CHAPTER 9

From the Laboratory to the Parliament: Valuing Abortion Pills in the 1960s

Morag Ramsey

Throughout 1965, the physician and researcher Lars Engström conducted clinical trials of abortion pills on roughly fifty women. The women had applied for abortions, gone through a series of interviews and medical examinations, and received legal permission for abortion from the state.[1] When they went into the women's clinic for their legal abortion, they were then included in Engström's clinical trial and administered doses of the compound F6103. On average, the women were hospitalized for five days and experienced varying degrees of discomfort and bleeding. To determine whether F6103 had caused an abortion, Engström examined vaginal bleeding and tissues obtained by scraping the women's uteruses, as well as using hormonal assays to measure HCG levels in the urine.[2]

Various factors were involved in determining the stage of pregnancy and then the success of the abortion attempt. The women had made assessments of their own reproductive lives, either through local laboratory pregnancy testing services or by other means, and concluded that they were pregnant.[3] In enrolling the women in the trial, Engström collaborated with other professionals, such as psychiatrists, social workers, and gynecologists, who interviewed the women not only to judge the merits of their applications for legal abortion, but also the length of their pregnancy.[4] Engström wanted to design an abortion method to be used in early pregnancy and required suitable trial participants. However, determining the length of a pregnancy was a complex affair biologically, legally, and technically.

Scholarship on abortion pills mainly focuses on the use of the compound RU486, a method that is often attributed to French research efforts in the

1 Ramsey, 'Swedish Abortion Pill,' 71, 72.
2 Ramsey, 'Swedish Abortion Pill,' 78.
3 Ramsey, 'Swedish Abortion Pill,' 73.
4 Ramsey, 'Swedish Abortion Pill,' 73, 74. For a more comprehensive look at the experiences of the trial participants, see Ramsey, 'Swedish Abortion Pill,' 62–85.

© MORAG RAMSEY, 2025 | DOI:10.1163/9789004703759_011
This is an open access chapter distributed under the terms of the CC BY 4.0 license.

1980s.[5] However, what is not well known is the decades of research in Sweden that played an important role in RU486's success, with Engström's first trials paving the way for further experiments. Yet conducting clinical trials of abortion pills in Sweden was not without its difficulties, and this chapter examines how abortion-pill research forced discussions of reproductive processes on the Swedish Parliament, revealing how technological development impacted understandings of abortion, and vice versa. Specifically, I use an official investigation into the research and the subsequent parliamentary proceedings. Examining clinical trial applications, legal documents and opinions, and parliamentary discussions reveals how abortion, reproductive technologies, and the law were understood and negotiated in Sweden during the mid-1960s.

To study the different constructions of reproduction, particularly of abortion, I borrow methods from valuography, a theoretical approach that emphasizes the construction of values.[6] Examining the construction of values prevents an analysis that attributes specific deterministic positions to actors. In line with methods from valuography, I do not consider values to be predetermined but instead see them as being made through practices. By examining the varied practices of abortion-pill research, a large network of different actors and activities emerges, allowing an appraisal of how these actors made new values and understandings through their interactions. In this chapter, I examine how different actors in the research network understood reproduction, how they negotiated over these understandings, and how they created a new way of valuing the often polarizing procedure of abortion.

In addition to examining the making of values, this chapter builds on previous research that has shown how reproductive research and technologies have been handled differently depending on national context. The laws, education system, scientific community, and pharmaceutical incentives, for instance, impact the conditions for research and innovation.[7] How reproduction is understood and constructed also plays an important role in its regulation. For example, in their work, Sarah Franklin and Marta Kirejczyk showed the intricate processes of regulating in vitro fertilization (IVF) and embryo research in the United Kingdom and the Netherlands respectively.[8] In the United Kingdom, creating certainty around biological processes guided the making

5 Campbell, 'Making Sense,' 121; Clarke and Montini, 'Many Faces of RU486,' 47; Joffe and Weitz, 'Normalizing the Exceptional,' 2553.

6 Dussauge, Helgesson, and Lee, *Value Practices*.

7 See, e.g., Nordlund, 'Hormones for Life?,' 212–13; Clarke, *Disciplining Reproduction*.

8 Franklin, 'Rethinking Reproductive Politics,' 115; Kirejczyk, 'Parliamentary Cultures and Human Embryos,' 908.

of legislation, while the same effect did not occur in the Netherlands.[9] As I will demonstrate, the case of abortion-pill research in the 1960s also blurred boundaries, mainly between what the historical actors considered to be anti-conception and antidevelopment technologies (technologies that prevent a pregnancy and those that end a pregnancy) and demanded that the Swedish Parliament make decisions on unstable biological, legal, and technical subjects.[10]

As this chapter will show, the terminology and concepts surrounding abortion-pill research shifted. The researchers involved referred to their work on the A-pill, the abortion pill, the M-pill, or the menstruation pill and also likened the capsules to morning-after pills.[11] Heather Munro Prescott has shown similar shifts in terminology surrounding emergency contraceptives—which went from 'post coital contraception' to 'morning-after pill.'[12] How reproductive technologies have been branded has not always been accurate and has led to confusion over the intended effects.[13] While ambiguity surrounded the technology in this chapter, the main intention of the researchers was to end pregnancies, and the use of 'abortion pill' as a concept was consistently linked to F6103.

This chapter begins by giving an overview of the main motivations and contexts for abortion-pill research. The second section introduces the case of F6103 and the legal dilemma researchers faced in conducting clinical trials on pregnant women. The third section centers on the legislative process in Parliament spurred by the clinical trials. It examines the different ways reproduction was understood and the practices that made a new abortion value. Finally, the broader significance of these Swedish abortion trials in a postcolonial context is discussed in the conclusion.

9 Kirejczyk, 'Parliamentary Cultures and Human Embryos,' 908–10.

10 Some of the historical actors used the Swedish term 'anticonception' (*antikonception*) or 'pregnancy prevention' (*graviditetsförhindrande* or *graviditetsförbyggande medel*), which I refer to as anticonception technologies, and they broadly spoke of technologies that prevented the development of fertilized eggs (*hindra utvecklingen av befruktat ägg*) or more legally spoke of fetal displacement (*fosterfördrivning*), which I refer to as antidevelopment technologies.

11 Ramsey, 'Swedish Abortion Pill,' 106–9.

12 Prescott, *Morning After*, 2.

13 Prescott, *Morning After*.

1 Motivations and Contexts for Abortion-Pill Research

The Swedish state's increasing involvement with abortion during the twentieth century created incentives to support the development of new abortion technologies. As the decades passed, more motivations for abortion were recognized by law, and more women were able to apply for abortions. Sweden first legalized abortion with the 1938 Abortion Act, which allowed abortion on medical, humanitarian, and eugenic grounds.[14] This meant that abortion could be permitted if a woman's life was in danger, if there was risk of hereditary disease, or if the pregnancy was the result of rape or incest.[15] The act would be amended during the following decades, once in 1946 to include socio-medical grounds, and then again in 1963 to include fetal damage.[16] Legal abortions, with the exception of emergency cases, could only be performed at hospitals by a physician on staff.[17]

From the 1930s onward the state carried out a series of official government inquiries to provide updated information on the abortion situation nationally, in which abortion methods were also reviewed.[18] According to the 1965 Abortion Committee, between 1959 and 1963, 9 out of 15,505 abortion procedures resulted in the woman's death.[19] This proportion was contextualized as high in comparison to other countries that used early abortion operations as acceptable birth control methods, although numbers were also seen to be decreasing in Sweden.[20] The committee's report suggested that lower death rates could be attributed to both conducting abortions earlier in pregnancy and a lower frequency of abortions due to serious medical reasons.[21] Although deaths were considered to be rare, the report still stressed the need to continuously monitor the situation.[22] The committee felt a responsibility to control and assess legal abortions in order to offer safe abortion procedures.[23]

---

14 Lennerhed, 'Troubled Women,' 89.

15 Lennerhed, 'Troubled Women,' 91.

16 For a comprehensive examination of the thalidomide scandal see Maria Björklund's contribution to this volume.

17 Swedish Ministry of Justice, *Rätten till abort*, 109.

18 Swedish Ministry of Health and Social Affairs, *Yttrande i abortfrågan*; Swedish Ministry of Justice, *Betänkande med förslag*; Swedish Ministry of Health and Social Affairs, *Betänkande i abortfrågan*; Swedish Ministry of the Interior, *Abortfrågan: Betänkande*.

