

# Correspondence

*Letters to the Editor should not exceed 500 words.*

## Termination of Pregnancy Bill

SIR,—The *B.M.J.* of 17 December shed a welcome ray of hope over what has otherwise seemed a dismal Christmas scene. I refer to the contributions from the Medical Women's Federation (p. 1512) and Mr. D. Pells Cocks (p. 1531) on abortion law reform.

The excellent memorandum of the Medical Women's Federation puts the problem in proper and humane perspective and provides an ideal rallying point for medical opinion. The Medical Women's Federation come to the conclusion that clause I (1) b, c, and d should be removed from Mr. Steel's Bill,<sup>1</sup> while Mr. Pells Cocks suggests we should press for the rejection of clause I (1) c and d. I believe the Medical Women's Federation view is the right one, and that clause I (1) b should be redrafted as a rider to clause I (1) a, including maternal mental strain when there is a high risk of a malformed foetus as grounds for legal termination. This would not involve any change in the pattern of the Bill but would remove two major objections of principle related to the assumption that the termination is for the sake of the foetus. Firstly, as clause I (1) b stands, terminating a pregnancy because "there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped," the primitive approach of Herod is involved—for every one malformed foetus ablated about five or six entirely normal babies will be destroyed. This objection is removed if termination is done to relieve the mother of the mental strain of going through a pregnancy with the dread of a malformed child being born. The actual state of the foetus, as in terminations for other maternal indications, then becomes a matter of irrelevance. Secondly, the implication that the termination is for the sake of the foetus in effect means euthanasia. This

matter has not received public debate; it seems entirely wrong to slip euthanasia into medical practice under the cloak of an entirely different principle.

It would be a sad reflection upon our medical generation if it went down in history that our recent preoccupation with salaries and terms of service allowed the passage of a Bill which opened the door to abortion on non-medical indications. How many realize that clause I (1) c says that abortion may be performed legally if the "woman's capacity as a mother will be severely overstrained"? In medical terms this means precisely nothing, but the pressures upon doctors to perform or authorize abortions under this clause will be hard to resist, and the way to "abortion on demand" will be wide open.

The abortion law reformers have caught us unarmed and unprepared—there were no "Save the Foetus" stickers for the Christmas mail. For the price of a postage stamp, however, and the effort of a letter to our Member of Parliament, we may yet at this eleventh hour make a gesture for the defence of the foetus and prevent the introduction of Herodism and abortions of convenience into British medicine. The prospect will be better if at the same time we bring the principles involved before our lay contacts.

In view of the campaign of the abortion law reformers suggesting that all opposition to their plans is inspired by the Catholic Church, those of us who do not belong to it will be well advised to say so.—I am, etc.,

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and Gynaecology,  
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J. T. SCOTT.

### REFERENCE

<sup>1</sup> *Medical Termination of Pregnancy, Bill 29, H.M.S.O., London, 1966.*

## Population Explosion

SIR,—Professor Hamid Ali Khan's provocative address (17 December, p. 1475) raises the question whether voluntary family planning is adequate in face of the appalling situation he depicts. Will not State interference sooner or later be necessary to curb the procreative instincts of irresponsible parents? Discontinuance of family allowances is an obvious first step, but prohibitive fines might well be considered. Men and women have had to accept restrictions on their individual freedom for the public good in other respects. Why not in this?

How right is his statement that "medicine and medical research today are hypnotized by just one goal, the preservation and prolongation of human life." What we need today is a new conception of the purpose of

life. Not quantity but quality of life should be the aim of medical endeavour. The alternative to such a radical reorientation is to drift on as at present towards a "selection" of a most terrible kind, by atomic warfare made inevitable by the moral degeneration which must surely result from overcrowding and hunger.

Medical science must be regarded as the most potent single cause of the population explosion. It is up to doctors, above all others, to create that climate of public opinion in which alone the ruthless application of intelligence to the control of man himself can become possible. This is surely the supreme challenge of our time.—I am, etc.,

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Yorks.

S. L. HENDERSON SMITH.

## Shortage of Radiologists

SIR,—Your leading article "Shortage of Radiologists" (8 October, p. 843) underlined the seriousness of the situation in the United States, and the far greater seriousness here.

The chief shortcoming in this country is the almost complete absence of academic appointments. There are no professors or readers of diagnostic radiology in London undergraduate teaching hospitals. The most we can muster in England and Wales is a part-time professor in Leeds, who after nearly 20 years has recently acquired one whole-time lecturer. This year the University of Bristol has created and filled a chair in diagnostic radiology, and a lecturer will join the professor in the next quinquennium. The University of Wales has also recently created and filled a chair of diagnostic radiology, and I understand one lecturer is due to be appointed next year. By contrast there are eight professors of diagnostic radiology in Sweden (population about 7 million) and 176 professors in the United States.<sup>1</sup> Thus both Sweden and the U.S. have about one professor of radiology per 1 million people.

One hopes very much that the Royal Commission now sitting will look at these figures.—I am, etc.,

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JAMES BULL.

### REFERENCE

<sup>1</sup> *J. Amer. med. Ass., 1966, 198, 920.*

SIR,—Radiology is essentially a practical specialty, and it seems unlikely that the creation of any more academic chairs will increase the number of radiologists. The shortage has been with us some time. Indeed, we were discussing it ten years ago, but authority has done very little in the meantime to increase the flow. I made the point at that time, and I am glad to make it again, that there are two main causes in preventing an adequate recruitment for radiology.

The first is the attitude of clinical teachers in medical schools. They believe that they can read their own films, and lead their students to believe that they are in the same happy position. The radiologist's report is often not read and sometimes unjustly derided. This does not encourage students to regard the specialty of radiology as being worth while.

The second is the unreasonably high academic qualification now demanded in medical schools. In an endeavour to "upgrade" the specialty it is expected that consultants should have a Diploma in Radiology, the Fellowship of the Faculty of Radiologists, and the Membership or Fellowship of one of the Colleges. This is not only unrealistic but, being more than is demanded of any other specialty, has undoubtedly deterred a number of possible candidates.

Incidentally, this educational demand may well have led to a diminution in radiological ability, as so much time has to be spent reading for all these examinations that the potential radiologist qualifies without having done anything like enough practical radiology.