

Middle Articles

CONTEMPORARY THEMES

The Abortion Act*

T. L. T. LEWIS,† F.R.C.S., F.R.C.O.G.

Brit. med. J., 1969, 1, 241-242

The part played by the Royal College of Obstetricians and Gynaecologists in the framing of the Abortion Act is familiar. The College aimed to make it legal to terminate a pregnancy *only* on medical grounds—that is, because of risk to the physical or mental health of the mother, or because of substantial risk that the child would be born deformed. We thought that it was a part of good medicine to take into account the patient's total environment when assessing the risk to her health of the pregnancy continuing. Moreover, we wished to preserve the right of a doctor to refuse to participate in the treatment of any case to which he had an objection on grounds of conscience—hence the famous "conscience clause."

We did not approve of the clause permitting termination of pregnancy for the sake of the existing children of her family, but all in all we did not expect a very great change in practice from that obtaining before the Act. We thought there would be a slightly more liberal attitude to the problem, for that, after all, was the purpose of the new law. How wrong we were. I am afraid that we did not allow for the attitude of, firstly, the general public, and, secondly, the general practitioners.

What Has Happened

To show you what has happened I have prepared a few figures. Table I shows the figures for England and Wales from the introduction of the Act on 27 April 1968 until 31 December. These, and the following figures relating to notified abortions in England and Wales, will shortly be published by the Registrar General in his Quarterly Return, and I have obtained them through the kind help of the Chief Medical Officer, the Department of Health and Social Security. You will see that 22,256 therapeutic abortions were performed in eight months, which we can assume will be at least 35,000 in the year, probably more. For comparison I have included the figures of the Hospital Inpatient Inquiry by the Ministry of Health and Registrar General's Office for therapeutic abortions in National Health Hospitals in 1958 and 1962. In 1968 since the Act the

TABLE I.—Abortions Notified in England and Wales, 1968

	1968	1958	1962
Second quarter	4,412		
Third quarter	7,939		
Fourth quarter	9,905		
Total for eight months	22,256		
Total for one year	35,000 (estimated)	1,600	2,800

* Based on an address given to a combined meeting of the Royal College of Obstetricians and Gynaecologists and the Churches Council on Healing held at the Royal College of Obstetricians and Gynaecologists in London on 15 January 1969.

† Consultant Obstetrician and Gynaecologist, Guy's Hospital and Chelsea Hospital for Women, London.

number of abortions has increased each quarter, from (in round figures) 4,400 to 8,000 to 10,000.

The Chief Medical Officer has provided more detailed figures for the second and third quarters of 1968. There are certain features worth noticing. Table II shows the proportions of single and married women. If you add the widowed, divorced, and separated to the single women you will see that they comprise 55% compared with 45% who were married. Since far more married than single women become pregnant it is difficult to understand how medical indications can be so much more frequent in the women without husbands.

TABLE II.—Abortions Notified in England and Wales, Second and Third Quarters, 1968, According to Marital State

Not Stated	Single	Widowed, Divorced, and Separated	Married	Total
29	5,773 (47%)	970 (8%)	5,579 (45%)	12,351

When the abortions are considered according to age (Table III), as expected, the majority (80%) fall into the child-bearing age 20-44; but 14% are aged 16-19 and 2% are under 16. Table IV shows the figures for a London postgraduate teaching

TABLE III.—Abortions Notified in England and Wales, Second and Third Quarters, 1968, According to Age

Years	Number	%
Under 16	266	2
16-19	1,737	14
20-34	7,679	62
35-44	2,240	18 } 80
45 and over	90	1
Not stated	339	3
Total ..	12,351	100

TABLE IV.—Total Number of Therapeutic Abortions at Two London Teaching Hospitals

	1963 (One Year)	1968		Increase
		7 Months	12 Months, Estimated	
Chelsea Hospital for Women	30	148	254	8½ times
Guy's Hospital	10	81	138	14 times

TABLE V.—Abdominal Hysterotomies

	1963	1968		Increase
		7 Months	12 Months, Estimated	
Chelsea Hospital for Women	18	36*	62	3 times
Guy's Hospital	3	29	49	16 times

* 19 (53%) with sterilization.

hospital, the Chelsea Hospital for Women, and a London undergraduate teaching hospital, Guy's. I have compared the figures of 1968 with those of 1963. Here we see the total number of terminations, with a noticeable increase in the number being done in 1968. Tables V and VI give the figures for abdominal hysterotomy and vaginal termination, respectively, while study of the age distribution of cases at Chelsea Hospital for Women (Table VII) shows again that the majority fall into the normal child-bearing age group.