19 Swedish Ministry of Justice, *Rätten till abort*, 49.

20 For a further look at debates around abortion safety in the preceding years, see the section 'Abortion: An Unreliable Source,' in Jülich and Dussauge's contribution to this volume.

21 Swedish Ministry of Justice, *Rätten till abort*, 50.

22 Swedish Ministry of Justice, *Rätten till abort*, 50.

23 Swedish Ministry of Justice, *Rätten till abort*, 50.

By the time researchers began their clinical trials in the 1960s, abortion had been legal in various ways for over twenty-five years. The state provided and regulated legal abortion, and there was also an active Abortion Committee that would involve itself in the legal dilemma of abortion-pill research. However, abortion was still a controversial issue. Heated coverage about the ethical ramifications of conducting abortions was printed in major newspapers.[24] Abortion was far from a benign public topic, but there were still legal spaces from which to work with abortion, both in practice and research. The state was invested in providing legal abortions, and developing new abortion techniques could improve family planning efforts both in Sweden and abroad.

During the twentieth century, Sweden, among other countries, was preoccupied with population growth, both nationally and internationally.[25] Population concerns were not new state phenomena of the 1960s—a well-known publication by Gunnar and Alva Myrdal, *Crisis in the Population Question*, was published in 1934. In their book, the Myrdals framed the declining birth rate in Sweden as a crisis.[26] However, by the 1960s the emphasis shifted to global overpopulation.[27] Family planning was seen as a multifaceted tool: it could both increase national populations and reduce global overpopulation.

The Swedish International Development Cooperation Agency (SIDA) was in charge of family planning and population control initiatives.[28] Family planning involved various measures, such as distributing contraceptives, opening clinics, and circulating educational materials on sex.[29] Publications from the mid-1960s show SIDA's interest in incorporating research into its family planning strategies. A 1966 publication contained several sections that the agency saw as key to family planning's success, and research was one of the areas that SIDA thought could be developed further.[30] SIDA assumed that expanding research would lead to a better understanding of the effects of family planning in a given region. These research areas included demography, sociology, and economics, but also, and most importantly for abortion-pill concerns, reproductive questions.[31] While this intention to expand reproductive research did not explicitly refer to the development of abortion techniques, it does illustrate how reproductive research was of interest to the state. As will be demonstrated

24 Jülich, 'Picturing Abortion Opposition in Sweden,' 286–90.
25 Berg, 'Suitable Country,' 299.
26 Ekerwald, 'Modernist Manifesto,' 542.
27 For a broader look at population concerns in this era, see Bashford, *Global Populations*.
28 'Main views.'
29 Thoradeniya, 'Altruism, Welfare, or Development Aid?,' 435, 456.
30 'Main views,' 1.
31 'Main views.'

through a discussion of the parliamentary debate, this interest in population control was an important part of valuing abortion pills.

As several chapters in this volume have shown, the state also supported various forms of research on human fetuses. Because of the Abortion Act of 1938, research that involved fetal tissue was relatively easy to facilitate.[32] Already in 1960, how fetuses were to be considered—as alive, dead, or comparable to organs used in transplants—was debated in the Swedish Parliament. Throughout the 1960s, the National Board of Medicine equated fetal tissue to other types of tissue, which was considered an objective and scientific assessment.[33] Before abortion-pill research began, fetal knowledge production and reproductive materials had been important to the state. Not insignificantly, abortion-pill development was compatible with existing population concerns and with research practices.

Abortion, reproduction, and population were state issues, and while there was consensus over some reproductive aspects, others remained problematic. When two researchers approached the National Board of Medicine with a proposed clinical trial for abortion pills, the responses varied. Closely examining the legal and political practices, including the constructions of abortion, fetus, and various reproductive processes, shows how consensus was met over the debated topic of abortion.

2 The Legal Dilemma

In April 1966, Engström wanted to follow up on his 1965 pilot study of F6103. His first trial had occurred within the existing medical system, and the women had already been evaluated and deemed worthy of abortions, but Engström now wanted to test F6103 on women in very early pregnancy. This required some adjustments. With Åke Hanngren as a coapplicant, Engström submitted a new clinical trial application to the National Pharmaceutical Laboratory (NPL). In the 1960s, clinical trials of drugs in Sweden were monitored and regulated by NPL and the National Board of Medicine.[34] Researchers were required to submit applications and to wait for approval before conducting human clinical trials. However, no formal ethical review of the project was necessary. As Helena Tinnerholm Ljungberg describes, it was not until 1966 that the first

32 Jülich, 'Fosterexperimentens produktiva hemlighet,' 16.
33 Jülich, 'Fosterexperimentens produktiva hemlighet,' 22.
34 Ramsey, 'Swedish Abortion Pill,' 64–67.

research ethics committee was established in Sweden.[35] Abortion-pill research first occurred ahead of the emergence of research ethics committees, and while under other types of review, Engström's research did not become a part of the new research ethics committee process.

Engström and Hanngren wanted to test the compound F6103 as an early medicinal abortifacient (*medikamentellt tidigabortivum*) and as a pregnancy-prevention agent.[36] The trial would be held at the women's clinic at Karolinska Hospital, and the researchers looked to test F6103 on women who, as they described, had missed their menstruation. Considering the legal restrictions governing abortions, there were numerous steps in finding the right women for the trials. They wanted women who were early in their pregnancy, while also having official permission for an abortion. The logistics of finding enough women who met these criteria were problematic. As Engström discovered in 1965, running trials on pregnant women required collaborating with many different actors who regulated legal abortion. This process, with social workers, psychiatrists, and gynecologists, slowed down the pace of the trial. Subsequently, the researchers turned to the National Board of Medicine for guidance.[37] In turning to the board, Engström and Hanngren were mainly curious about two things: could they develop a smoother system for finding women for these trials, and would this particular type of clinical trial be legal?[38]

By the 1960s, Sweden had two fundamental legal grounds that applied to abortion: the Swedish Penal Code, chapter 3, section 4; and the Abortion Act.[39] With the 1734 codification of Swedish law, a criminal law provision sentenced abortion providers to death, although it seems this punishment was never carried out.[40] Over the years the punishments changed, and by the 1920s abortion providers were incarcerated.[41] In 1939 the Abortion Act came into force, and here the focus was not on punishment, but rather on the specific circumstances where abortion could be provided legally. At that point, the Swedish Penal Code was put into dialogue with the Abortion Act. By the 1960s, abortion was legal in certain circumstances, but it was not legal across the board. Engström and Hanngren wanted to conduct their trials within the legal parameters.

