

What's wrong with Abortion?

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Australian Catholic Truth Society No.1623 (1972)

INTRODUCTION

The danger is obvious, the need for defensive action urgent. A wave of legalised abortion is sweeping round the world and is breaking on our own shores. If it floods across the country one thing is certain: it will mean death for thousands of unborn children.

The abortion hysteria is an extraordinary modern sociological phenomenon. Ten years ago the word was never heard in polite company, now it is on everybody's lips. Schoolboys discuss it, the Women's Liberation movement ask in their manifesto for "abortion on demand", doctors and nurses in their thousands abandon their traditional Hippocratic ethical principles and set up abortion clinics, and governments one after another enact liberalised abortion laws.

Melancholy History

There has been abortion since the beginning of recorded history, although the remedies listed have been more disgusting than effective - pessaries, potions, magic or self-inflicted injury. It is a long sad story of desperate women and inconvenient or dangerous pregnancies. The medical, surgical and anaesthetic advances of the past fifty years have brought safer abortions to the millions, and presented society with life-and-death decisions it has never had to make before in times of peace.

When the Revolution succeeded in Russia in 1917 one of the first manifestations of logical atheism, besides divorce, abolition of private property and persecution of religion, was approval of abortion. Since that time the Communist government, faced with the devastating effect on its population age structure, has twice gone through the cycle of restricting, liberalising and restricting abortion. After the Second World War all the Eastern European countries in the Communist bloc were given free abortion with the result that their birth rates have dropped to below replacement levels. Their Christian traditions have counted for nothing in the face of militant atheism. Bulgaria and Rumania are the only two countries in the Western world that have attempted to reverse their free abortion laws.

For a generation Scandinavian countries have had liberal abortion legislation, a necessary corollary to their liberal approach to sexuality which is further manifested in their sex fairs and pornography. The English-speaking world can spare them their sneers because the Swedes and Danes have now been left behind in the Gadarene scramble after abnormal sex and abortion.

In Britain

Britain passed Mr. David Steel's Abortion Act in 1967, and since it began to operate in April, 1968, the numbers of legal abortions have soared from a figure of about 3,500 during 1965 to almost 100,000 during 1971, and London has become known as the Abortion Capital of the World. Women are even being flown from Sweden, Germany, Holland and France for one day abortions in London. As one clinic operator boasted, "Their feet do not touch the ground" between arrival and departure

from London Airport. For some strange reason Northern Ireland is not included in the British abortion utopia. Women there must just make the best of things.

The passing of the British law was the signal for similar laws to be enacted in Canada, the United States and finally South Australia. Considerable political pressure is being worked up for other Australian states and New Zealand to follow this retrograde lead.

And in U.S.A.

Colorado was the first State to permit free abortions, and at the time of writing seventeen States have joined the permissive nations. California, Hawaii and finally New York have the most liberal legislation, without restriction on the maturity of the pregnancy or on residency in the State. One hopeful sign that people might be becoming sickened by this senseless slaughter is that during 1971 no new State has passed similar abortion laws. New York State completed its first year under the new legislation in June, 1971, at which time 165,000 abortions had been notified. But a subsequent survey of clinics and hospitals indicated that only about one third of the abortions were being officially notified. The actual total may therefore be nearer to half a million. The mind cannot comprehend the enormity of the crime. We thought 100,000 abortions from Britain's 55 million people was bad enough, but here we have these staggering figures from New York State which has about 22 million people. Even allowing for the traffic flowing from other parts of the country the situation justifies the description of an "abortion explosion".

Finally, South Australia

It is hard to imagine that any country would be foolish enough to follow Britain's scandalous lead, at a time when politicians there and in New York were seeking to modify or repeal their new acts, but South Australia passed abortion legislation that is almost identical in its wording with that of Britain, apart from an unrealistic residency restriction. The Act became operative in January, 1970. Parliament and its expert advisers had budgeted, if one can use such a cold-blooded term, for about 800 legal abortions a year, The actual number achieved in the first year was 1,330, and extrapolating from the latest estimate indicates that there will be about 2,200 in the second year. This is from a State that has about 23,000 births annually. It will never see that figure again if the slaughter continues, and it will continue unless society can generate within its citizens the same sense of outrage that it feels for the slaughter of kangaroos.

1. WHAT ABORTION IS

Obviously great numbers of people are in favour of abortion but it is also obvious that few of them understand what is involved. They imagine that the patient merely goes into hospital pregnant and soon comes out again not pregnant, and what could be nicer and tidier than that? Modern science solving medical and social problems with safety and efficiency. But it is not quite so simple. The essence of the problem is: what happens in the hospital? People must now face up to the horror and the reality of abortion, and make their judgment in the light of that knowledge.

Misleading euphemisms

The whole subject is obscured by euphemisms and sentimentalism. The operation is called "termination of pregnancy" but it really is extermination of the baby. Mrs. Jones says "They took the baby away", and does not ask how it was done. The doctors use the phrase "therapeutic abortion", which sounds impressively scientific, but there is no disease for which abortion is a treatment.

The child must die

The essence of induced abortion is the death of the child. It is through, and because of, the death of the unborn child that the benefits of abortion are thought to flow to the individual and society. The practical problem in abortion is devising ways and means of bringing about the death of the child, just as in capital punishment any discussion is incomplete unless it faces up to the decisions about how the criminal is to die. If a husband and wife sign the required form they must be made to realise that they are not merely giving legal permission for an operation. They are signing the death warrant of their own child.

Definitions

Abortion, distasteful word, is a synonym for miscarriage, which is a more acceptable lay term. The former has always had overtones of criminal interference, but this is not strictly accurate. Doctors often speak of threatened abortion (when there is bleeding in early pregnancy), inevitable abortion incomplete abortion, missed abortion, and so on.