TABLE VI.—*Vaginal Terminations*

	1963	1968		Increase
		7 Months	12 Months, Estimated	
Chelsea Hospital for Women	12	112*	192	16 times
Guy's Hospital	7	52	89	13 times

* 84 (75%) by suction.

TABLE VII.—*Chelsea Hospital for Women. Therapeutic Abortions*

Ages	1963	1968
15	0	4
16	0	2
17	2	3
18	0	7
19	1	11
20-24	4	44
25-29	6	32
30-34	6	21
35-39	5	19
40-44	6	5
45 and over	0	0

National Figures

From talking to colleagues up and down the country I gain the impression that the experience of the London hospitals is typical of that throughout England and Wales, with the exception of one or two isolated examples. Furthermore, this is borne out by the national figures (Table VIII).

So much for the bare facts; behind them lies a tremendous amount of clinical and social inquiry, heart searching, and mental anguish. The whole character of the gynaecologist's outpatient work has altered because he has to deal with two, three, or four requests for termination at almost every session; and often it takes longer to turn down than to accept a case.

TABLE VIII.—*Abortions Notified in England and Wales, 1968, Second and Third Quarters, According to Hospital Region and Place of Termination*

Hospital Region	N.H.S. Hospital	Approved Place	Other Place	Total
London teaching hospitals	934	0	0	934
North-West Metropolitan	768	4,378	1	5,147
North-East Metropolitan	506	1	0	507
South-East Metropolitan	568	126	1	695
South-West Metropolitan	425	9	0	434
Newcastle	705	5	0	710
Leeds	317	13	0	330
Sheffield	366	12	0	378
East Anglia	392	53	7	452
Wessex	231	0	9	240
Oxford	314	3	7	324
South-Western	310	34	0	344
Welsh	469	0	0	469
Birmingham	516	23	2	541
Manchester	642	10	0	652
Liverpool	194	0	0	194
Total	7,657	4,667	27	12,351

I cannot tell you how many requests for termination are being turned down, but my colleague, Mr. Frank Denny, tells me that at St. Mary Abbots Hospital they saw 170 women requesting termination in the six months April to September, operated on 50, and refused operation on 120. Gynaecologists are discovering that conscience can work both ways. You may feel in one case that it would be wrong to operate; but equally you may feel in another that simply for humane reasons it would be wrong *not* to operate.

Rightly or wrongly gynaecologists are doing many more termination operations than previously. And I have made no mention of the large numbers of pregnancies that are being terminated in registered nursing-homes (Table VIII) for reasons of convenience and financial gain, masquerading as legal operations under the new Act. I think that the high rate of operating, in National Health hospitals and elsewhere, will continue unless there is a remarkable change of heart by the permissive society, perhaps as the result of social education on a large scale conducted in part by the clergy and the medical profession, or contraceptive measures are universally accepted and applied. It is unrealistic to expect a small section of the community—namely, those trained to do gynaecology—to adopt within the framework of the law a moral attitude that is completely at variance with that of society as a whole.

MEDICAL HISTORY

Sir John Floyer, M.D. (1649—1734)*

D. D. GIBBS,† D.M., M.R.C.P.

Brit. med. J., 1969, 1, 242-245

Sir John Floyer has been described as "fantastic, whimsical, pretentious, research-minded, and nebulous" (Lindsay, 1951). It is true that he would now be regarded as eccentric. But he lived in an age of change and turbulence, in which some display of eccentricity was normal among those with intellectual interests. Floyer lived at the height of the so-called "scientific revolution," which overturned the authority in science not only

of the Middle Ages but of the ancient world. He stood at the very crossroads between mediaeval traditionalism in medicine, founded on the teachings of Galen, which had served for over a millennium, and the application of the new experimental approach to science.

Floyer was not a mere observer; he was also an active participant in the new learning. Though he had great respect for traditional authority and was still a practitioner of Galenic medicine, he became a pioneer in several fields of medical endeavour. His contributions have seldom been accorded due recognition by medical historians.

* Communication to the Autumn Meeting of the West Midlands Physicians' Association held at Good Hope General Hospital, Sutton Coldfield, on 2 November 1968.

† Consultant Physician, Good Hope General Hospital, Sutton Coldfield, Warwickshire.