Certain concepts guided the laws surrounding abortion from the 1700s until the 1960s. Of particular interest to lawmakers were the concepts of fetus,

35 See Tinnerholm Ljungberg's chapter in this volume.
36 Application for permission.
37 Application for permission.
38 Application for permission.
39 Thornstedt to NBM, 2.
40 Thornstedt, 'The Beginning and the End,' 229.
41 Swedish Ministry of Health and Social Affairs, *Betänkande i abortfrågan*.

conception, and implantation. The Swedish term *foster*, which is translatable to the English term 'fetus,' had been in use in various ways since at least 1613 and is linguistically related to the Swedish term for birth (*föddes*).[42] The Penal Code chapter 3, section 4, made it unlawful to abort or kill a fetus by internal or external means.[43] In 1734 the law did not specify stages of fetal development, although there was discussion of when the fetus had truly 'come to life,' which could be interpreted as a reference to quickening.[44] By 1864 there was discussion calling for penal measures to be taken even during early stages of fetal development.[45] By 1906, a legal statement defined fetal displacement as occurring after the egg cell was fertilized.[46] In this legal statement, the author noted that medical terminology may use the word 'embryo,' but it was not a legally relevant term. Legally, a fetus (*foster*) was considered to exist as soon as an egg was fertilized.[47] The specifics of conception, implantation, and fetal development, concepts which had historically shifted, would play a central role in the discussions of testing F6103. As will be illustrated, in the mid-1960s it was especially difficult to come to consensus over how to define the concept of a fetus—making policy decisions on reproductive technologies confusing.

The importance of managing the perceived overpopulation issue would also be brought into the discussion of abortion-pill development. During the 1960s, Swedish newspapers reported on 'the child bomb' and the 'population explosion,' and coverage showed concern over starvation rates (see figure 9.1).[48] Engström himself discussed overpopulation in the press, and there were efforts to organize experts around population issues.[49] Various government employees were invested in this topic, and there were those who also wanted to ensure the success of the abortion-pill trials.

For instance, in an internal note, two employees of the National Board of Medicine, Gunnar af Geijerstam and Arthur Engel, commented on the case of F6103. Geijerstam, a gynecological expert working at the board, wrote to its legal bureau, describing a web of actors who were interested in the

42 *Svensk ordbok*, s.v. 'foster.'
43 Thornstedt, 'The Beginning and the End,' 228.
44 Thornstedt, 'The Beginning and the End,' 229. For a discussion of quickening, see Runesson's chapter in this volume.
45 Thornstedt, 'The Beginning and the End,' 229.
46 Thornstedt to NBM, 2, 4.
47 Thornstedt to NBM.
48 Heng [pseud.], 'Optimism i kampen mot befolkningsökning'; 'Världskongress söker vapen mot "barnbomben"'; Schoug [pseud.], 'Större svensk insats.'
49 Wiqvist and Westin, *Fertility and Sterility*.

FIGURE 9.1
This famous image drawn by political cartoonist Ewert Karlsson in 1966 illustrates 'Mother Earth' as a woman with a pregnant stomach that appears as a globe and with a sack full of children on her back. The globe mainly shows Africa and the woman is covering her eyes with her hand. The image did not have accompanying text, but this portrayal of an exhausted earth, with many presumably hungry children, would have resonated with a Swedish public who was used to rhetoric of a population bomb and the subsequent starving foreign peoples. Moder Jord, 1990 ©Ewert Karlsson, EWK/ Bildupphovsrätt 2024. Photo courtesy of the EWK Archive, Museum of Work.

'very delicate legal decision' of testing F6103.[50] According to this note, the minister of social affairs, the director general of the National Board of Medicine, the 1965 Abortion Committee's chairman, the state secretary, and a lawyer from the Social Department had a meeting regarding F6103. The director general of the National Board of Medicine, Arthur Engel, stressed that the trials were of utmost importance and expressed support for their implementation. In this meeting it was suggested that a legal expert be employed to look into the issue.[51]

Shortly thereafter, the National Board of Medicine employed Hans Thornstedt, a professor of criminal law at Stockholm University, to investigate whether the trials conflicted with the existing law.[52] The clinical-trial application stated that the researchers wished to test F6103 as an abortifacient and as a pregnancy-prevention agent. To Thornstedt, the Abortion Act of 1938 clearly indicated that tests of an early abortion method would not be legal and required

50 Handwritten note.
51 Handwritten note.
52 Thornstedt and Andersson, *Festskrift till Hans Thornstedt*, 5.

little interpretation.[53] But whether F6103 acted as a preventative method was another question. From Thornstedt's understanding of the researchers' application, the contraceptive aspect of F6103 required that the fertilized egg not be implanted in the uterus. F6103 was supposed to inhibit progesterone metabolism in the ovaries, thus making the uterus membrane ill-suited for implantation. Thornstedt saw his primary task as determining whether this use of the compound was to be considered an abortion, 'which may be undertaken only under certain conditions provided for in the Abortion Act, or if it is to be compared to contraceptive measures, which are in principle allowed.'[54] That the researchers would be testing two aspects of F6103 opened up the possibility that the part of their trial concerned with preventing pregnancy could be conducted legally. Anticonception technologies could more easily fall within existing legislation.

In his work, Thornstedt investigated how the legal tradition had treated the concept of fetus, as the penal law explicitly focused on aborting or killing fetuses. Thornstedt's focus on the precise legal definitions of fetus would determine whether Engström and Hanngren were actually harming a fetus with the use of F6103, or if they were using the compound on women before a fetus was thought to exist. Ultimately, Thornstedt concluded that the legal tradition indicated that a fetus was a fertilized egg.[55] From his reading of the law and the researchers' application, this meant that clinical trials of F6103 conflicted with the Penal Code in both instances.[56]

However, in his report Thornstedt also discussed the possibility of conducting the research regardless of the law, relying on grounds for impunity. In this context, Thornstedt explained that due to conflicting interests, the legal grounds could still support actions that might otherwise be illegal. He presented the conflicting interests associated with F6103 as harming fetuses versus creating means to control overpopulation, which he framed as a humanitarian issue.[57] As he was employed by state actors who supported this research, it seems likely that the National Board of Medicine explicitly explained their interests in F6103 as being connected to overpopulation.

Newspapers reported on these developments. While there were prospects of developing a new abortion technology soon, controversial aspects were highlighted, and Engström pronounced in a newspaper article that 'Life first

53 Thornstedt to NBM, 1.
54 Thornstedt to NBM, 2.
55 Thornstedt to NBM, 5.
56 Swedish Parliament, 'Nr 18. Kungl. Maj:ts proposition,' 4.
57 Thornstedt to NBM, 16.

Abortnämndens chef om nya abortpillret:

Docent Lars Engström abortnämndens chef

LIVET BÖRJAR FÖRST EFTER ÅTTA VECKOR!

Av JÖRGEN BLOM

— Först när det befruktade ägget är inbäddat i livmoderns slemhinna och har övertagit hormonproduktionen, kan man säga att ägget är ett självständigt liv.

Den som säger detta är docent Lars Engström och han vill betona att den definitionen av liv är hans högst personliga.

FIGURE 9.2
In the midst of Engström's research, national newspapers ran coverage of the trials. Here, *Aftonbladet* reported on Engström explaining biological processes that led to 'life,' introducing the public to concepts such as 'fertilized egg,' 'uterine lining,' and 'hormone production.' From Blom, 'Livet börjar först efter åtta veckor!' Courtesy of *Aftonbladet*.

begins after eight weeks.'[58] Here, he stated that life began when a fertilized egg was 'embedded in the lining of the uterus and had taken over hormone production.'[59] The paper added that these were Engström's own personal views, separating Engström from organizations to which this definition could be attributed by association. 'Life' was an additional concept that was brought into the abortion-pill discussions. By Engström's logic, abortive technologies used before eight weeks would not interact with anything considered alive.