The normal duration of pregnancy is 40 weeks (nine calendar months, or ten lunar months) from the last menstrual period. Twenty-eight weeks has always been regarded as the stage of "viability", that is, the maturity at which a baby in exceptional circumstances is capable of living outside the womb, but with the advances in paediatric care the line could well be drawn at 27, or even 26 weeks. Obviously one cannot put too fine a point on it, but in general terms abortion is the termination of pregnancy any time from its start up to about 26 weeks.

Miscarriages occur accidentally in about 10 per cent of all pregnancies, but these pose no moral problems. They are one of life's misfortunes which must be accepted philosophically. The experience of a miscarriage is much more upsetting psychologically than going through a whole pregnancy and delivery - yet we often hear psychiatrists trying to assure us that induced abortion causes no psychological disturbance whatever. Another example of the credibility gap.

Our problem in this discussion is that of induced abortion, that is, legal or illegal (depending on the state of the Statute Book at the time), surgical or medical, removal of the child from the womb at a maturity at which it could not possibly survive. The techniques employed are as follows.

Up to three months

In early pregnancy the common procedure is the operation of "D. and C.", that is, dilatation of the cervix (the entrance to the womb) and curettage (scraping away the contents of the womb). The surgeon inserts into the cavity of the womb a large forceps, closes the blades and drags out the baby and afterbirth. This is not as easy as it sounds. He must work by touch alone. He gives a tug and a tiny arm comes away. Then other fragments of the body. The head is always difficult; the skull is crushed, the eyeballs protrude accusingly. All the time bleeding is profuse.

This is, then, death by dismemberment. Yet we shudder at the barbarism of the Tudors who condemned enemies of the State to be hanged, drawn and quartered, and set up their heads on pikes on London Bridge.

Suction curettage

In this clever new technique a tube is inserted into the cervix and suction is applied by an electric pump. The baby is literally sucked out of its home, and, being small and friable, it is dismembered in passing down the tube. The products of the operation are collected in a glass bottle which is soon

filled with blood, with bits of baby floating about in it. If the specimen is spread on gauze, which allows the fluid to drain through, the baby looks as though he has been hit by a bomb and spattered on the wall.

The advantage of this method is that there is less bleeding than with a D. and C., "and, most important, the nursing staff, and indeed the surgeon, are spared the gruesome business of watching piecemeal removal of torn-off foetal parts." This quotation is from Prof. T. L. T. Lewis of London, a good man who came to warn our country of the disaster of legalising abortion, but, like so many doctors, he is inconsistent in that he attempts to justify abortion in certain circumstances.

This is the technique used in what the Americans call "the lunch hour abortion". At an earlier stage of pregnancy, say at six to eight weeks, it can be done quickly with little or no anaesthesia. But it is naive to imagine there is no risk.

Four to five months

Another scientific innovation is used when the pregnancy is advanced too far for the baby to be delivered through the cervix. This is intra-amniotic injection of hypertonic saline or glucose. This means that a large needle is inserted through the abdomen into the cavity of the uterus, the liquor (the fluid in which the baby lives and moves) is sucked off and an equal volume of strong salt or sugar solution is injected back to replace it. This is toxic to the baby, which makes a few convulsive movements and dies within an hour. The baby is therefore literally poisoned, as surely as Socrates was. He is pickled alive. The Americans call this "salting out". If you treated a pet rat like this the S.P.C.A. would prosecute you for cruelty.

The injection also acts on the uterus making it contract and discharge its already necrotic burden the next day. The patient must therefore go through a painful miniature labour and witness the results of her decision.

Things do not always work out as well as expected. In some cases the labour does not start, and in some the small baby is still alive when delivered. Drs. Cameron and Dayan(2) reported three maternal deaths after this procedure. They were interesting in that the patients showed degeneration in the centre of the brain, a remote effect of the hypertonic solution injected into the uterus. In Japan the method has been dropped since Dr. Wagatsuma(3) detailed 25 deaths from using it. But, because of its convenience, it is still widely and increasingly used.

Five to seven months

At this latest stage the mother must have the operation of hysterotomy, which is identical with a Caesarean section. She has a general anaesthetic, the abdomen is opened, the womb incised from top to bottom, and the baby is lifted out. It may weigh about one pound. It makes some weak movements of its arms and legs and tries to breathe but the muscles of its thorax are not strong enough to keep up inspiration and expiration. Sometimes it manages a pathetic cry like a kitten, then after a few minutes it dies an asphyxial death. It dies, therefore, from prematurity and exposure.

If it had been left in the womb for another few weeks it could have survived in its cot. Sometimes there is a mistake in estimating the maturity of the pregnancy and the baby refuses to die. Instead of being only 26 weeks the baby may be 30 weeks, with a reasonable chance of survival. I have heard of one which lived so tenaciously that it had to be taken to the nursery and fed. It is now a

schoolboy, the lucky survivor of a surgical blunder, and a constant reproach to its parents who had so many years ago sought his death.

The Glasgow scandal

An identical blunder was reported in the world press in 1969 when a porter in a Glasgow hospital heard a "foetus" which he was about to throw into the incinerator make some feeble cries. It lived for about eight hours. The inquest on its death is reported in the British Medical Journal.(4) Apart from the folly of believing an unmarried girl when she claimed to be only 26 weeks pregnant, and deciding within the space of only four days that the pregnancy was a risk to her physical or mental health and that the child was likely to be abnormal, the most significant feature of the medical evidence was its revelation of aggressive intent towards the child.

". . . it was suggested by the procurator fiscal that while the Abortion Act gave doctors a right to terminate pregnancy it did not take away from them the duty to take every step to try to revive a child which might be viable . . . The view was expressed by certain medical witnesses that, the operation being an abortion, the object of which was to prevent the child's survival, resuscitatory measures might not be expected. When it was suggested to one consultant that where there was a late termination of pregnancy it should be treated as a possible live birth, the view was expressed that to do so would be to deny the purpose of the operation, and 'legally you are not entitled to expect it to survive'."

There can be no further doubt about exactly what abortion means, and about the degraded status accepted, even welcomed, by the once great humanitarian profession of Medicine.

