

# RES MEDICA

Journal of the Royal Medical Society



## Res Medica

### Abortive Legislation?

#### Abstract

For the back-street abortionist business is booming. It is commonly estimated that some 100,000 criminal abortions are performed annually in England and Wales alone. Maternal deaths from these are, according to Goodhart (1964) of the order of 35 per year in England and Wales, giving a surprisingly low maternal mortality of 0.35 per 1,000 which equals maternal mortality from all other causes. Serious maternal morbidity, however, defies estimate but must be alarmingly high. Even in hospital, the operation carries serious risk of complication, which is obviously greatly increased in a tenement kitchen. Cervical incompetence, causing repeated miscarriage, serious infection, especially pelvic peritonitis, and severe anaemia from haemorrhage are but some of the scars which a woman may carry for many years, as a result of such treatment. The scar of the psychological trauma may well be carried for life.

Copyright Royal Medical Society. All rights reserved. The copyright is retained by the author and the Royal Medical Society, except where explicitly otherwise stated. Scans have been produced by the Digital Imaging Unit at Edinburgh University Library. Res Medica is supported by the University of Edinburgh's Journal Hosting Service: <http://journals.ed.ac.uk>

ISSN: 2051-7580 (Online) ISSN: 0482-3206 (Print)

Res Medica is published by the Royal Medical Society, 5/5 Bristo Square, Edinburgh, EH8 9AL

Res Medica, Spring 1966, 5(2): 16-17

doi: [10.2218/resmedica.v5i2.457](https://doi.org/10.2218/resmedica.v5i2.457)

# RES MEDICA

## ABORTIVE LEGISLATION?

For the back-street abortionist business is booming. It is commonly estimated that some 100,000 criminal abortions are performed annually in England and Wales alone. Maternal deaths from these are, according to Goodhart (1964) of the order of 35 per year in England and Wales, giving a surprisingly low maternal mortality of 0.35 per 1,000 which equals maternal mortality from all other causes. Serious maternal morbidity, however, defies estimate but must be alarmingly high. Even in hospital, the operation carries serious risk of complication, which is obviously greatly increased in a tenement kitchen. Cervical incompetence, causing repeated miscarriage, serious infection, especially pelvic peritonitis, and severe anaemia from haemorrhage are but some of the scars which a woman may carry for many years, as a result of such treatment. The scar of the psychological trauma may well be carried for life.

An attempt must obviously be made to put this deplorable situation to rights. Will the proposed reform of the abortion law do this?

Lord Silken's Bill, introduced in the last Parliament, emerged battered from its passage through the Lords, barely recognisable through deletions and amendments only to die a sudden death on the dissolution of Parliament. A modified version will again grind through the legislative cogs of Westminster later this summer. If successful this will certainly clarify the legal position on abortion. It specifies who may perform such an abortion and in what circumstances. Thus an NHS gynaecologist, registrar or above — in agreement with the patient's G.P. — may terminate for the following reasons: if the mother's physical or mental health would be endangered by continuation of the pregnancy; if she were aged under 16 at conception, or mentally defective; or finally if the child would be likely to suffer from a defect which would prevent reasonable enjoyment of life. (Grounds of rape

and that the woman would make an inadequate mother were later deleted.)

This attempt at clarification is welcomed by many practitioners for whom the burden of decision is eased. Some, however, consider that the present law (which rests largely on the Bourne case judgement of 1938) allows considerably more freedom. Yet others feel that the change is not liberal enough and should take fuller account of social and economic factors as ground for termination.

In its present form the bill would do little towards eliminating the criminal abortionists. Many of their patients are not those provided for by the bill but physically and mentally healthy women, notably the single girl and the widow, whose pregnancy is looked upon with distaste by Society. For them the law will be effectively unchanged. For them the criminal abortionist will provide the only acceptable solution.

This situation could be improved to some extent by liberalising the law — though not to the extent of "abortion on demand" as practiced in Japan and Czechoslovakia. The Swedish system of a panel considering each case on its merits, including socio-economic factors, has much to commend it.

