Induced Abortion

S. C. ROBINSON, M.D.*

The thought of destroying rather than preserving life is entirely repugnant to medical tradition and its proclaimed ethical code. While human society generally proclaims a similar concern to preserve life, it nevertheless condones direct destruction of human life in war, by capital punishment, in sport (boxing), and indirectly through large scale preventable famine. This practice of convenience cannot but affect medical practice which must function as a segment of human society. Most particularly is this true regarding the yet unseen life of the fetus which has not fully secured its identity and is therefore most vulnerable.

Abortion thus may be induced under various circumstances, and in each case it follows that at least someone has condoned the destruction of human life. Because these things happen, the medical profession more than any other is concerned. We should know why they happen, and what is the extent of these occurrences.

Abortions are induced under one of these circumstances:

1. For personal, social, or economic reasons by the woman herself—or her deputy (lay or professional);
2. For "health" reasons, with the mother's concurrence as a "therapeutic" procedure;
3. For eugenic reasons.

It is relevant to look at the situation in various parts of the world for which information is available. Bachi and Matras reported recently on Jewish maternity cases in Israel. The women were questioned concerning previous induced abortion and 21% of those born in Europe or America, 11% of those born in Israel, and 5% of those born in Asia or Africa reported having had induced abortions.[1] It is interesting that these women had all conceived and been delivered subsequently. The only additional information concerned contraceptive practices. It was stated that the practice of some method of contraception increased with educational levels.

In Japan, in 1955, from 1.5 to 2.3 million abortions are said to have been performed. In this year 1.73 million live births were reported.[2]

In most Eastern European countries, legislation permitting abortion at the request of the pregnant woman or on social indication has been enacted. By 1959 legal abortions had risen to one-tenth the number of live births in Poland and to one-third each in Bulgaria and Czechoslovakia. In Hungary, they exceeded the live births. Criminal abortions declined substantially. Generally speaking, legal abortion is restricted to the first three months of pregnancy and very low death rates (6 per 100,000) have resulted.[3]

There has been some liberalization of the law in Scandinavian countries, permitting abortion in certain medical or social situations. Generally, a central reviewing board rules on these applications. It has not been shown that the number of criminal abortions has been reduced.[4]

* **S. C. Robinson, M.D. (Tor.), Assistant Professor of Obstetrics & Gynecology, Dalhousie University, Halifax, N. S.**

In Britain and certain of the states of the U.S.A., "therapeutic" abortion is permitted where the continuation of the pregnancy can be claimed to endanger the life of the mother. In a now-famous English case, a gynecologist aborted a young girl who had become pregnant as a result of rape. The doctor was charged, tried and acquitted. It was held that in this situation "life" might mean "mental and physical" health.[5]

In Canada, Sections 209, 237(1) and 238 of the Criminal Code specifically make abortion unlawful. On the other hand, Section 45 of the Code protects from criminal responsibility anyone performing a surgical operation, provided it is for the benefit of the person operated on. The legal implications of many of these matters have been admirably discussed by Tallin.[6]

In most English-speaking countries today "therapeutic" abortion has become a rare procedure (See Table 1). By and large, consultation is customary or demanded by hospital regulations, and the lenient attitude exemplified by some of the countries mentioned above does not exist. Indeed, some hospitals specifically forbid abortion under any circumstances.

TABLE I

RATIO OF THERAPEUTIC ABORTIONS: LIVE BIRTHS.

Jeffcoate[7]	1/500	Liverpool 1949-58
Savil[8]	1/236	Newark, N. J. 1956-58
Majury[9]	1/373	Winnipeg 1953-59

With improved treatment for many diseases and quality of obstetric care, the list of indications for abortion has changed and narrowed over the years (Table II). Nearly always, any given situation can be argued convincingly from several points of view, purely on medical grounds, and many competent physicians will deny today that pregnancy ever jeopardizes a mother's life or even affects permanently her health. So-called "therapeutic" abortion, therefore, is today scarcely a problem for most practitioners.

Unfortunately, we have very little knowledge concerning "criminal abortion"— i.e., abortion carried out covertly. Judging from the number of septic abortion cases admitted to our hospitals, the practice must be widespread and not restricted to any area or segment of society. There is even today some mortality from these cases and considerable (though unspecified) complication, especially in terms of sterility. In the period 1955-1957 in England, 441 deaths or 15% of all maternal deaths were estimated to have resulted from abortions.[4] There are no comparable estimates of which I am aware for Canada, but it is perfectly clear that we have a very large medical-social problem in relation to illegal abortion.

DISCUSSION:

There are those who advocate a change in our laws to specifically permit abortion under certain circumstances. It may be argued, however, that with the decreasing incidence of therapeutic abortion, the present legal precedent is quite sufficient to protect the interests of the public and the profession.

The real question is how best to prevent the "criminal" abortion, and in some countries the grisly aspect of abortion exceeding the live birth rate. Obviously our law enforcement processes in Canada are incapable of meeting the problem. There are thousands of abortions procured surreptitiously every year, yet rarely is an abortionist brought to trial. The situation does not look like it is changing.

Surely, we must approach the problem in a different way. This means preventing these "awkward" pregnancies and this of course means making available safe, simple and effective contraceptive knowledge and techniques. It behooves those who find mechanical contraceptives objectionable on religious grounds to find some alternative safe and effective method. For the rest, it means making the knowledge and techniques widely available. To my knowledge, there is not in the Province of Nova Scotia a single Planned Parenthood centre. Surely, we are derelict in our public responsibility if this type of facility is not being provided.

There is no single answer to the problem of induced abortion, but the particular step of making easily available good contraceptive practices, would go a long way toward preventing the sorry toll of life and health which we at once tolerate and condemn.

TABLE II

INDICATIONS FOR THERAPEUTIC ABORTION (% OF TOTAL)

	Liver-pool 1949-58	Newark 1956-58	Newark 1956-58 With Sterili-zation	Win'pg 1953-59	Montreal 1935-46	Montreal 1958-59	Montreal Total 1935-59
1. Psychiatric	6.4	43.0	13.0	35.1	16.9	50.0	24.6
2. Neurol. Diseases				10.4	3.5		4.0
3. Hypertension	14.3	25.8	47.0	13.0	28.1		26.3
4. Heart Disease	33.0			10.4			
5. Renal Disease	9.3		13.0	5.2	12.0		9.0
6. Previous Cancer	8.0	3.0		5.2	1.2	50.0	1.6
7. Fetal Indications	6.4	18.0		5.2			
8. Toxemia					8.4		5.7
9. Tuberculosis	17.3		13.0				
10. Miscellaneous	3.2	12.0	13.0	15.5	16.8		16.5
Reference	(7)	(8)		(9)	(10)		

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