Prostaglandins

These chemical substances are the latest addition to the abortionist's armamentarium. They can be given by injection, by tablets or by pessaries, at any stage of pregnancy. They cause the uterus to begin contractions and discharge the foetus. These are the drugs which are being suggested as a once-a-month "treatment" which get rid of a pregnancy before the mother was even sure by the usual observations that she was actually pregnant. Science marches on.

Disposal

At the end of all this sordid business the problem of disposal of the remains has to be faced by the nursing staff. Incineration is the favoured method for the larger victims. Smaller ones go out with the sewage. So ends the life of another fellow human being, conceived, we assume, in love, formed in the image of its Father in heaven, now thrown out with a mess of blood clot and dirty swabs, unwanted, unremembered, unbaptised.

Doctor's Orders

It is doubtful if the mystique of Medicine will ever be maintained now that doctors have become abortionists (legal, of course), but some simple souls still accept the concept of medical authority. It is a dangerous disservice to Medicine to foster the illusion of the apotheosis of the physician. Doctors are not gods. They are merely average young men drawn from the community to do a special type of job. They might completely fail to understand the concept of Medicine as a profession and as a service to others. Like anyone else they may make clinical mistakes, be unfaithful to their wives, become alcoholics or drug addicts, or even go crazy.

If they have been to secular schools they will probably have had no instruction in morality, and in the medical schools their teaching will have been exclusively scientific. Most discussions on "medical ethics" refer mainly to medical etiquette. They do not even take the traditional Hippocratic Oath.

They are never in positions of authority over patients, although in hospitals this point is often overlooked. There is no such thing as "doctor's orders". They can never be more than medical advisors, and the patient is free to take the advice or leave it. The besetting sins against which doctors must be on their guard are intellectual pride and the God complex, and nowhere is this more clearly evident than in the field of induced abortion.

2. MORALITY

Man being a rational creature is always making moral judgments - is this action right or wrong? What must be our judgment of induced abortion? There may be many areas of uncertainty in modern theology, but in the matter of abortion there is not the slightest doubt about the moral status. Abortion is the direct killing of an innocent human being, and has always been regarded as murder. Perhaps homicide would be a better term, more consistent with modern legal concepts. Murder implies aggression and malice aforethought, which we must assume in all charity is rarely present. Most women have their judgment disturbed by fear and extraneous pressures; and most doctors act on the mistaken premise that the foetus has no rights, that it constitutes a real threat to the mother, and that they have the authority to decide its fate.

Direct killing

"Direct" is emphasised because sometimes indirect killing, even though foreseen and permitted, may not be wrong. Sinking an enemy warship may be justifiable, even though some civilian passengers may indirectly be killed. A mother with a malignant tumour in the pelvis may be treated with deep X-rays, even though this may indirectly lead to harm to the baby, or even precipitate an abortion. Similar arguments apply to an ectopic pregnancy in a tube, but there is no doubt that direct killing in aborting is wrong.

Innocent

"Innocent" is stressed because many consider the foetus an unjust aggressor on the life of the mother. This is stretching imagination too far. The baby did not force itself on the mother. It is incapable of aggressive volitional thought. It is a threat not because of its intent but merely because of its existence in that particular place at that particular time. And, indeed, the threat concept is greatly exaggerated.

Human being

"Human being" is the final important phrase. Those who advocate abortion are forced to work out a philosophical system which is denigratory of the foetus in order to justify themselves. They say it is not a human being, a human life or a human person; it is merely a blob of protoplasm, or a parasite on the mother which can therefore be lopped off if necessary. The ladies of the Women's Liberation movement are fond of saying "A woman has the right to do what she likes with her own body".

If people hold these views they must realise that they are turning their backs on all the scientific advances of the last fifty years. No one who has studied embryology can doubt that from conception the new child is not its mother's body but a separate organism which she is merely accommodating

until it becomes mature enough to live outside the uterus. Its nutrition may be parasitic, but in all other ways it is a unique and different person. Even as early as the six weeks stage, its heart is already pumping along its own blood which has the same ABO group and Rh type which it will have to the end of its life. It can be distinguished as an undoubted human foetus; its fingerprints are being laid down, the colour of its hair and its eyes is determined, and all it has to do during the next eight months is to grow and differentiate. If anyone doubts this he should just wait for a few more weeks and the presence of a small (not "potential") human being will be undeniable.

Human life begins at conception

How can one define a human being? It is a living organism with a human anatomy and physiology appropriate to that stage of development. It may not look very handsome, but there can be no doubt, considering its microscopic and macroscopic characteristics, that it is human right from conception when it receives its genetic endowment of chromosomes which make it different from all other human beings before or to follow.

What of its metaphysical definition? It is a living human organism with a human soul created for it by God and destined to live for all eternity. Arguments about the time of ensoulment are irrelevant to the central issue, that this new human being must necessarily possess all human rights, particularly the right to life. This is an inalienable right which does not depend on its size, its nutritional method, its appearance, its silence, or the circumstances of its conception.

Unborn Child a Legal Entity and a Patient

It is contradictory of Parliament to remove the right to life of the unborn child by passing an Abortion Act, and at the same time defend the child as a legal entity who may inherit if his father dies before he is born, and who may sue for damages if he suffers injury from drugs or trauma, such as a motor accident, during pregnancy.

An even greater paradox is doctors moving into the abortion field at the same time as the new science of "Foetology" has been introduced by the revolutionary work of Professor A. W. Lileys who in Auckland, New Zealand, made a dramatic breakthrough in the management of Rh affected babies. He worked out an ingenious technique by which babies can be given blood transfusions within the womb as early as six months maturity. This emphasises the concept of the baby as a patient who can be treated. May a doctor kill his own patient? Never. Liley is courageous and consistent. He accepted the post of the first President of the Society for the Protection of the Unborn Child

The Moral Judgment

What conclusions can we come to after considering abortion in its essence? The killing of the unborn child is always wrong, whatever the circumstances. It contravenes the uncompromising Commandment: "Thou shalt not kill". Note that this is not a Christian commandment. Even though this booklet is published under a Catholic aegis, it does harm to give the impression that only Catholics are bound by the rule. It is more useful to imagine the abortion debate taking place in the first century B.C. The principles and the essential evil of abortion would be exactly the same. It would not have mattered if Christ had never come on earth as far as this question is concerned. The obligation to protect innocent human life rests equally on all men, of all religions, and in all ages. The Commandment was given by God to Moses, but through him to the whole world. Christ has illumined the old law, and has redeemed us, giving us a clear insight into our destiny, providing us

with the sacraments and the means of grace to help us, and consoling us by sharing our ever-recurring sufferings.