In approaching the National Board of Medicine, these two researchers sparked a larger discussion of the potentiality of their work and mobilized various organizations to work in their favor. This network of actors acknowledged the 'delicate' legal situation, but, as will be discussed further, they also worked to enable the research within a new legal framework. While the proposed experimental work constituted a crime, the potential value of such work in improving family planning initiatives abroad weighed heavily in its

58 Engström, 'Livet börjar.'
59 Engström, 'Livet börjar.'

favor.[60] While Thornstedt did not recommend conducting the clinical trials on grounds of impunity, he did offer another solution. In his report, he suggested a legal amendment be made in order to support the clinical trial.[61]

3 Debating Abortion-Pill Research

After receiving Thornstedt's findings, the National Board of Medicine agreed that new legislation should be created. This required submitting a bill through the Department of Justice to the Swedish Parliament, who would then decide whether to pass the bill, subsequently making a new law. In October 1966, the board submitted an official letter regarding the issue of testing certain means of birth control, which included Thornstedt's analysis, to the Department of Justice.[62]

In the bill the National Board of Medicine outlined that research with F6103 had been seen to conflict with the Penal Code on abortion and that a legislative amendment was required to properly and legally govern such scientific endeavors.[63] In response to this suggestion, the 1965 Abortion Committee was asked to give a referral. In its assessment the definitions brought forth by Thornstedt concerning fetus, conception, and implantation were seen as worth discussing. Members of the Abortion Committee perceived recent medical advancements to be the reason such questions were now pertinent.[64] They stated that technologies and innovations in science had only lately permitted the prevention of fertilization, and for this reason there was still ambiguity surrounding definitions. The Abortion Committee considered the question of whether there was a legal difference between anticonception and antidevelopment to be part of its own investigative interests. However, it had not established a final position on these issues.[65]

Nevertheless, the committee was inclined to allow the reproductive research described by the National Board of Medicine. The description of the Abortion Committee's referral stated,

60 Thornstedt to NBM, 16.
61 Thornstedt to NBM, 16.
62 Swedish Parliament, 'Nr 18. Kungl. Maj:ts proposition.'
63 Swedish Parliament, 'Nr 18. Kungl. Maj:ts proposition,' 4.
64 Swedish Parliament, 'Nr 18. Kungl. Maj:ts proposition,' 4.
65 Swedish Parliament, 'Nr 18. Kungl. Maj:ts proposition,' 4.

> An agent whose use would cause early pregnancy to be discontinued without surgery, must be seen as a major advancement. What seems to be the most important, however, is the importance of such an agent for family planning. In all endeavors to assist developing countries, one of the more important elements must be to help master the overpopulation problem. Although this problem is not relevant in our country it is internationally so significant that Sweden too should help in approaching its solution by making an easy and effective means of birth control available.[66]

The 1965 Abortion Committee was convinced that the family-planning value of developing new methods for birth control was sufficient to motivate supporting new legislation. Until this point, abortion had been understood as a technique that required skilled labor, which complicated attempts at exporting abortion as a birth-control method. An abortion pill, however, would make this a possibility. While the issue of definitions, particularly of the difference between anticonception and antidevelopment, was of importance, it did not have to be entirely settled. The Abortion Committee would still support the reproductive research put forth by the National Board of Medicine. However, not all the committee members saw the research favorably.

A separate letter written by Astrid Kristensson, a jurist and member of the committee from the Conservative Party, argued that the law should be specifically worded to allow testing of substances that affected the uterus, so that implantation would be prevented, or substances that destroyed fertilized eggs immediately before or right at implantation. According to Kristensson, whether to allow testing of substances that 'in a real sense' interrupt the pregnancy was more dubious.[67] While recent scientific advances had created uncertainty around reproduction for some, for others pregnancy and abortion were straightforward. Kristensson had a clear idea of what research she could support, and it came down to fertilized eggs being implanted in the uterus.

By January 1967 government bill 18 was put forward to the Swedish Parliament.[68] By February 7, 1967, three separate motions were sent to the

66 Swedish Parliament, 'Nr 18. Kungl. Maj:ts proposition,' 5.

67 Swedish Parliament, 'Nr 18. Kungl. Maj:ts proposition,' 6.

68 Following this, Parliament members had the opportunity to respond to the bill through motions that they submitted to the chambers, with all processes and documents being reviewed by a smaller legal committee that reflected the political representation in Parliament. This committee had the opportunity to create a legal opinion that would then again go to the chambers for appraisal. If a majority voted the bill through, it would become a new law.

Parliament's second chamber in response to the bill. The motions outlined several aspects that four Parliament members, supported by signatories representing the Liberal People's Party, the Center Party, and the Conservative Party, saw as needing to be addressed.

A member of the Liberal People's Party submitted a motion maintaining that pregnancy must be considered the point when a fertilized egg is implanted and that research should respect this limit.[69] The motion summarized that the law on clinical trials of certain methods for birth control should impose time limits and that the research should not disrupt pregnancy.[70] From the Conservative Party, similar concerns over the sanctity of life were brought forth. A Conservative Party member wrote that while he could see the importance of such research, especially for overpopulation issues, he could not support trials that interrupted pregnancy.[71] In addition, such work was also seen to conflict with medical ethics.[72] A motion submitted by the Center Party also focused on the significance of such research for international reasons, especially related to overpopulation and limited global resources. The authors weighed the benefits of clinical trials in the face of protecting life. They concluded that research could be permitted if the women involved gave written consent, and if they were to be granted abortion for medical reasons.[73]

These motions highlighted concerns with the bill. Two agreed that the research was important, especially for international family planning, but struggled with the implications when it came to protecting lives. While testing birth control methods was seen as acceptable, for several members of the Liberal People's Party and the Conservative Party the limit of this acceptability was disturbing the implantation of a fertilized egg. Again, the boundary between anticonception and antidevelopment was raised as an important distinction for those who wanted to protect fetuses, and this issue would persist throughout the bill review process.

On April 5, 1967, the second parliamentary chamber met to discuss the potential change in legislation. Those who spoke outlined the sensitive nature of such a change, and a member from the Conservative Party commented that it reflected an ideological standpoint.[74] He stated that the signatories of his party's motion did not oppose birth control research—instead, they saw it as

69 Swedish Parliament, 'Nr 855. Av herr Gustafsson,' 7.
70 Swedish Parliament, 'Nr 855. Av herr Gustafsson,' 7.
71 Swedish Parliament, 'Nr 857. Av herr Åkerlind,' 10.
72 Swedish Parliament, 'Nr 857. Av herr Åkerlind,' 10.
73 Swedish Parliament, 'Nr 856. Av herrar Lindberg och Johansson,' 8.
74 Swedish Parliament, 'Lag om klinisk prövning,' 93.

crucial for solving global nutritional issues and starvation. But they did not want to fail defenseless fetuses.[75] The Conservative Party member was satisfied that the research would focus on finding means to interrupt development prior to implantation. As this was the case, he reported that the signatories were willing to accept the practical boundary established in medicine that saw pregnancy as beginning at implantation.[76]

The Conservative Party member noted, however, that such trials might inevitably involve women who were already in the early stages of pregnancy. Furthermore, there was the matter of testing substances on women whose pregnancies were more advanced, and he struggled with this possibility.[77] A member from the Center Party followed suit by outlining the importance of such research and its conflicts with the abortion laws but insisted that he would not reject the bill and rather hoped a new law would consider implantation as a boundary.[78]

One of the authors of the Liberal People's Party motion professed that the entire matter would have been easier to analyze if there were consensus on the definition of a fetus. He noted that lawyers considered the fetus to exist when an egg cell had been fertilized, while gynecologists' definition centered on implantation. The Liberal People's Party member said,

> here one thus meets an unresolved boundary issue. There should be consensus among medical professionals and other professionals, including ethicists, of when pregnancy begins, before it is requested that legislators take a position on such an important issue. It is not now, and we must act in the best sense of the day.[79]

While some members of the Parliament had strong feelings about when pregnancy began, namely at implantation, there was no absolute consensus from experts.

