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SATURDAY 16 FEBRUARY 1980

LEADING ARTICLES

Massive bleeding from large bowel.....	425	Bronchiolitis in infancy	
Career prospects in geriatrics.....	426	and childhood.....	428
Detection of testicular tumours.....	426	Drug-induced pancytopenia.....	429
Polls and kidney transplantation.....	427	Volkman's ischaemic contracture.....	430

PAPERS AND ORIGINALS

Outcome in colorectal carcinoma: seven-year study of a population	DAVID N CLARKE, PETER F JONES, C DOUGLAS NEEDHAM	431
Synergistic effects of a combined salbutamol-nitroprusside regimen in acute myocardial infarction and severe left ventricular failure	MICHAEL B FOWLER, ADAM D TIMMIS, DOUGLAS A CHAMBERLAIN.....	435
Emission and transmission brain tomography	P J ELL, J M DEACON, D DUCASSOU, A BRENDEL.....	438
Computed tomography for determining liver iron content in primary haemochromatosis	R W G CHAPMAN, G WILLIAMS, G BYDDER, R DICK, SHEILA SHERLOCK, L KREEL.....	440
Sulphasalazine in rheumatoid arthritis	B MCCONKEY, R S AMOS, S DURHAM, P J G FORSTER, S HUBBALL, L WALSH.....	442
Prolongation of canine pancreas allograft survival with cyclosporin A: preliminary report	PAUL MCMASTER, A PROCYSHYN, R Y CALNE, R VALDES, K ROLLES, DAVID J SMITH.....	444
High-dose oral amoxycillin for preventing endocarditis	D C SHANSON, R F U ASHFORD, J SINGH.....	446
Abuse of the mushroom <i>Panaeolus foenisecii</i>	PHILIP COOLES.....	446
Does increased movement protect smokers from postoperative deep vein thrombosis?	T E BUCKNALL, T BOWKER, D J LEAPER.....	447
Outcome of pregnancy after spontaneous abortion	T J DAVID, CAROLINE M SMITH.....	447
Indomethacin and perforated duodenal ulcer	M R THOMPSON.....	448
Postpartum haemolytic-uraemic syndrome successfully treated with antithrombin III	PER BRANDT, JØRGEN JESPERSEN, GUNNAR GREGERSEN.....	449
Blood concentrations of dihydroxylated vitamin D metabolites after an oral dose	REBECCA S MASON, DIANNE LISSNER, SOLOMON POSEN, ANTHONY W NORMAN.....	449

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MEDICAL PRACTICE

Treatment of spinal osteoporosis in postmenopausal women	B E C NORDIN, A HORSMAN, R G CRILLY, D H MARSHALL, M SIMPSON.....	451
Motor neurone disease: a demeaning illness	ROGER CARUS.....	455
The First Year of Life: Feeding and feeding problems	H B VALMAN.....	457
Letter from Dunedin: On the front page	A G HOCKEN.....	461
Procedures in Practice: Setting up a drip	BARBARA BANNISTER, C W H HAVARD.....	463
My Student Elective: An Australian in Southampton	GRAHAM A COLDITZ.....	466
Destruction that wasteth at noonday	PHILIP MARKMAN.....	468
Any Questions?		454, 462, 467, 475
Materia Non Medica—Contributions from WILLIAM THOMSON, A R E BLACKLOCK, PHILIP RADFORD		469
Medicine and Books.....		470
Medicine and the Media.....		475
Personal View	G S LESTER.....	476

CORRESPONDENCE—List of Contents.....	477
--------------------------------------	-----

OBITUARY.....	487
---------------	-----

NEWS AND NOTES

Views.....	490
Parliament—Abortion (Amendment) Bill.....	491
Medical News.....	491
BMA Notices.....	492
Instructions to authors.....	492

SUPPLEMENT

The Week.....	493
From the CCHMS: manpower; complaints; BMA and the HCSA.....	494
Scottish Council.....	496
Labour fears on voluntary fund raising	W RUSSELL... 498
Occupational Health Committee.....	499
Health Services Board.....	499
A lifeboat for inner cities	G E CRAWFORD... 500
Importance of DHSS SH3 returns for radiotherapy work-load statistics	R F MOULD... 501
Financial outlook: Secretary of State's letter to BMA..	502

CORRESPONDENCE

Abortion (Amendment) Bill

H C McLaren, FRCOG; J O'Melia, MRCPsych; A Pattison, FRCS; D A Roche, MB; R McGlone; M B H Wilson, MB; R E J Ryder, MB; Anne M Bancewicz, MB; Elizabeth M Elliott, MB; D B Paintin, FRCOG; J C Miller, FRCOG; J Ashton, MRCPsych 477