Now children are hated before and after birth; Christ was in danger right from Bethlehem. Millions flee from their homelands; He was a political refugee even as an infant. We suffer despair in the face of so much evil; He cried out "My God, my God, why hast Thou forsaken Me?"

The Hippocratic Oath

Hippocrates was an ancient Greek physician who first established scientific observations in Medicine while practising on the island of Cos about 460-357 B.C. His Oath has for 24 centuries been regarded as expressing the ideal to which all doctors should aspire. It begins:

"I swear by Apollo the physician, and Aesculapius, and Hygeia, and Panacea, and all the gods and goddesses that, according to my ability and judgment, I shall keep this Oath and stipulation . . .

"I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and will abstain from whatever is deleterious or mischievous. I will give no deadly medicine to anyone if asked, not suggest such council; and in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practise my art." And so on.

We have come a long way from Apollo and the other pagan gods, but the natural virtues of love and justice have rarely been so well expressed.

The Declaration of Geneva

The modern version of the Hippocratic Oath is the Declaration of Geneva which was formulated following the scandal of the inhumanity and mass murders perpetrated by Nazi doctors. Among other things it states: "I will maintain the utmost respect for human life from the time of conception; even under threat I will not use my medical knowledge contrary to the laws of humanity."

Today more doctors are performing more abortions than ever before in history.

Christian Tradition

Since the earliest times the Christian Church has consistently condemned abortion as murder; yet 1970 saw the organising of abortion services by clergymen. The Auckland Star, (N.Z.) December 19, 1970, confirmed "the growing participation of clergymen in the U.S.A. as prime movers in abortion reform and referral. Clergy consultation services offer women guidance and assistance in obtaining safe, legal abortions."

The command "Thou shalt not kill the fetus by an abortion" was found in the Didache (80-100 A.D.). In the East, Athenagoras (177 A.D.) and in the West, Tertullian (240 A.D.) both described abortion as murder. Similar statements were made by St. Cyprian (258 A.D.), Hippolytus (235 A.D.) and the Council of Elvira (300 A.D.).

St. Basil the Great (375 A.D.) stated that "a woman who deliberately destroys a fetus is answerable for murder. And any fine distinction as to its being completely formed or unformed is not admissible amongst us." In the fifth century St. John Chrysostom, St. Augustine and St. Jerome all held similar views.

Ancient and modern authorities are quoted in detail in *The Catholic Lawyer*, (1971), 17, 13-23. For two thousand years, it says, "the Catholic Church has always and consistently and without exception denounced abortion as a moral evil, as a sin, and in certain circumstances even as a crime." It quotes the rejection of abortion as "an unspeakable crime" in two Papal Encyclicals, in a reply of the Holy Office, in eight Papal Allocutions, and in the Second Vatican Council, (Constitution On the Church in the Modern World, n. 27, 51.)

Is Abortion Ever Justifiable

No. The prohibition of this serious offence is absolute. We differ from many friends in society because they hold that, even though abortion is wrong, certain grave circumstances justify it. They believe that the end justifies the means, that is, you may do what is evil so that good may ensue. Or, in other words, expediency takes precedence over principle. This is a fundamental problem in ethics, and it is a sad commentary on our secular education and poor religious training that so many citizens hold the permissive view.

Even pre-Christian philosophers taught that we must do right and avoid what is wrong in all circumstances, but in this booklet it is sufficient to point out that St. Paul in Romans, 3: 8, gives his authority to the traditional principles outlined here.

The Guilt is Shared

All who co-operate in abortions, directly or indirectly, formally or materially, proximately or remotely, share in the guilt in greater or lesser degree. This applies not only to doctors and nurses but also to all those who counsel or facilitate abortion - politicians, lecturers, writers and reporters. The blood on their hands is innocent blood and, as with Lady Macbeth, all the washing in the world will not remove the stain.

3. THE LEGAL SITUATION

The modern legal trend must be regarded as a retrogressive one. It is completely opposed to the ancient legal codes. The Summerian Code (c. 2000 B.C.) was the oldest known one to penalise a citizen who caused an abortion. In the Assyrian Code (c. 1500 B.C.) the foetus was referred to as a human life and a man, and the penalty for a woman who aborted herself was crucifixion and impaling. Similar prohibitions are found in the Code of Hammurabi (1800 B.C.), the Hittite Code (1300 B.C.), the Vendidad of ancient Persia (600 B.C.), and indirectly in the Book of Exodus, 21, 22-23.

The constant theme of all this legal history is: protection of the unborn child. Now we are asked to believe that this was all a mistake. New laws in every country in effect remove the protection of the law from the child. Some aim even further than "reform" (which means relaxation) of the law. They seek complete repeal of any laws dealing with abortion, making the matter "a private one between the patient and her doctor". This would be the death knell of the child - abortion on demand.

Up to date most Western legal systems have allowed abortion to be performed "in good faith" to save the life of the mother. Since the Bourne case(6) all British countries have interpreted this as also embracing threats to the health, physical or mental, of the mother. Dr. Aleck Bourne, an influential gynaecologist, gave the abortion movement its first breakthrough which led inevitably to the present permissive legislation. He aborted a girl who had been raped and provided an important legal precedent. Many years later he objected to liberalising legislation, especially on psychiatric

grounds.(7) "When she feels the movements of life within her, he wrote, "she becomes increasingly thankful that the baby-to-be has not been killed."