Even if the majority had agreed on implantation as a significant threshold, there would have been other difficulties. The Liberal People's Party member remarked that several elements outlined in the motions had been deemed unreasonable, such as certainty that substances would only be tested before implantation. It was difficult to track this point with accuracy, and experts

75 Swedish Parliament, 'Lag om klinisk prövning,' 93.
76 Swedish Parliament, 'Lag om klinisk prövning,' 93.
77 Swedish Parliament, 'Lag om klinisk prövning,' 93.
78 Swedish Parliament, 'Lag om klinisk prövning,' 96.
79 Swedish Parliament, 'Lag om klinisk prövning,' 96.

had stated there was a four-to-six-day range that varied by individual.[80] As the researchers were looking to design a technology to be used in early pregnancy, and there were variations between individuals, it was hard to know at what point the substance would act. It was difficult to establish biologic certainty, just as it was difficult to establish how the proposed technology worked.

A member from the Social Democrats who supported the research initiative used the ambiguity around the research to further his point that it should be conducted. He said that those who were worried about whether the compound acted on an implanted fertilized egg or not were 'to some extent fighting with windmills, because they do not yet know how these substances actually work in this respect. [... I]t is to find this out which has opened this opportunity for scientific examination.'[81] While some supporters of the research emphasized its international value as a family planning method, others pointed to the ambiguity of the abortion pill. Without conducting the research, the boundary issue between anticonception and antidevelopment would be no closer to being solved. In this ambiguous sense, it was also possible that the compound would, in some cases, act before implantation, making it a more appealing technology for those opposed to harming fetuses.

The bill was also discussed in the first parliamentary chamber. Ingrid Segerstedt Wiberg, from the Liberal People's Party, and the Social Democrat justice minister Herman Kling debated the merits of the research.[82] Segerstedt Wiberg was not happy with how the matter had been handled, and she connected it to a discussion from the previous year, when, according to her, a decision about intrauterine devices (IUDs) had been made erroneously. Segerstedt Wiberg thought that IUDs conflicted with the Penal Code and that allowing their use had set a poor precedent.[83] Kling disagreed, seeing IUDs as contraceptives and not devices that displaced fetuses. For some, the research on F6103 was considered to be related to IUDs in its function, but to others this was a fallacy. As Kling stated, the IUD was to be used before sex, and the abortion pill afterward.[84]

When discussed in Parliament, F6103 illustrated the instability of the key concepts anchoring the debate. Some people held firm beliefs about when reproductive phases began, while others did not. Some struggled with technologies that acted on fertilized, implanted eggs, while others maintained it was

80 Swedish Parliament, 'Lag om klinisk prövning,' 96.
81 Swedish Parliament, 'Lag om klinisk prövning,' 102.
82 Swedish Parliament, 'Granskning av statsrådsprotokoll.'
83 Swedish Parliament, 'Granskning av statsrådsprotokoll,' 7.
84 Swedish Parliament, 'Granskning av statsrådsprotokoll,' 22.

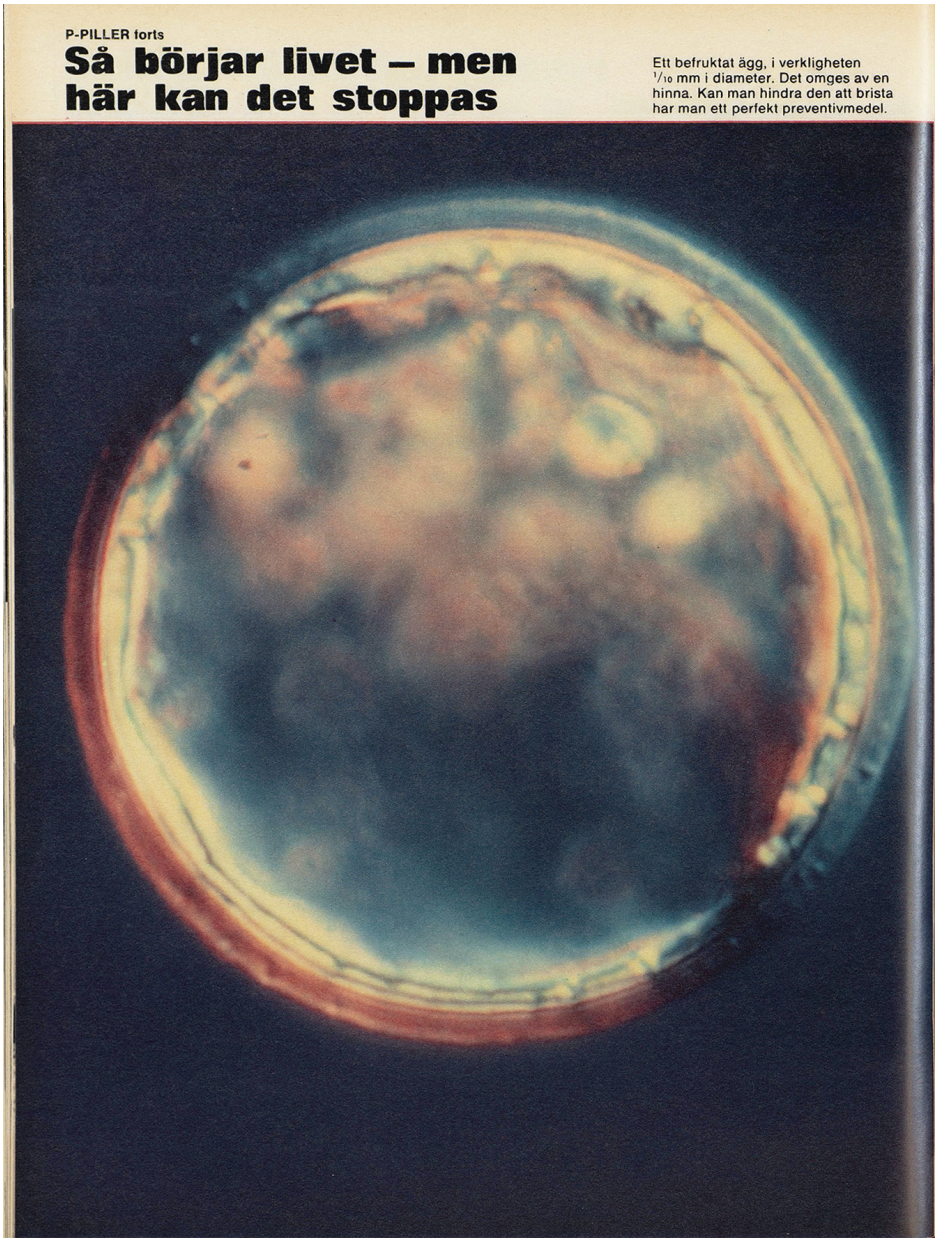
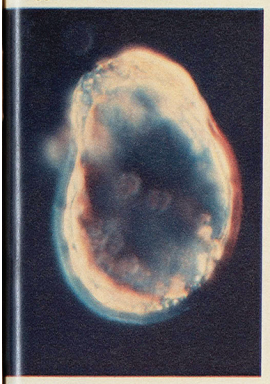
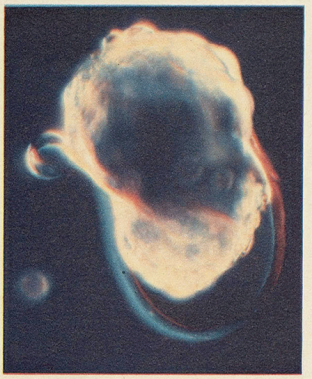


FIGURE 9.3 The idea of developing a once-a-month contraceptive pill spread in the popular imagination. In this issue of *Se* (See), the magazine focused on research on early conception that was occurring in Uppsala, connecting this work to the possibility of making abortion-pills. In the piece, they reported on how the photographer Lennart Nilsson had taken images of the process of eggs fertilizing. Nilsson was well known for publishing photos of fetuses in *Life* magazine and then in the book *A Child Is Born* in the mid-1960s. How early conception worked and whether it could be photographed in action also piqued Nilsson's interest. From Fröberg and Nilsson, 'Unika SE-bilder visar,' 52–53. Courtesy of Lennart Nilsson Photography/SPL.

