatalist arguments persisted well after the creation of Maternité Heureuse. She examines government and feminist archival records as well as extensive media coverage to show how activists challenged the legal prohibition against circulating information about contraception without questioning the all-important pronatalist imperative. After ‘May 1968’, the recently commemorated period of social upheaval in France, the flow of information about contraception became the focus of a power struggle between sexologists, feminists and leftwing activists. Pavard’s study illustrates the imperative to take seriously communication

*Footnotes*

73 Pavard, this issue.

74 Pavard, this issue; Rusterholz, this issue.

as constitutive of reproductive politics and to challenge the dominant periodization of French demographic discourse.

Feminists in France likewise campaigned for reproductive rights in the 1970s, framing free contraception and abortion as ‘a tool to overcome patriarchy.’ On 5 April 1971, the prominent weekly news magazine *Nouvel Observateur* (New Observer) published the *manifeste des 343* (Manifesto of the 343), a sensational petition signed by 343 women who admitted to having had an illegal abortion. Written by de Beauvoir and signed by icons such as Catherine Deneuve, it was a major coup that forced the government’s hand. Emboldened by the state’s failure to prosecute any of the signatories, feminists established *Choisir* (Choice) and the *Mouvement pour la libération de l’avortement et de la contraception* (Movement for the Liberation of Abortion and Contraception). MLAC opened a centre in Paris in 1973, where doctors and nurses performed free, illegal abortions, and it illegally

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78 Two landmark abortion trials in 1972, in the Paris suburb of Bobigny, also helped to bring feminist discourse into the mainstream: Jennifer L. Sweatman, “‘It is not your personal concern’: Challenging expertise in the campaign to legalize abortion in France”, in Shannon Stettner, Katrina Ackerman, Kristin Burnett, and Travis Hayin (eds), *Transcending Borders: Abortion in the Past and Present* (Cham: Palgrave Macmillan, 2017), 103–119.
distributed the banned ‘militant’ abortion film, *Histoires d’A* (1973). Abortion was debated at all levels of French society and the abortion bill drafted by Simone Veil, the new Minister of Health, passed for a trial period of five years in 1975. The ‘loi Veil’ legalised abortion in France.

**New reproductive technologies**

The British development of IVF turned the spotlight on infertility and assisted conception, just as Margaret Thatcher’s conservative government was reasserting traditional family values. The ‘miraculous’ birth of Louise Brown was a major medical and media

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event that came to signify the moment at which technologically assisted human reproduction became a reality.\textsuperscript{82} Katherine Dow’s article in this issue examines \textit{To Mrs Brown. . . a Daughter} (1978), a television documentary about Louise Brown, broadcast when she was just six weeks old. Dow presents information gleaned from her interview with Peter Williams, the film’s producer, and finds that he sought to convince viewers that IVF was morally acceptable and to engender public sympathy for infertile couples. She argues that the broadcast helped to normalise IVF at a pivotal moment in its controversial history.

In the 1980s and 1990s, Britain’s mainstream media and major marketing campaigns for new kinds of products focused more attention than ever on women’s reproductive bodies: Victoria Gillick, a devoutly Catholic mother of ten, campaigned against the provision of contraception to minors; Mary Whitehouse railed against sex on television; New Labour renewed the government’s commitment to tackling ‘teenage pregnancy’; unmarried mothers topped the political agenda as both a drain on the welfare state and a moral threat;\textsuperscript{83} and pharmacies increasingly stocked home pregnancy tests, ovulation test kits, and folic acid


supplements for women of childbearing age. The AIDS ‘epidemic’ mobilised a younger generation of activists and politicians, and renewed enthusiasm for the condom. And the birth of Dolly the cloned sheep, near Edinburgh in 1996, elevated concerns that human cloning would not be far behind.