In 1967 he was to be found on the executive of the Society for the Protection of Unborn Children.
(8)

It would have been better if doctors and patients had been satisfied with the freedom of action, however hypocritical, that the former legislation afforded them, but the trend in all new legislation is to attempt to spell out further circumstances in which patients as of right may seek, even demand, an abortion.

The one thing certain about every country that has relaxed its abortion legislation is that in practice this means abortion on demand, and leads to an abortion explosion. To quote Professor Lewis(9) again: "Too late they realised that if you change the law (even if you do so merely to make it more clear to the public) you imply liberalisation; liberalise the law and you open the floodgates."

In spite of all this doctors remain politically naive; they are confused since they abandoned their Hippocratic principles in one country after another; they are actuated more by sentimentalism than by ethics. A recent survey of New Zealand gynaecologists revealed that they were dismayed by the abortion slaughter in Britain; they did not want the law changed - but they wanted it relaxed; they did not want more abortions - but they wanted freer access to them. God save us.

Professor Carl Muller(10) of Bern, Switzerland, stated that in all countries which had legalised abortion the doctors came to regret the predicament in which they found themselves. Doctors, as much as the unborn child, are protected by a strict law.

4. REASONS FOR ABORTION

Many reasons, or excuses, are given to justify abortion but taking the broader view it must be seen as part of the anti-life philosophy which afflicts society at present. This manifests itself in rejection of childbearing and antipathy towards children - divorce, contraception, sterilisation, euthanasia, population paranoia, and so on. Behind all this is humanism, which is merely a fancy name for atheism. The most powerful organisations which pushed the British Abortion Act through were the British Humanist Association and the Family Planning Association (in New York the International Planned Parenthood Federation).

Family Planners may deny this, but in every country they now take a leading part in providing abortion services - for the noblest motives, of course - to provide a cheaper service, and so on. Family Planning did not start out as an adjunct to the abortion drive, but being anti-life it has inevitably been drawn into destruction of life.

In "Plan Your Children for Health and Happiness" (published by Planned Parenthood - World Population, New York, 1963), the catechism states:

Q. What is birth control? Is it an abortion?

A. Definitely not. An abortion kills the life of a baby after it has begun . . .

In subsequent issues this section has been deleted.

In the mind of the average secular woman abortion is an aspect of personal freedom, and in the sensitive area of sexuality she will not willingly give it up. As she sees it, abortion is a backstop for failed contraception, and that is a good enough reason for her to vote for it.

Medical Indications

Almost every disease in the book has at one time or another been considered a justification for abortion, but the supposed noxious influence of pregnancy has been disproved so often that it can be confidently stated that there are no medical indications for "therapeutic" abortion. This has probably always been the case, but the advances in Medicine have removed all doubt from the matter. Conservative management is not dramatic, but it does less harm, and possibly more good, than interfering with the pregnancy.

This view was supported by Drs. Moore and Randall(11) in reporting their series of abortions from Los Angeles: ". . . with the exception of a few cardiac cases, it might seriously be doubted that maternal diseases commonly offered as indications for therapeutic abortion would directly result in death if properly managed during pregnancy." Drs. Rovinsky and Gusberg(12) (v. inf.) concurred with "the growing opinion that for most clinical conditions, the natural history of a disease is not influenced deleteriously by an intercurrent pregnancy.'

Heart Disease

It is always a matter for concern when a cardiac patient becomes pregnant but the body adapts itself perfectly to the pregnancy. Drs. Gorenberg and Chesley(13) of New York were the first, in 1943, to claim that therapeutic abortion had no place in the management of heart disease. Dr. O'Driscoll(14) and his colleagues from Dublin reported 289 pregnancies complicated with rheumatic heart disease and stated: "The results justify the conclusion that, no matter how serious the rheumatic heart condition may be, pregnancy should not be terminated at any stage." Dr. L. C. Chesley(15) was associated with the late Dr. Gorenberg in the largest series of pregnant cardiac patients ever recorded. They had 1,500 cases, of whom two died during pregnancy. They considered that these two would have survived if they had been managed better. No therapeutic abortions were performed. Chesley followed up for many years 137 of their worst cases and concluded that pregnancy had had no ill effects on the natural progress of the disease. Dr. Ueland(16) described cardiac surgery during pregnancy in a large American hospital, and stated: "Therapeutic abortion now appears to be rarely indicated on the basis of most cardio-vascular diseases."

Malignancy

In the cancer patient pregnancy is often thought to have a serious accelerating influence, but this is not the case. Sir Stanford Cade(17) the foremost British authority on cancer, stated: "The course of the majority of malignant tumours is not directly affected by pregnancy. The problem is not a dilemma of mother versus child . . ." Even in cancer of the cervix, Drs. Williams and Brack(18) found that ". . . there is no evidence that pregnancy has an adverse effect on the malignant tumour." Drs. Peters and Meakin(19) in a study of cancer of the breast in pregnancy, said: "The data in this series, as well as in all the publications to date, reveal no medical indication for interrupting pregnancy during any phase."

Chronic Renal Disease

It is commonly assumed that a diseased kidney cannot stand the stress of pregnancy, but this is not the case. Dr. Oken (20) presented an extensive review of this problem in the U.S.A. and found no specific indication for therapeutic abortion.

Professor Mackay(21) of Brisbane reported one of the largest series, 150 patients with kidney disease, and found only one maternal death during pregnancy. Concerning therapeutic abortion his

opinion was: "This question often involves the importance to the patient of the experience of pregnancy and subsequent child care . . . in relation to the possibility of leaving the child motherless at a young age . . . Such a decision can be made only after careful discussion with all concerned." From this one can conclude that the decision is not a medical one but a social, and probably a sentimental, one. It is curious to suggest that the way to manage the remote sadness of a future orphaned state is to eliminate the child before it is even born.