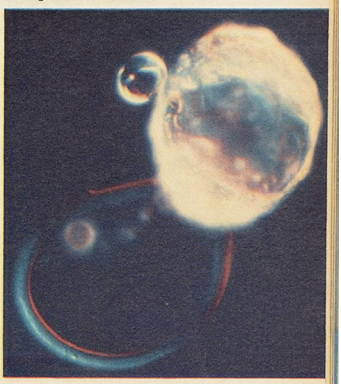
Annars händer detta: hinnan går sönder av cellernas rörelser. Finns hinnan kvar kan inte ägget fastna i livmodern.

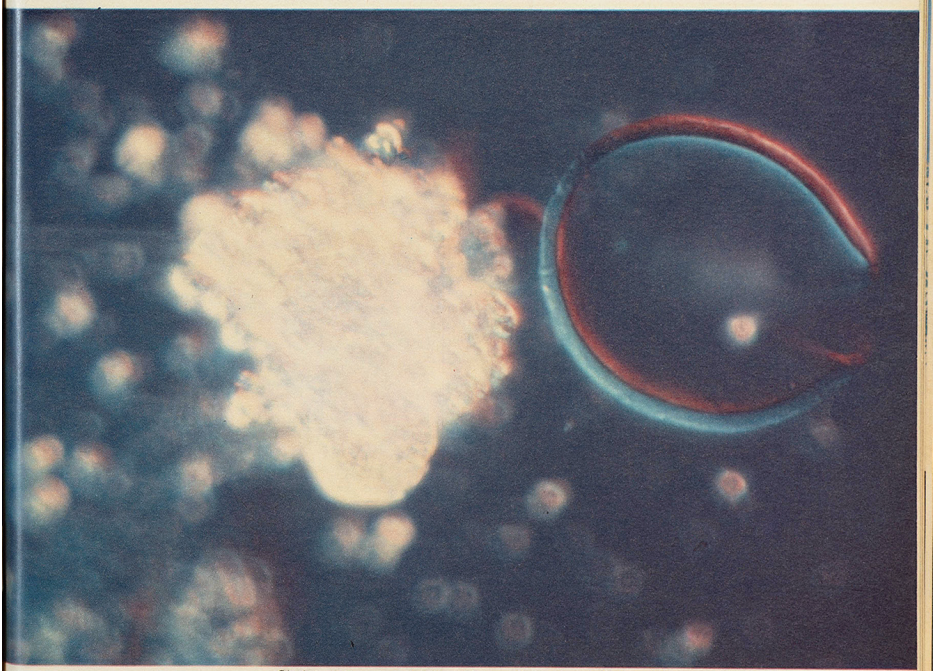


Rörelserna hos cellerna i ägget gör att det alltmer kryper ur sitt skal. Forskarna kallar ägg i detta stadium blastocyst.



"Kläckningen" tar ungefär ett dygn. Sedan kan ägget fastna på livmoderns slemhinna och få näring via små blodkärl.





Skalet, den genomskinliga hinnan, ligger tomt. Och cellklumpen är inte längre ett ägg — man kan börja tala om ett foster. Vid detta stadium bildas hormoner som förhindrar menstruation som annars skulle kunna spola loss fostret från slemhinnan.

impossible to tell whether this occurred. The biological phases were unstable, and the technology was not fully understood. In addition, the law was up for interpretation. While Segerstedt Wiberg saw IUDs, and subsequently F6103, as conflicting with the Penal Code, Kling did not.

Signatories of the three motions dominated the discussion in April. However, they were far from a majority. Altogether, sixteen Parliament members signed the motions, signaling dissatisfaction with the original bill. While there was dissonance over what boundaries to draw around such research, there was still space for compromise and agreement. The one overarching position that most members agreed on was that they should support measures to address overpopulation. The research was seen to align with this end, but also presented ideological concerns. While birth-control development was generally viewed positively, several members saw abortion-pill development as problematic.

Many members who felt uneasy about this research positioned it against their own moral concern with protecting fetuses, but there were also logistic issues. The potential for birth defects, as with thalidomide, was viewed as a serious drawback in both supporting and rejecting the bill.[85] Who should be eligible for the trials was also seen as an important question. Should it be anyone, or women who already had permission for abortion? If this research was approved, what phase of pregnancy was then permissible to interrupt? These questions were not clearly answered in the discussion and process of passing the legislation. In the end, the bill was voted through despite these initial concerns voiced in the motions. The majority in Parliament supported it, and the state was interested in promoting family planning abroad—reproductive research could ease these efforts.

On May 12, bill 18 was written as the Law of Clinical Trials of Certain Means of Birth Control.[86] The law states, 'In order to find suitable means of birth control, clinical examination may be undertaken, after being granted special permission, which may inhibit the development of fertilized eggs in women.'[87] It came into effect June 6, 1967, creating clarity for the researchers working on abortion-pill trials, opening up possibilities for other researchers, and establishing the National Board of Medicine as the governing body.

In this instance, the introduction of a new technology—abortion pills—into Swedish reproductive research created the opportunity for the making of a new value. A technology that could be administrated in pill form opened up new possibilities for family planning initiatives, and many actors clearly

85 Swedish Parliament, 'Lag om klinisk prövning,' 105.
86 Swedish Code of Statutes, 'Lag om klinisk prövning.'
87 Swedish Code of Statutes, 'Lag om klinisk prövning.'

saw abortion pills serving a purpose beyond Swedish borders. Overpopulation concerns spanned party lines, and the topic was not as polarizing as abortion. The ambiguity of the research also meant that those who opposed abortion could still argue the strengths of fighting global starvation without overtly condoning abortion technologies. These practices—legal discussions, investigations, writing a bill, and parliamentary discussions—introduced a new way of valuing abortion pills and, subsequently, abortion. Abortion was worth pursuing as a family planning strategy.

However, optimism over the new research regulations would eventually turn to pessimism. F6103 was not as promising an abortifacient as scientists once hoped. By 1968, Engström warned against putting too much stock in the compound's abortive abilities. In an article published in the *International Planned Parenthood Federation's Medical Bulletin*, Engström mused that the effects seen in animal studies did not seem to be transferable to humans.[88] By 1970, the main researchers involved with the compound stopped pursuing its abortive qualities—F6103 was a dead end. But the research left lasting effects on how abortifacients were regulated for clinical use, opening up the field for other researchers and chemical compounds as well as energizing the popular imagination (see figure 9.3).

4 Conclusion

As other scholars have illustrated, abortion is not always polarized in a pro-life and pro-choice dichotomy.[89] Examining the passage of bill 18 illustrates how a new abortion value was made in Sweden in the 1960s. This chapter has shown a wide variety of actors involved in abortion-pill research—including many outside the clinic or laboratory setting. Meetings, legal investigations, governmental bills, parliamentary discussions, and the passage of legislation were also practices in the abortion-pill network. While familiar ideological standpoints around abortion were present in the parliamentary process, such as the stance of defending fetuses, examining the varied actors and practices makes visible more nuanced negotiations over the research.