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The same period saw significant legislative reforms. In 1982, the British government established the Committee of Inquiry into Human Fertilisation and Embryology, presided over by moral philosopher Mary Warnock. Her 1984 report recommended allowing IVF and gamete donation in (heterosexual) marriage as well as research on human embryos up to two weeks old.87 The Surrogacy Arrangements Act 1985 outlawed commercial surrogacy, and the Family Law Reform Act 1987 conferred paternity rights to the partner of a donor-inseminated woman. But the debate over embryo research became embroiled in abortion politics; doctors and scientists mobilised to stop the Unborn Children (Protection) Bill 1985 and to back the bill that became the Human Fertilisation and Embryology Act 1990, which implemented most of Warnock’s recommendations. The HFEA was revised in 2008 to permit lesbian parents and single-mothers access to IVF and the Marriage (Same Sex Couples) Act 2013 recognized gay parenting.88

France established its first commercial sperm banks in the early 1970s, in public hospitals with minimal oversight; only later did professionals start pressing for a stronger legal framework. Their demands became more insistent in the 1980s, after IVF was introduced in France.89 In 1988, the French government created the Commission Nationale de

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Médecine et de Biologie de Reproduction (National Commission on Reproductive Biology and Medicine) to license private and public clinics for trials on assisted conception and, in 1992, it took on the additional responsibility of prenatal genetic screening. Following intensive interest-group consultations, the government passed the 1994 statute on gamete donation and assisted conception that permitted such procedures on medical grounds due to infertility only in the case of heterosexual couples who were married or had lived together for some time. The statute additionally required the gamete to be donated anonymously from one couple to another and with consent of the partner.90

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French scientists also developed the abortifacient RU-486 (Mifepristone) in the early 1980s, a period that saw America’s retreat from reproductive research and development.\textsuperscript{91} France approved RU-486 in 1988, and it was made available on the NHS, with little fanfare, in 1991.\textsuperscript{92} Predictably, the ‘French abortion pill’ was most strongly opposed in the United States.\textsuperscript{93} French Health Minister Claude Évin famously called it ‘the moral property of women’ after the state-controlled manufacturing company, fearing reprisals from militant anti-abortion groups, briefly discontinued production.\textsuperscript{94} Today, more than half of all abortions in France and Britain are not surgical, but pharmaceutical.\textsuperscript{95} Meanwhile, the birth of millions of ‘miracle’ babies worldwide has normalized IVF,\textsuperscript{96} but debates rage on, on both sides of the

\begin{thebibliography}{99}
\bibitem{91} Olszynko-Gryn, \textit{op. cit.} (note 31).
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channel and around the world, over the ethics and regulation of surrogacy, “three-parent babies”, and genetic screening. ⁹⁷

Bringing the special issue to a close, Isabelle Ville’s contribution explores the past and present of prenatal genetic screening in France. Ville compares the activities of two multidisciplinary prenatal diagnosis centres (CPDPNs), one in a provincial setting and the other in Paris. Drawing on ethnographic fieldwork and national quantitative data, she shows that the harmonisation of practices described in official discourse is illusory; there are major variations in the number of authorisations for pregnancy termination due to fetal malformation. Rooted in local clinical cultures, these differences relate to methods of organisation, processes of deliberation and decision making, and varying levels of tolerance towards the risk of disability. Ville argues that the regulatory regime allows fetal medicine practitioners a certain amount of autonomy at the CPDPN level.

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In sum, the contributions to ‘Reproductive politics in France and Britain’ underscore the central role played by doctors and activists in shaping practice and public opinion in both countries. Doctors tried to shape reproductive politics through their relationship with politicians, actively taking part in lobby group, but also through increasingly communicating new knowledge to their patients and the public at a more private level. Feminists, in turn, relied on medical arguments and adapted their communication strategies to distinctive

national contexts. The articles show how doctors and lay activists mobilised newspapers, magazines, and television to disseminate information, influence policymakers, and bring radical ideas into the mainstream. Local differences within national contexts are also made apparent. And the border between France and Britain, we conclude, was more porous than is typically apparent from nationally-focused studies: ideas, people and devices travelled in both directions; communication strategies were always able to evade the rule of law; contraceptive practices were surprisingly similar in both countries; and religion loomed large in debates on both sides of the channel. In practice, attending to communication turns out to be a useful means of following the politics of reproduction across all levels of society. It is our hope that the cross-channel, bilingual conversation represented in this special issue will be continued elsewhere. À suivre . . .

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