Psychiatric Disease

In all Western countries this has become the main difficulty in the struggle against abortion. According to Dr. Ingram and his colleagues,(22) "In the past three decades interruption of pregnancy for psychiatric reasons has progressed from being a rarity to the commonest cause of therapeutic abortion in the U.S.A." Similarly Drs. Rovinsky and Gusberg (v. sup.) found in the Mt. Sinai Hospital, New York, that the incidence of therapeutic abortion had increased by about 50% during the previous 12 years and then stood at 1: 101. The main factor in this increase was the greater number of psychiatric cases.

Why The Increase?

Why should this be so? Is psychiatric disease more widespread? Are the psychiatrists, in spite of the dramatic advances in their specialty, unable to cope with pregnancy without surgical intervention? Or is it that, with the decreasing dangers of other illnesses, the onus for this serious decision is left with them more frequently in cases who are determined to be aborted by hook or by crook. In Australia and New Zealand, where the law does not sanction abortion for eugenic reasons, cases of rubella are terminated on the psychiatric grounds of the mother's anxiety state. In pregnancy everyone, even the doctor, has an anxiety state at some stage or another.

At the other end of the spectrum, Dr. Myre Sim(23) of Birmingham, a man with no specific religious affiliation, studied 213 patients with puerperal psychosis and stated baldly: "There are no psychiatric grounds for the termination of pregnancy." His paper precipitated a major, if somewhat unedifying psychiatric row.

Why The Divergence?

In order to explain this wide divergence of medical views Dr. Simon(24) stated the reason is to be found not only in purely psychiatric judgements but once again in non-medical considerations. It is "the psychiatrist's personality, his school of thought, and (concern for) humanitarian, socio-economic and religious factors that govern his attitudes to therapeutic abortion." It is difficult to repress a smile on reading this observation because these are the identical motives which psychiatrists (and other colleagues) criticise in a doctor who opposes abortion, namely his personality, his philosophy and his religion.

Psychiatry is the least precise of all medical specialties, and therefore one cannot with any certainty give a prognosis for the future. Many studies have emphasised that these are unsatisfactory patients to abort because they are as likely to suffer post-abort guilt complexes and depressions as to benefit from being rid of the pregnancy.

Suicide Risk

The threat of suicide is a constant worry in psychiatric patients, and in borderline cases it is often their trump card in winning approval for an abortion. It is impossible to predict how the individual

patient will react but it is some consolation to know that the risk is greatly exaggerated. Sim stated that in seven years he could find no record of such a suicide in Birmingham. Simon found that most authorities agreed on "the slightness of the risk of suicide in a woman with an unwanted pregnancy." Drs. Rosenberg and Silver(25) reported that the incidence of suicide in pregnancy is approximately one sixth that of the rate for non-pregnant women in comparable age groups, which implies that perhaps pregnancy has a psychiatrically protective role.

Impact on the Medical Profession

Acquiescence in abortion programmes involves a prostitution of the profession, especially in the specialties of psychiatry and of obstetrics and gynaecology. In the 1971 figures for legal abortions in South Australia, 86 per cent of the cases were operated on for "psychiatric indications". This implies that there is something very wrong either with the patients or with the psychiatrists. You can take your pick. The co-operation of the gynaecologists is, of course, essential, and however much they may grumble and complain they must still accept their share of responsibility. The long term repercussions on the profession will be profound.

A Challenge

Talk's cheap. As proof of sincerity I offer a prize of \$200 to the first doctor who can produce records of three consecutive personal abortions in which the medical "indications" were incontrovertible. Three cases are suggested firstly to avoid endless wrangling, and secondly to back my conviction that once a practitioner turns to abortion the scientific aspect of his work must suffer. If there is the slightest uncertainty about the indication in any particular case the only logical and safe medical policy, since a life is at stake, is not to interfere.

World's Largest Survey

Those who oppose abortion are often unthinkingly accused of being indifferent to maternal welfare, and of preferring the life of the child to that of the mother. This mother versus child concept is a popular medical fiction. In 25 years of obstetrics the writer has never seen a case in which the dilemma arose. The fallacy of this idea of a conflict between the two was well demonstrated by Drs. Heffernan and Lynch(27) who surveyed three million deliveries in the U.S.A., almost equally divided into two groups, one of which was delivered in hospitals which practised therapeutic abortion, the other in hospitals which did not. If a conservative policy were dangerous for mothers the maternal mortality in the aborting hospitals would be expected to be lower than in the non-aborting ones. In fact, the reverse was found to be true. The mortality figure in the former hospitals was 0.98 per 1000 deliveries; in the latter it was 0.87.

Is Childbearing a Major Hazard?

In the back of many a woman's mind is the fear that she may some day be pregnant with a serious illness, and only abortion will save her. If she opposes abortion absolutely she may be burning her therapeutic boats. Nothing could be further from the truth. If this were actually the case, religious patients would be dying like flies.

There have been several very large studies to show the safety of modern obstetrics. A few years ago St. Margaret's Hospital, Sydney, reported over 9,000 cases without a death. A generation ago about 20 of these mothers would have expected to die; today in Australia or New Zealand the figure might be about 3. One American series of 30,000 deliveries without a maternal death has been reported. This writer(26), (26a) has recently reported over 4,400 patients with only one death (from rupture of

the aorta) which was neither predictable or preventible. Needless to say, no "therapeutic" abortions had been carried out!

The Catholic Position

Many Catholic mothers follow the teachings of the Church faithfully, but they suspect that she is obscurantist and unscientific, and that as Catholics their childbearing risks, deprived of the weapon of abortion, are greatly increased. Nothing could be further from the truth. In fact, it was the courage and tenacity of many simple Catholic mothers in the previous three decades that demonstrated to sceptical doctors that pregnancy could be managed best without recourse to abortion. The patients actually taught the doctors their Medicine.

