

BRITISH MEDICAL JOURNAL



U.S. STEEL CORPORATION
NATIONAL TUBULAR PIPE COMPANY

SATURDAY 20 APRIL 1968

1968 04 20

CURRENT SERIAL RECORDS

LEADING ARTICLES

Blood for Sale page 129 **Osteomalacia in Britain** page 130 **Riddle of Aphthous Ulceration** page 131 **Oestrogen Therapy and Prostatic Cancer** page 131 **Psychotic Reactions During Travel** page 132 **Vascular Aspects of Cholecystitis** page 133 **Nurses' Pay** page 133 **Tuberculin Tests Today** page 134

PAPERS AND ORIGINALS

Molecular Basis of Hereditary Disease	HARRY HARRIS.....	135
Artificial Pacing in Management of Complete Heart Block Complicating Acute Myocardial Infarction	B. W. LASSERS AND D. G. JULIAN.....	142
Use of Steroids in Treatment of Aphthous Ulceration	I. T. MACPHEE, W. SIRCUS, E. D. FARMER, R. A. HARKNESS, AND G. C. COWLEY.....	147
Physical Training in Chronic Obstructive Lung Disease	DAVID CHRISTIE.....	150
Acute Reversible Contralateral Renal Failure after Unilateral Renal Artery Reconstruction	J. F. AMMANN, W. A. SCHEITLIN, AND H. F. SCHWARZ.....	152
Plasma Cortisol Levels in Lung Cancer	IVAN LICHTER AND NANCY E. SIRETT.....	154
Calf Pain in the Post-thrombotic Syndrome	DAVID NEGUS.....	156

PRELIMINARY COMMUNICATIONS

Urinary Oestriol after Intra-amniotic Injection of Oestriol Sulphate	A. I. KLOPPER, K. J. DENNIS, AND V. FARR.....	158
---	---	-----

MEDICAL MEMORANDA

Ephedrine Psychosis	C. F. HERRIDGE AND M. F. A'BROOK.....	160
----------------------------	---------------------------------------	-----

MIDDLE ARTICLES

Participation of General Practitioners in Community Psychiatry	A. R. MAY AND EVA GREGORY.....	168
New Appliances	Improved Plastic Endotracheal Tubes	171
Personal View	PATRICK TREVOR-ROPER	172

BOOK REVIEWS	166
---------------------------	-----

NEWS AND NOTES

Epidemiology	184
Medical News	185

CURRENT PRACTICE

Malabsorption	N. H. DYER AND A. M. DAWSON.....	161
Today's Drugs	Treatment of Depression.....	164
Any Questions?	165

CORRESPONDENCE	173
-----------------------------	-----

OBITUARY NOTICES	181
-------------------------------	-----

SUPPLEMENT

Annual Report of Council 1967-68	49
---	----

Correspondence

Letters to the Editor should not exceed 500 words.

Ethics and Abortion. Sir Dugald Baird, F.R.C.O.G.; J. P. Crawford, M.D.; R. S. Ferguson, M.D.173	Long-term Corticosteroid Treatment of Asthma. I. Gregg, B.M.175	Lower Limb Injuries. N. Roberts, F.R.C.S.178
Implementing the Abortion Act. H. A. Robinson, M.B.173	Deaths from Asthma. H. A. W. Forbes, D.M.176	Human Heart Transplantation. E. J. Schulz, M.B.179
Prescription Charges and Tuberculosis. W. D. Gray, M.B.; E. L. Feinmann, M.R.C.P.174	Pelvic Examination. J. A. McGarry, M.R.C.O.G.176	Hypermobility Joints. P. H. Beighton, M.R.C.P. ED., and F. T. Horan, F.R.C.S.179
Vocational Training for General Practice. B. Taylor, M.B.174	Ventilation Equipment. M. P. Kelly, F.F.A.R.C.S.176	Injury from Liquid Propane. H. J. Fenn, M.R.C.S.179
"Normal" Temperature. W. F. M. Wallace, M.D.174	Measuring Blood-flow in Dialysis. R. M. Jameson, F.R.C.S.176	Volvulus of the Sigmoid Colon in Africa. S. P. Bohrer, M.D.179
Price of Blood. A. J. Zuckerman, M.D.174	Oral Lichen Planus and Betamethasone. R. A. Cawson, M.B., F.D.S.176	Panhypopituitarism after Cured Tuberculous Meningitis. J. A. M. Frederiks, M.D.179
Railwaymen and Drug Side-effects. J. S. Grant, F.R.C.S. ED.175	Restrictions on Doctor in South Africa. L. H. Diamond, M.B.177	Overseas Service. D. C. Ingledew, B.M.179
Factor IX Levels and Oestrogens. Aileen M. Dickens, F.R.C.O.G.175	Missing Loop. J. Breeze, M.R.C.O.G.; W. G. Mills, F.R.C.O.G.177	Medical Charities Appeal. H. Dodd, F.R.C.S.180
Slimming and Sleep. J. T. Silverstone, M.R.C.P.175	High-dosage Fluphenazine. P. W. Richmond, M.R.C.P., D.P.M.178	Group Practice Payments. R. L. Luffingham, D.I.H.180
Brand Names. T. H. S. Burns, F.F.A.R.C.S.175	Basilar Syndrome. J. H. Cyriax, M.D.178	Health Centres. Margaret O. Thorpe, M.D.180
	Screening Tests for Phenylketonuria. S. F. Cahalane, M.B.178	Prescription Charges. J. Cantlie, M.B.180
		Doctors on the Box. W. Rhys-Jones, D.P.H.180

