to be responsible for their correct use and aware of their side effects. In psychiatric practice there is a risk that mental confusion, excitement, incoherence, paranoid delusions and hallucinosis of pharmacological origin may be entirely missed in a population where such symptoms are commonplace and inherent in the primary diagnosis.

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Therapeutic abortion

To the Editor:

I believe that Dr. Coffey (*Canad Med Ass J* 103: 1194, 1970) has put his finger on the real issue in the problem of abortions. I used to think that the heart of the matter was whether a fetus is to be considered as a human being or not. But this is not really the case. Even though I may think the fetus is a human being, this still leaves the question of whether the fetus merits any protection. Is the fetus entitled to the same protection as the adult human being?

The acceptance that the fetus does merit this protection arises from our idea of parenthood; for Canadians parenthood still engenders a feeling of protection towards its offspring. When we speak of mother we usually think of those positive attitudes based on love and not of rejection and hatred. The question whether a fetus is a human being or not raises the further question of what and who is actually a human being. I would challenge any reader to define a human being in any other way than in such relational terms as mother, son, wife or neighbour; only as we relate to people in these terms do we come to know who we are. Psychological or biological definitions are singularly inapt for this purpose. If we say that man is the one with a superior intellect, then what of the mentally retarded? If we say that he is the one with four limbs and is able to talk, what of the thalidomide babies and the deaf and mute? The inaptitude of science to define a human being is brought out strikingly by the difficulties encountered in demonstrating when a human being ceases to be one—an important exercise in determining the status of donors for transplants.

Thus, what makes a human being is not his qualities but what I think of him and what I believe about him and life. This will be expressed by such relationships as parenthood, marriage and neighbour. These can be expressed negatively or positively, depending on the kind of philosophy of life we have, for example, whether we think of life as a "must", a burden or a curse; or a "may", a gift or a treasure. In the thinking and attitude of the person disposed to life in a negative way, the unborn will have no place except as an object of pity in whose best interest it is that he never see the light of day. It is strange (and yet not so strange) that if we wish to demean life we resort to science in our definitions of life (note Hitler with his obsession with the qualitative measurements of the Teutonic type, or the mother who refers to the unwanted pregnancy as a collection of cells). When we wish to relate positively to life or somebody, we use relational terms like brother and child. To use science in a negative way is illegitimate; those who relate to life in a negative way express their particular philosophy of life.

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L'avortement thérapeutique

A l'Editeur:

Concernant le problème de l'avortement dont plusieurs articles sont parus depuis quelque temps dans le Journal, personnellement je défends le droit à la vie d'un être humain, même s'il n'est âgé que de quelques jours, est innocent et ne peut se défendre lui-même.

Afin d'aider mes confrères dans leur réflexion quant à ce problème délicat de l'avortement, je vous serais reconnaissant de bien, vouloir publier dans le Journal de la CMA la citation ci-jointe.[1]

"Risque de malformation certes (mais à partir de quel degré la malformation n'est-elle plus jugée compatible avec le droit de survie et qui en décidera?), risque de tare mentale, certes aussi (mais là encore à partir de quel degré d'évolution intellectuelle la vie vaut-elle la peine d'être vécue et qui pourra en juger?), mais très vite aussi, puisque le fondement des deux indications précédentes est le désir d'éviter le 'malheur' à l'individu et la 'charge' à la Famille et à la Société, risque de vie 'malheureuse', indépendamment de toute tare physique ou mentale, en raison seulement de circonstances familiales ou sociales défavorables, et risque de 'charge' excessive pour la Famille ou la Société . . .

"Admettre l'avortement pour risque de tare physique ou mentale, c'est admettre l'intervention médicale pour éviter la vie lorsque celle-ci risque d'être inconfortable pour l'individu en cause ou gênante pour ceux qui y ont déjà accédé. C'est subordonner le 'droit à la vie' à l'appréciation, si subjective, de son agrément, et à l'absence d'agrément pour ceux qui ont eu la chance de naître plus tôt.

"C'est en définitive considérer que la vie n'est pas un 'droit' en soi de tout être humain 'vivant', mais une 'tolérance' octroyée par les individus les plus forts, les adultes, et plus précisément en l'occurence les médecins, aux êtres les plus faibles, les foetus, à condition toutefois que ceux-ci satisfassent à certaines exigences précises, médicales ou non (éventuellement définies par décret, en fonction de circonstances politiques ou sociales). Nul doute qu'il y ait là un moyen élégant de régler sans génocide apparent certains conflits raciaux.

"C'est à ce problème dans sa totalité qu'il nous faut réfléchir. Droit à la vie heureuse? ou Droit à la vie, tout court? ou Droit à la mort?"

Je vous prie de croire, Cher Confrère, à l'expression de mes sentiments distingués.

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Référence

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Too many children or too many pediatricians?

To the Editor:

Dr. Banister's response (*Canad Med Ass J* 103: 1312, 1970) to the points which I raised about his article "Too many children or too many pediatricians?" is reassuring and I do believe that his focussing on this issue is timely. Our difference in estimates probably relates to the extent of envisaged ancillary involvement, but I would think that a half-hour initial interview and examination by the pediatrician would be the minimum under any circumstances. I am sure we would both agree with Lord Kelvin that "until you have measured it, you haven't begun to understand a problem" and the lack of objective data to guide the frequency of contacts with the infant and preschool child is a great hindrance to rational planning.

One thing that might be stressed is that we should not allow the recent debunking of annual physical examinations and screening programs[1] to influence unduly our assessment of their value in childhood, since the criticisms raised relate to a different age group and a very different set of conditions. The health and development of the child and particularly of the preschool child is quite a different situation.[2] Of course proper criteria must be developed and applied by trained people, and that is the crux of the problem.

Finally, as the result of a printing error, I found that I appeared concerned that Canada's variety of "pediatricians" might preclude uniformity of approach; my concern was about Canada's variety of "conditions".

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