5. HAZARDS OF ABORTION

On the other hand induced abortion carries a risk of its own. The inescapable hazards are those of haemorrhage, infection and perforation of the uterus, to say nothing of the future undetected risks of sterility or chronic pelvic infection. The smaller the pregnancy the less the risk, but for doctors to give the impression to lay people that such an unphysiological procedure can be quite safe is a distortion of the truth. By the same token it is naive to accept uncritically the statement that Hungary has had 100,000 abortions without a death. It would be impossible to do 100,000 dental extractions, or that number of anaesthetics even without adding an operation, and expect not to have some deaths. We did not believe the news when the Hungarians "welcomed" the Russian invaders. Why should we believe these clinical reports? In scientific papers the author must have not only astute observation but also fear of the Lord, which will prevent him from "doctoring" the figures to make a good result. In a dictatorship a doctor must present good figures and a high turnover to survive.

The other side of the picture is revealed by a recent survey of 27 maternal deaths in New Zealand. Not one of the mothers died with a disease from which abortion would have rescued her. The causes of their deaths were such things as motor accidents, anaesthetics, eclampsia, and so on. But one of the patients died following, probably because of, a "therapeutic" abortion. If she had gone through with the pregnancy both she and her baby would probably have been alive now.

Eugenic Indications

If abnormality of the foetus is predicted, panic usually ensues and an abortion is often performed. This is totally opposed to Christian ethics. The abnormal has an equal right to life with the normal. If we may eliminate the abnormal foetus we must logically liquidate abnormal adults, as was actually done by German doctors during the Hitler regime. In this veterinary type of medical practice, in which a baby is "put down" for its own good, one irritating feature is that it is virtually impossible in the individual case to diagnose abnormality with any certainty.

German Measles

The common cause for concern is when the mother contracts German measles (rubella) during early pregnancy. If she is under four weeks (counting from the last period) there is about a 60% chance of the child being affected by a major or minor deformity; if between five and 12 weeks, a 33% chance: and after 12 weeks, a 5-7% chance. Overall, the total incidence of major defects is 23.8%. (28) Few mothers, and fewer fathers, have the courage to face these risks. The defects are mainly in the heart, the eyes and the ears. They are nearly all remediable by surgery later, but the decision to abort is usually made on emotional, not rational, grounds. The tragedy is that often the diagnosis of

rubella is a mistaken one, but it is then too late for regrets. In abortion for suspected foetal abnormality, the inaccuracy of the diagnosis and of the prognosis is such that probably 90% of the sacrificed babies are normal. To this wholesale slaughter of both normal and abnormal children Professor Scott(29) of Leeds applied the chilling term "Herodism". Herod, fearing the Christ Child killed them all. He had very good political reasons for his actions; we think we have good medical and social reasons. The epic tragedy of the Holy Innocents is re-enacted daily in our times.

Social Indications

The most controversial reasons for allowing abortion are the social ones, that is, the mother may have no medical abnormality but the law permits abortion for other reasons. When the Abortion Act became law in 1968 the British Medical Association(30) advised its members that, although the law permitted abortion for social reasons, the traditional medical ethics found this unacceptable. This is the polite professional way of defying the law. It is interesting to see the dilemma into which they have allowed themselves to be maneuvered.

No Warrant

We often deplore the circumstances in which a pregnancy occurs but once the child has been conceived we have an obligation to protect it, and we cannot be deflected from this duty because the intercourse might have been illegal (rape or incest); or because the patient might be below some arbitrary age (16 years); or because she might be unmarried, divorced or separated; or because the new child might exert some unfavourable influence on its existing brothers or sisters (as is permitted by the British Act). All these circumstances might be deplorable, but not so much as to warrant taking the life of the new baby. To do so would be to capitulate to sentimentalism.

The writer has had under his care about 1430 unmarried mothers, aged from 12 to 47, many of them victims of rape and incest, but they have all been safely delivered and the babies adopted. Out of tragedy comes some good, and life begins anew.

Criminal Abortion

It is commonly assumed that it is necessary to legalise abortion if we are to reduce the numbers of criminal abortions. In no other criminal activity has it been suggested that ordinary citizens, much less the members of a dignified profession, should take over from the criminals because they do the job so much better. Much hysteria about criminal abortion is whipped up in the popular press by quoting alarming figures which are impossible to substantiate.

The figures for criminal abortion deaths show that any benefit which, it is assumed, will accrue from liberalising the present laws will be minimal. In Australia, with a population of 12,000,000, deaths resulting from criminal abortion usually do not exceed twelve per year. In New Zealand the number is three.

To imagine that there is only a certain quantum of induced abortions in any community, and that as legal abortions go up criminal ones will go down is a fanciful concept that ignores both human nature and the observed facts. Professor Ingelman-Sundberg from Stockholm(31) reported that 25 years of legalised abortion in Sweden have not made the slightest difference in the criminal abortion rate. He found that the experience of Hungary and Czechoslovakia had been similar. The reason for this apparent anomaly is given by the Royal College of Obstetricians and Gynaecologists, whose Report(32) accurately predicted all the disasters that have come to pass since Britain legalised abortion: ". . . the legalising of abortion alters the climate of opinion among the public and even the

Courts of Law. The result is that criminal abortion becomes less abhorrent. The public becomes abortion-minded."

Confirmation of this is found in an August, 1971, number of *The Sunday Times* (London), which carried the headlines: "Boom in Back Street Abortions". The author of this special report, Philip Knightley, offers only one solution to this scandal - open more licensed abortion clinics! The dance of death, faster, faster!

6. UNWANTED CHILDREN

One of the most useful arguments used by the Abortion Law Reform Association and the Family Planning Association is that their respective activities would rid the world of the plague of unwanted children. A fair proportion of pregnancies are unplanned (and probably have been since the world began). Children who are unwanted grow up, they claim, into psychological problems and delinquents. What could be a tidier solution than to get rid of them, for their own good and for the good of society? "Every child a wanted child" is the war-cry of the F.P.A., and the A.L.R.A. says "Every child has the right to be born wanted". Nice, harmless, sentimental statements in themselves - but dangerous when they are used to justify death! Every child has a right to be born. To be wanted is a fringe benefit.