Biological, technological, and legal definitions were an important part of the discussions over F6103. In particular, the boundary between anticonception and antidevelopment was key for those who professed ideological concerns with the research. However, there was uncertainty over the biological processes, the technology's supposed function, and the legal conditions. Owing

88 Engström, 'Swedish Post-Conception Pill.'

89 See, e.g., Campbell, 'Making Sense'; Clarke and Montini, 'Many Faces of RU486.'

to these uncertainties, maintaining and respecting such a boundary was perceived to be difficult. However, this ambiguity over the terms of the research opened up room for negotiation. In this sense, the interpretability and ambiguity of the technology was a strength used in discussing the merits of the research. The few who opposed research that 'interfered with pregnancy in a real sense' were met with statements over its ambiguity. Before the research was conducted, no one could tell what it actually did, and there was a possibility that the boundary between anticonception and antidevelopment could be preserved.

Alongside this ambiguity, there was also interest in providing solutions to a perceived global overpopulation problem, which was used to explain the relevance of the research. The state was invested in abortion services in Sweden but was also increasingly interested in family planning projects abroad. An abortion pill was seen to have the potential to make abortion exportable and would consequently be an asset for family planning initiatives. As this chapter has shown, bill 18 passed because various state actors were invested in and supported the research. The National Pharmaceutical Laboratory and the National Board of Medicine monitored the researchers, which permitted the involvement of various agencies and individuals, such as the Abortion Committee, the state secretary, and the Social Department. The director general of the National Board of Medicine professed a personal interest in the case of F6103. Even before the compound was brought to the Department of Justice, different actors had been involved in setting its legal trajectory.

In her work, Nelly Oudshoorn has showcased the difficulties of conducting clinical trials of the oral contraceptive pill in the United States.[90] The principal researchers, John Rock and Gregory Pincus, struggled to find participants and the right parameters for their trials. During the 1950s, testing contraceptives in Massachusetts was against the law, but unlike the Swedish researchers in this chapter, Rock and Pincus did not petition their government for change. Instead, they turned to Puerto Rico.[91] In contrast to Sweden, the American state was not invested in securing conditions for reproductive research.

The case of abortion-pill testing in Sweden complicates the widespread perception that in this era medical trials were being run on women of color, only to benefit white women.[92] While clinical trials of contraceptives were indeed

90 Oudshoorn, *Beyond the Natural Body*, 112–37.

91 It was not necessarily easy to find trial participants in Puerto Rico, as described in Oudshoorn's book and in Lara Marks's work, but the law did not forbid testing contraceptives. Oudshoorn, *Beyond the Natural Body*, 122; Marks, 'Human Guinea Pigs?,' 267.

92 In her work, Lara Marks has challenged the idea that women were simply uninformed guinea pigs and points to the high level of cooperation needed in contraceptive pill trials. Marks, 'Human Guinea Pigs?,' 264; Oudshoorn, *Beyond the Natural Body*, 136.

done on women of color, here we see a reversal. What might seem notable is the willingness to experiment with Swedish women's bodies, among all the biological and legal uncertainty, when there has been an assumption that white bodies would not be experimented on for the sake of a technology primarily designed to be used by people of color. Yet these trials still contributed to what Oudshoorn describes as 'cultural imperialism,' as they were intimately enmeshed with overpopulation worries and controlling the reproduction of women in what was described as 'the developing world.'[93]

In this way, the Swedish case contributes to discussions on postcolonial power dynamics—regardless of uncertainty over the technology, the biology, and the law, abortion-pill research was to be accommodated. It did not, in the end, deviate from the broad goal of curbing population growth. However, the complex relationships between many actors in the research network, the various ways power shifted over the course of clinical testing in Sweden, and the legal system of abortion care resist the oversimplification of these trials as either good or bad.[94] The debates among policymakers who were worried they did not understand the very mechanisms they were asked to make policy on capture the messy process of technological development. In this, and many cases, ethical concerns emerged when people were confronted with a new technology, and many who partook in discussions over abortion-pill research were not, in fact, experts in the fields of reproduction or law.

Sweden's approach to clinical-trial regulation, parliamentary procedures, and foreign aid played a significant part in creating acceptability around abortion pills. After the passage of bill 18, clinical trials on pregnant women were possible, and further reproductive research followed.[95] Swedish researchers would go on to test other compounds, among them prostaglandins—the next promising abortifacient.[96] With the supportive infrastructure around clinical testing, Sweden also became internationally appealing as various actors from the World Health Organization, SIDA, and the Ford Foundation looked to establish an international research center.[97] In the 1980s, Swedish researchers would collaborate with Étienne-Émile Baulieu, helping to make RU486 a feasible abortifacient.[98] Today, the vast majority of abortions performed in Sweden

93 Oudshoorn, *Beyond the Natural Body*, 136. Oudshoorn explains that since the contraceptive pill was mainly meant for populations in 'underdeveloped countries,' it was a form of cultural imperialism.

94 For a more thorough examination of the impact of abortion-pill trials in Sweden, see Ramsey, 'Swedish Abortion Pill,' 192–202.

95 Ramsey, 'Swedish Abortion Pill,' 110, 113.

96 Ramsey, 'Swedish Abortion Pill,' 113.

97 Ramsey, 'Swedish Abortion Pill,' 144–8.

98 Ramsey, 'Swedish Abortion Pill,' chap. 7.

are medically induced, with 75 percent of all abortions occurring at home.[99] Valuing abortion as an exportable family planning method in the 1960s contributed to the making of a technology that today embodies different values, including, for many, that of individual choice.

Bibliography

Bashford, Alison. *Global Populations: History, Geopolitics, and Life on Earth.* New York: Columbia University Press, 2013.

Berg, Annika. 'A Suitable Country: The Relationship between Sweden's Interwar Population Policy and Family Planning in Post-independence India.' *Berichte zur Wissenschaftsgeschichte* 33, no. 3 (2010): 297–320.

Blom, Jörgen. 'Livet börjar först efter åtta veckor!' *Aftonbladet* October 15, 1966.

Campbell, Patricia. 'Making Sense of the Abortion Pill: A Sociotechnical Analysis of RU486 in Canada.' *Health Sociology Review* 27, no. 2 (January 2018): 121–35.

Clarke, Adele E. *Disciplining Reproduction: Modernity, American Life Sciences, and 'The Problems of Sex.'* Berkeley: University of California Press, 1998.

Clarke, Adele E., and Teresa Montini. 'The Many Faces of RU486: Tales of Situated Knowledges and Technological Contestations.' *Science, Technology & Human Values* 18, no. 11 (Winter 1993): 42–78.

Dussauge, Isabelle, Claes-Fredrik Helgesson, and Francis Lee, eds. *Value Practices in the Life Sciences and Medicine*. Oxford: Oxford University Press, 2015.

Ekerwald, Hedvig. 'The Modernist Manifesto of Alva and Gunnar Myrdal: Modernization of Sweden in the Thirties and the Question of Sterilization.' *International Journal of Politics, Culture, and Society* 14, no. 3 (2001): 531–61.

Engström, Lars. 'Livet börjar först efter åtta veckor.' *Aftonbladet*, October 15, 1966.

Engström, Lars. 'The Swedish Post-Conception Pill.' *IPPF Medical Bulletin* 2, no. 2 (1968): 923.