An even more effective step would be widespread education in the most efficient methods of contraception. Yet even with better contraception unwanted pregnancies will occur. If we are ever to be rid of criminal abortions and their dire sequelae, Society must view the unwelcome pregnancy through more sympathetic eyes.

## OVER-PRESCRIPTION

Overprescription of drugs has often been in the news in the light of the Annual Drug Bill, but recently another aspect has become prominent. It concerns the prescription of large quantities of sedatives, anti-depressants and tranquilizers to a population which is increasingly employing them for self-poisoning rather than as remedial agents.

Unfortunately the people who are most likely to use these drugs for self-poisoning are those to whom large quantities are given — the depressed and the unstable. Surely it is time that other methods of making these drugs available were used. Kessel has already made this appeal in a recent article in the B.M.J. and Res Medica.

Could not greater control over prescriptions

be exerted? A weekly 'recurring' prescription requiring a weekly 'cancelling' signature from the pharmacist would limit the number of tablets issued at one time and incur no extra work for the GP. The wider use of emetic charged barbiturates might be a worthy investment of the extra cost and more widespread dealing with the dangers of storing old tablets etc. would undoubtedly help. Some measures

might be more time consuming for the GP, in that he, as the 'family doctor' has the opportunity to warn of the potential dangers of these drugs; put tablets into the custody of another member of the patient's family when necessary, and deal more thoroughly with psychiatric problems. But it remains the responsibility of the medical profession to consider priorities when discussing this problem.

## THE SOCIETY

Office-bearers for the 230th session will be as follows:

*Senior President*  
M. H. KAUFMAN

*1st Junior President*  
R. J. NIXON

*2nd Junior President*  
C. J. EASTMOND

*3rd Junior President*  
Miss F. M. MARR

*Senior Secretary*  
R. H. SMITH

*Junior Secretary*  
D. McLEOD

*Conveners of Committees*  
Public Business—J. R. MACHIN  
Private Business—J. B. IRVING  
House—Miss N. BAKER  
Library—M. F. MACNICOL  
Museum—J. WALLWORK  
Dinner—R. J. NIXON

The Society's first year in Hill Square has been extremely successful in both Public and Private business.

### PUBLIC BUSINESS

We have again been fortunate in having many distinguished guest speakers to address us. These included Professor F. J. Gillingham, Dr. W. I. Card, Dr. J. D. Roberston and Dr. Cicely Williams. Guest of honour at the President's dinner was Sir Dugald Baird whose address on some of the more amusing aspects of his career provided one of the highlights of the year. To these, as to all our other guests, we extend once more our thanks and appreciation.

### PRIVATE BUSINESS

The Private Business meetings have been described as the most important activity of the Society: this may or may not be true, but certainly they provide an opportunity for every member to be active in discussion. The value of this is twofold; it encourages members to learn to express their ideas in a more confident manner in public, and it is a stimulus to a wider interest in the art and science of medicine.

The meetings of the past session were organised with this in mind. The majority of the meetings were introduced by a brief talk by a member and this was taken as the topic for discussion: topics ranged from "Prematurity" to "Exercise" and included many instructive clinical presentations. In each term two speakers were invited. In the first term Mr. J. Chalmers spoke on "Bone Growth" and Dr. R. A. Cumming on "The Blood Transfusion Service"; and in the second term Dr. M. Gaze spoke on "Micro-electrode Recording From The Human Brain" and Professor D. Whitteridge gave "Some Recollections Of Sir Charles Sherrington".

Essentially, however, Private Business meetings are what members make them: the more members that attend, the more members contribute, the more valuable are the meetings.

### REVISION OF LAWS

The Society's Laws have again undergone extensive revision by a committee set up for the purpose. The changes are concerned mainly with technicalities related to the election of office-bearers. One welcome innovation, however, means that members may now entertain guests in the coffee lounge at any time.