Legal abortion in England and Wales 1968-78

M J McCarthy, MFCM 479

Improvements in obstetric anaesthetic services

B M Hibbard, FRCOG, and others 480

Treatment of infertility with levodopa

F Lechin, MD, and Bertha van der Dijks, MD 480

Debendox and the media

R Harris, FRCP, and Dian Donnai, MRCP; R P Balfour, MRCP 480

What the fetus feels

A R Dewsbury, MRCP 481

Dislocated and dislocatable hip in the newborn

D M Dunn, FRCS, and S M O'Riordan, FRCS 481

Infant feeding in Chinese populations

Fiona House, SRD, and K M Goel, FRCP 481

Postoperative pain

F H Creed, MRCPsych 481

Guidelines to aid ethical committees considering research in children

J J Corkery, FRCS 481

Depot medroxyprogesterone and vaginal bleeding in the puerperium

M Thiery, PhD, and others 481

Cutaneous manifestations of hydralazine toxicity

A P Brooks, MD, and J W Paulley, FRCP; R G Petty, MB, and D R K Medley, FRCP 482

Phenobarbitone and epilepsy

A Richens, MRCP, and J R Oxley, MRCP 482

Epileptic drugs and the police

O M Jones 483

Diabetic impotence

J H J Bancroft, FRCPsych, and F C-W Wu, MRCP 483

Intermittent venous sampling during exercise

R J Ratcliffe, BSc, and P L T Willan, FRCSGLAS 483

Eating and ulcers

J Yudkin, FRCP; F I Tovey, FRCS, and others 483

Compliance or unnecessary prescribing?

S D Shorvon, MRCP, and others 484

Legal aspects of child injury or neglect

J A Black, FRCP, and F Hughes 484

Prolonged intravenous use of chlormethiazole (Heminevrin)

L C K Low, MRCP, and others 484

Whooping-cough immunisation

G H Curtis Jenkins, MB 484

Training for hospital practitioners

D I Williams, FRCS 484

Identifying tablets

A M Kaiser, MB 485

A new look at examination marking

M C Thuriaux, MD 485

Cutting down unnecessary x-ray examinations

F W Wright, FRCP, and M Goldman, DMRD 485

Medically qualified preclinical academics

D R Bowsher, MD 485

MDs or PhDs in medical research?

A J Caro, MB 485

Revised consultant contract

J G Duncan, FRCSed 485

Where have all the nurses gone?

P J B Hubner, MRCP 486

Payment for first-aid in hospital?

J Gregory, MD 486

Career structure and family life

Hilary G Pickles, MRCP 486

A breach of professional etiquette

M R Martin, MRCP 486

Ethical guidelines and general principles

J H Scotson, MB 486

Participating in execution and medical ethics

Felicity I S de Zulueta, MRCPsych 486

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Abortion (Amendment) Bill

SIR,—My colleague Mr D B Paintin (26 January, p 248) is a man of high professional standing motivated by compassion for a woman who finds herself pregnant yet unable to face the delivery of her child. The key question as I see it after rereading the 1967 Abortion Act is "Is this rejection really putting the patient's health at risk?" There is nothing in the 1967 Act to support Mr Paintin's indications for abortion—namely, "lack of physical and emotional resources to be adequate parents"—nor is there a word in the Act to suggest legalising abortion for "an unplanned pregnancy."

Surely my colleague should be frank and say: "I abort on request." If I am right then the amended Abortion Act of Mr Corrie would make his practice clearly illegal, requiring him and his colleagues who sign the green form to consider the patient's health not only her request to have her potential child destroyed in theatre.

Mr Paintin concludes with the belief that the 1967 Act has not been abused. If that were so Parliament would not have voted two to one in favour of Mr Corrie's amendment going on to further consideration on 8 February. The chief abuse in my view is the use of the 1967 Act as a charter for socio-economic abortion on request. I also suspect "counselling" which arranges abortion in

93% of cases (Mr Paintin's figure), or 94-97% in the charities such as the British Pregnancy Advisory Service.

After a total of well over a million registered abortions, Parliament is surely saying in a clear voice, "This was not the intention of the 1967 Abortion Act."

HUGH CAMERON McLAREN
President (British Section),
Federation of Doctors Who
Respect Human Life

Birmingham B15 2UP

SIR,—Mr D B Paintin (26 January, p 248) clearly believes in abortion on demand. He writes: "Some women would not obtain the legal abortions they considered essential"; and later on: "The proper management of a woman who has an unplanned pregnancy calls for . . . safe abortion. . . ." This utilitarian approach, which is gaining currency in the medical profession in general and in the BMA in particular, refuses to accept that the killing of the unborn child is a moral issue. It is merely what is expedient in each individual case, when everything is taken into consideration.

Those of us who regard this attitude to a new life as morally repugnant and a betrayal of the noble traditions of our profession welcome the spirit of Mr John Corrie's

Abortion (Amendment) Bill, which is to make legal abortion more difficult. If the Bill becomes law, it would restore the position to pre-1967 with one important difference: termination of pregnancy on the grounds of serious risk to the life or health of the mother would be sanctioned in statute law and thus taken out of the legally grey area which had existed since the Offences against the Person Act 1861.

On the question of back-street abortions, with the greatest respect to my colleagues, I do not think that we as doctors have any particular qualifications to speak on this as a social phenomenon. It is always a tragedy when a woman is driven to this resort, and perhaps it is a castigation of our society that the unfortunate person has not been provided with the means of finding a way out of her predicament without having to resort to killing.

JOHN O'MELIA

Derby

SIR,—I refer to your leading article (2 February, p 269) "Abortion: a matter of clinical judgment." Surely that statement and the whole tenor of the article totally misses the basic point at issue in the current debate. Except for a tiny minority of instances where clinical judgment is needed to determine whether