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Correspondence

Letters to the Editor should not exceed 500 words.

Indications for Termination of Pregnancy

SIR,—Dr. E. A. Gerrard and others (20 January, p. 171) have written a valuable report which will serve as a textbook for at least ten years on the medical indications for termination. The committee sensibly advises meticulous anamnesis with the clinical notes of the family doctor as a vital document. The controversial social indications for abortion are, however, not listed, since the committee does not recognize these indications *per se* as justifying abortion. Those of us with 30 years of gynaecology behind us, no less than the new trainees in obstetrics, are hopeful that Dr. Gerrard and his advisers will continue to work as a committee to provide further guide lines, so that the new Act to come into force on April 27 with its economic and socio-economic indications for abortion may operate without undue confusion. I take one example: a woman requests an abortion on the grounds that the arrival of her sixth child conceived outside of her marriage will upset her children. Exactly who can decide if the children will be upset physically or mentally by such a social catastrophe? The family doctor? A paediatrician? A child psychiatrist? Do we consider the impact on children over 16?

Congratulations to the Gerrard Committee, but may I hopefully suggest that its report be called Indications for Abortion: A Preliminary Report?—I am, etc.,

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SIR,—The Report by the B.M.A. Committee on Therapeutic Abortion (20 January, p. 171) states that pregnancy is rare in women suffering from Huntington's chorea. This statement should, however, be considered in association with the facts which have been ascertained from surveys of the prevalence of the disease:

(1) Reed and Palm[1] found that in the pedigrees they investigated the average number of children from affected individuals was 6.07 ± 0.9 and from their unaffected sibs 3.33 ± 0.5, the difference between the two means of 2.74 ± 1.03 being statistically significant.

(2) In Britain Bell[2] records an average number of 4.4 children when the mother is affected and 5.0 children where the father is affected.

(3) Three supposed brothers from an afflicted family emigrated in the Winthrop fleet in 1630; now, three centuries later, more than 900 cases of the disease have been traced among their descendants.[3]

Huntington's chorea is a fatal hereditary disease due to a dominant gene which is usually manifest in the third decade of life, which has an average duration of about 14 years, and which is more common than is generally supposed. Heightened sexual interest, mental instability, and character changes, possibly due to cortical degeneration, are not infrequently the early features of the disorder before its true nature is recognized. Indeed, it may be due to the sexual precocity that afflicted families have been able to propagate the disease so freely and avoid extinction. If the figures of the Northamptonshire survey[4,5] are representative for the country as a whole there are more than 3,000 people suffering from Huntington's chorea in England and Wales. The rarity attributed to the disease is probably due to the frequency with which it is wrongly diagnosed, especially in those cases where mental changes precede the chorea, where different doctors look after different members of the family, and where diagnosis may depend on the pedigree. Spillane and Phillips[6] reported that only 2 of the 15 cases they observed had previously been diagnosed; Bickford and Ellison[7] stated they had seen cases diagnosed as Parkinson's disease, disseminated sclerosis, neurasthenia with ataxia, and dementia with creeping paralysis.

The real gravity of the disease lies in its hereditary nature. The child of an affected parent stands a 50% chance of contracting the disease. If she marries without waiting to see if she has the disorder, then she can assume her children stand a 25% chance of inheriting it. The hereditary pattern is so definite that every effort should be made to prevent its spread. The experience of the survey in Northamptonshire made it very clear that eugenic advice was welcomed by the afflicted families. These families frequently indicated quite spontaneously that they would have done all they could to avoid having children, and would have welcomed termination of pregnancy had they been aware of the hereditary nature of the illness, and had the opportunity been available. If there was one thing on which they were all agreed it was that they would not want others to run the risk of experiencing the misery and wretchedness which had been their lot.—I am, etc.,

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REFERENCES
1 Reed, S. C., and Palm, J. D., *Science*, 1951, **113**, 294.
2 Bell, J., *The Treasury of Human Inheritance*, 1934 Cambridge.
3 Davenport, C. B., and Muncie, L. B., *Amer. J. Insan.*, 1916, **73**, 195. Cited by Critchley, M., *J. State Med.*, 1934, **42**, 575.
4 Pleydell, M. J., *Brit. med. J.*, 1954, **2**, 1121.
5 Reid, J. J. A., ibid., 1960, **2**, 650.
6 Spillane, J., and Phillips, R., *Quart. J. Med.*, 1937, **6**, 403.
7 Bickford, J. A. R., and Ellison, R. M., *J. ment. Sci.*, 1953, **99**, 291.

SIR,—While recognizing, of course, that the recommendations of the B.M.A.'s Committee on Therapeutic Abortion (20 January, p. 171) are by no means mandatory, it is surely quite wrong even to suggest the possibility of advising termination of pregnancy in a woman who has had a previous operation for vesico-vaginal fistula or stress incontinence. This problem can easily be taken care of by elective caesarean section at term.

In the section devoted to cardiac disease, no mention at all is made of the vitally important fact that terminating a pregnancy after the 12th week may well constitute a much more serious risk to the mother than allowing it to proceed to term.—I am, etc.,

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