Ethics and Abortion

SIR,—I think it most unfortunate that your leading article, *Ethics and Abortion* (6 April, p. 3), should use such an extravagant and emotionally charged phrase as "sinister echo of something that ended 20 years ago at Nuremberg" in relation to the recent Abortion Act.

What the Act does is to make clear beyond doubt that termination of pregnancy is legal and that the decision to terminate or not should be left, as far as possible, to the clinical judgement of the doctors concerned, and that in reaching their decision doctors may take into account the effect of the patient's total environment on her health. This is a recognition that a wide variety of environmental factors can have a serious effect on the health of the mother and of the whole family. A mother's concern and anxiety about the welfare of her children is one of the most important of these factors. A National Opinion Poll in 1967¹ showed that 65% of general practitioners favoured a new law at least as liberal as the present Act.

The persistent attempt to draw an artificial distinction between "social" and "medical" indications on the part of opponents of change is unrealistic. In my view change in ethical standards does not arise.—I am, etc.,

DUGALD BAIRD.

M.R.C. Medical Sociology
Research Unit,
Aberdeen.

REFERENCE

¹ *New Statesman*, 20 October 1967.

SIR,—As a practising psychiatrist at present who has to face the various dilemmas and new problems in this field so admirably discussed by Sir Roger Ormrod (6 April, p. 7) may I comment on your leading article? (p. 3). Surely a decision by Parliament in a democracy cannot be described as sinister "superior orders" echoing Nuremberg 20 years ago (or rather what ended there and then). The boot could be argued to be on

the other foot—namely, that doctors are prepared to dictate to the nation. I believe the real trouble in all this conflict is our profession's failure to accept psychological factors as respectable and real. Dr. Richard Hunter's personal view (p. 46) describes this state of affairs, but even some of Sir Roger Ormrod's supposed "non-therapeutic" situations would seem to many psychiatrists to have at least overtones in mental health.—I am, etc.,

Dartford, Kent.

J. P. CRAWFORD.

** It was a plea of "superior orders" in justification of a profession changing an ethical rule which we said would be the "sinister echo" not the superior orders themselves (in this case the provisions of the Abortion Act).—Ed., *B.M.J.*

SIR,—The word ethics is apparently capable of a number of different interpretations. Your leader writer (6 April, p. 3) uses the arresting phrase, "Medical ethics are the collective conscience of the profession." A generalization of this order makes it obligatory for the profession (*B.M.A.*?) to state its moral standpoint. To which school of moral philosophy does it adhere? Utilitarianism? Hedonism? Empiricism? It cannot invoke some absolute authority behind its ethical rules, some theistic concept, for this would be arrogant usurpation of a religious function, and religion will have to be acknowledged to have precedence in rule-giving when it comes to matters of absolute authority.

The sinister echo of "superior orders" from Nuremberg over 20 years ago is admittedly far more chilling than the present echo from Tavistock House, but it is essentially the same echo. It will be interesting to learn, when the Representative Body takes its decisions, whether this "official" medical ethics will concede the right, sometimes even the duty, of the convinced dissenter to adopt the

stand of conscientious objector. Or will the moral empire be essentially totalitarian in nature?—I am, etc.,

R. S. FERGUSON.

Department of Sociology,
University of Salford,
Lancs.

Implementing the Abortion Act

SIR,—The Medical Defence Union (23 March, p. 759) is making the same mistake that the sponsors of the Abortion Act, 1967, have made in imagining that the ideal in theory will work the same way in practice. It is stated that practitioners interpreting the Act in good faith are unlikely to become involved in medico-legal complications. Later, however, it is stated the practitioner might have an action brought against him by a mother whose health had been injured by the continuance of pregnancy. Could this mean that if an inadequate mother has a nervous breakdown, be it immediately after or even months after, an unwanted child is born, the doctor might be faced with litigation?

The weakness of this Act is its vagueness. It is its sponsors who suffer from the misconception that it is not abortion on social grounds. The greatest number of controversial cases will come under the heading of Section 1 (1) (a) (4 November 1967, p. 303), in which abortion may be carried out if "the continuance of pregnancy would involve risk . . . of injury to the physical or mental health of the pregnant woman . . . greater than if the pregnancy were terminated." Surely the word "grave" should have been inserted before "risk of injury." Every case of pregnancy carried to its natural conclusion surely carries more risk and strain on the mother than if it is terminated early on. This vague condition, omitting as it does the word "grave," opens the floodgates to abortion by demand. To help the unfortunate woman with more children than she can cope with, the genuine case of physical illness, or psychiatric illness, the raped, the case of