Franklin, Sarah. 'Rethinking Reproductive Politics in Times, and Time in UK Reproductive Politics: 1978–2008.' *Journal of the Royal Anthropological Institute* 20, no. 1 (2014): 109–25.

Fröberg, Anders S., and Lennart Nilsson. 'Unika SE-bilder visar: Så kan vi få det perfekta p-pillret.' *Se* no. 49, December 3, 1970, 52–53.

Heng [pseud.]. 'Optimism i kampen mot befolkningsökning.' *Svenska Dagbladet*, June 16, 1966.

99 As of 2022, 96 percent of abortions were done medically. Socialstyrelsen, 'Statistik om aborter,' 3.

Joffe, Carole, and Tracy Weitz. 'Normalizing the Exceptional: Incorporating the "Abortion Pill" into Mainstream Medicine.' *Social Science & Medicine* 56, no. 12 (2003): 2353–66.

Jülich, Solveig. 'Fosterexperimentens produktiva hemlighet: Medicinsk forskning och vita lögner i 1960- och 1970-talets Sverige.' *Lychnos* (2018): 11–49.

Jülich, Solveig. 'Picturing Abortion Opposition in Sweden: Lennart Nilsson's Early Photographs of Embryos and Fetuses.' *Social History of Medicine* 31, no. 2 (2018): 278–307.

Kirejczyk, Marta. 'Parliamentary Cultures and Human Embryos: The Dutch and British Debates Compared.' *Social Studies of Science* 29, no. 6 (1999): 889–912.

Lennerhed, Lena. 'Troubled Women: Abortion and Psychiatry in Sweden in the 1940s and 1950s.' In *Transcending Borders: Abortion in the Past and Present*, edited by Shannon Stettner, Katrina Ackerman, Kristin Burnett, and Travis Hay, 89–100. Cham: Springer International, 2017.

Marks, Lara. 'Human Guinea Pigs? The History of the Oral Contraceptive Clinical Trials.' *History and Technology* 14, no. 4 (1999): 263–88.

National Board of Health and Welfare. 'Statistik om aborter.' Statistik och data. Accessed June 1, 2023. https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/statistik/2023-5-8521.pdf.

Nordlund, Christer. 'Hormones for Life? Behind the Rise and Fall of a Hormone Remedy (Gonadex) against Sterility in the Swedish Welfare State.' *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 69, no. 1 (2007): 191–216.

Oudshoorn, Nelly. *Beyond the Natural Body: An Archeology of Sex Hormones.* London: Routledge, 1994.

Prescott, Heather Munro. *The Morning After: A History of Emergency Contraception in the United States.* New Brunswick, NJ: Rutgers University Press, 2011.

Ramsey, Morag. *The Swedish Abortion Pill: Co-producing Medical Abortion and Values, ca. 1965–1992*. Uppsala: Uppsala University, 2021.

Schoug [pseud.]. 'Större svensk insats krävs i kamp mot överbefolkning.' *Dagens Nyheter*, July 17, 1966.

Svensk ordbok, s.v. 'foster.' Accessed May 12, 2023. https://svenska.se/so/.

Swedish Code of Statutes. 'Lag om klinisk prövning av vissa medel för födelsekontroll.' In *Svensk författningssamling*. SFS 1967:185. Stockholm: Svensk författningssamling, 1967.

Swedish Ministry of Health and Social Affairs. *Betänkande i abortfrågan*. SOU 1944:51. Stockholm: Socialdepartementet, 1944.

Swedish Ministry of Health and Social Affairs. *Yttrande i abortfrågan*. SOU 1937:6. Stockholm: Socialdepartementet, 1937.

Swedish Ministry of the Interior. *Abortfrågan: Betänkande*. SOU 1953:29. Stockholm: Inrikesdepartementet, 1953.

Swedish Ministry of Justice. *Betänkande med förslag till lagstiftning om avbrytande av havandeskap*. SOU 1935:15. Stockholm: Justitiedepartementet, 1935.

Swedish Ministry of Justice. *Rätten till abort*. SOU 1971:58. Stockholm: Justitiedepartementet, 1971.

Swedish Parliament. 'Lag om klinisk prövning av vissa medel för födelsekontroll.' In *Riksdagens protokoll*. Vol. 3. *Andra kammarens protokoll 1967*, no. 17, 93–98, 101–106. Stockholm: Riksdagen, 1967.

Swedish Parliament. 'Granskning av statsrådsprotokoll.' In *Riksdagens protokoll*. Vol. 3. *Första kammarens protokoll 1967*, no. 33, 3–22. Stockholm: Riksdagen, 1967.

Swedish Parliament. 'Nr 18. Kungl. Maj:ts proposition till riksdagen med förslag till lag om klinisk prövning av vissa medel för födelsekontroll; given Stockholms slott den 13 januari 1967.' In *Bihang till riksdagens protokoll 1967*. Collection 1, Vol. 5. *Kungl. Maj:ts propositioner nr 2–21*, 1–10. Stockholm: Riksdagen, 1967.

Swedish Parliament. 'Nr 855. Av herr Gustafsson i Borås m.fl., i anledning av Kungl. Maj:ts proposition nr 18, med förslag till lag om klinisk prövning av vissa medel för födelsekontroll.' In *Bihang till riksdagens protokoll 1967*. Collection 4, Vol. 3. *Motioner i andra kammaren nr 760–1065*, 7. Stockholm: Riksdagen, 1967.

Swedish Parliament. 'Nr 856. Av herrar Lindberg och Johansson i Skärstad, i anledning av Kungl. Maj:ts proposition nr 18, med förslag till lag om klinisk prövning av vissa medel för födelsekontroll.' In *Bihang till riksdagens protokoll 1967*. Collection 4, Vol. 3. *Motioner i andra kammaren nr 760–1065*, 8–9. Stockholm: Riksdagen, 1967.

Swedish Parliament. 'Nr 857. Av herr Åkerlind m.fl., i anledning av Kungl. Maj:ts proposition nr 18, med förslag till lag om klinisk prövning av vissa medel för födelsekontroll. In *Bihang till riksdagens protokoll 1967*. Collection 4, Vol. 3. *Motioner i andra kammaren nr 760–1065*, 10–11. Stockholm: Riksdagen, 1967.

Thoradeniya, Darshi. 'Altruism, Welfare, or Development Aid? Swedish Aid for Family Planning in Ceylon.' *East Asian Science, Technology and Society: An International Journal* 10, no. 4 (2016): 423–44.

Thornstedt, Hans. 'The Beginning and the End of Life from the Perspective of Swedish Criminal Law.' *Scandinavian Studies of Law* 14 (1970): 225–49.

Thornstedt, Hans, and Madeleine Andersson. *Festskrift till Hans Thornstedt*. Stockholm: Norstedt, 1983.

'Världskongress söker vapen mot "barnbomben."' *Svenska Dagbladet*, May 25, 1966.

Wiqvist, Nils, and Björn Westin, eds. *Fertility and Sterility: Proceedings of the Fifth World Congress, June 16–22*. Stockholm: International Congress Series, 1966.

Archival Sources

Application for permission for clinical trials of the substance F6103 (Ferrosan) used as an early medicinal abortifacient and pregnancy-prevention agent, April 1966. F7:8 (1966). Common matters. Documents concerning clinical trials. NPL.

Handwritten note, n.d. F7:6 (1965–1966). Common matters. Documents concerning clinical trials. NPL.

'Main views on Swedish family planning in developing countries,' n.d. FXXXI:4 (1952–1967). Director General Engel's documents arranged by subject. NBM.

Thornstedt, Hans, to NBM, September 30, 1966. D:nr LU 203. EII:22 (1966). Law and investigation bureau. NBM.