It should be pointed out that there is a difference between an unwanted pregnancy and an unwanted child. Women's attitudes change during pregnancy and afterwards. It is a common observation that in the first three months of pregnancy many women would consider their new burden as "unwanted", when they are suffering morning sickness, tiredness, and depression, all caused by circulating hormones whose concentration alters once the first trimester is passed. When she feels the baby quicken at four and a half months the average patient feels quite happy and excited. During the next few months she is optimistic, but in the weeks before delivery she again suffers depressions, waiting for the balloon to go up. She is ecstatically happy when the baby is born, but in tears a week later because of breastfeeding problems. Men find all this hard to understand because they are, day after day, a happy breed. But the "unwanted" question is put to the patient, and the abortion decision made, at an early stage in pregnancy when she is at the bottom of the trough of depression.

If an unwanted teenager becomes a delinquent, the causative theory breaks down if at any stage during his infancy and childhood he was wanted, and a source of happiness to his parents. If the theory is valid he must have been labelled as "unwanted" in the first three months of pregnancy, and the doctor and parents must have been convinced that they could predict delinquency or psychological disturbance twenty years ahead. The victim must also be made aware consistently during his whole life that he was unwanted. The only way this could occur would be through his mother's repeatedly telling him so. Any such mother would, of course, be either psychiatric or diabolical, but she is the one whom abortion is designed to benefit.

Note that in this unwanted situation the unborn child is perfect and free from physical or mental defect until the psychological hang-up of his parents afflicts him in later life. It is they who are pathological, and an intelligent therapeutic plan would be to direct the treatment to them, not to the baby. Even if they cannot be persuaded to want their child, there are plenty of sterile marriages which would welcome him. It would also be salutary for them to realise that those who now complain about unwanted children will certainly find themselves labelled thirty years later as "unwanted parents".

Over-population

There is no space here to discuss the population explosion except to protest against using abortion as a weapon to combat it. This is the grossest inhumanity. Apart from that I must state my opinion that the population explosion is the greatest intellectual hoax of the century. Hysteria is engendered by plotting a population growth graph showing a 2 1/2 per cent per annum increase. By juggling the abscissa and the ordinate the curve can look very alarming as it threatens to zoom off the top of the paper, but it is unscientific not to show at the same time the agricultural output increasing at three per cent, and the Gross National Product at, say, eight per cent. In other words the food and wealth explosions are much more dramatic.

In actual fact the population explosion seems already to have fizzled out, at least in the Western world, with Britain's growth rate down to 0.5 per cent, or even zero, the U.S.A. down to one per cent, and most of Europe static or declining. We witness the spectacle of France and Japan (of all places) undertaking family stimulation policies, because of the harm the age structure of their populations has suffered.

Consequences of Legal Abortion

Most people want access to abortion to get them out of some specific predicament, but there are widespread consequences. Most important, society will realise that the sanctity of innocent life will have been lost, and we will never be able to call ourselves a civilised community. If children in the womb are sacrificed all citizens are in peril, particularly the aged and the abnormal. It will be impossible to prevent legalisation of euthanasia. Already organisations are pressing for this further reversion to barbarism; it was no coincidence that one month after Britain passed her Abortion Act the Euthanasia Bill was introduced into the House. It was defeated by a small margin, but it must inevitably succeed at some future date.

The sexual revolution will have finally succeeded. Pregnancy is the only event that stands in the way of complete sexual freedom. At present there is in society a peak incidence of fornication, adultery, divorce, sterilisation, contraception, homosexuality and related perversions. In abortion the silent, defenceless child in the womb suffers violence. This should not surprise us. Freud pointed out that sexual abnormality is intimately related to sadism and masochism. Seven centuries ago St. Thomas Aquinas observed that impurity leads inevitably to violence. This is because it kills love instead of fostering it as the romantic literature appears to promise. Love, like the spiritual life, can never be static; if it is not steadily increasing it dies and turns to hatred. Evil hates what is good, particularly the innocent.

An Abortion Explosion

It is folly to believe that abortion can be controlled once the law has given it the green light. Every country has experienced at least a ten-fold increase in the first year, and the numbers climb progressively thereafter. To put the problem into figures, a baseline is provided by Sir Norman Jeffcoate, President of the Royal College of Obstetricians and Gynaecologists, who is admirable as a man, an intellectual and a doctor. In an important article⁽³³⁾ before the present hysteria began to cloud the issue, he gave the opinion that ". . . the need for therapeutic abortion is nowadays probably not higher than one per 1,000 pregnancies". (This is debatable; the figure should be nil.)

In the following table the incidence of legal abortion is given as the number per 1,000 births. English-speaking means Britain, U.S.A., Canada, Australia and New Zealand, prior to the British Abortion Act, 1967. New York State is not typical of the whole of the U.S.A.

Jeffcoate 1 abortion per 1,000 births
English-speaking 2-3
Britain 1968 41
.. 1969 68
.. 1970 100
.. 1971 127
S. Australia 1970 60
.. 1971 96
Rest Australia 1970 5
New Zealand 1970 5
New York 1970 200
Denmark 1964 14
Sweden 36
Poland 500
Japan 1000
Hungary 1300 (more abortions than births)

Hospital Bed Crisis

It is obvious that this huge artificial creation of operation cases will need an expansion of hospital beds, as well as of nurses, doctors and ancillary services to cope with them. The taxpayer will foot the bill, and if he is in favour of abortion he might spare us his complaints when it comes to paying for the service. In Britain the Government promised to provide all these facilities, but not unexpectedly it has failed to do so. This means that the waiting list for all other gynaecological operations has grown longer and longer. When the sterility patient eventually comes into hospital for an operation to enable her to have a much wanted baby, she may find herself in the next bed to a woman who is being aborted of an unwanted one. And if she has later to decide on adoption there will be hardly any babies available for her to take into her home. Unwanted one week, dead the next.

Abortionists claim that the bed crisis will be lessened because maternity hospital beds will not be needed. This is partly true. According to the Office of Population Censuses and Surveys, Britain had 849,000 deliveries in 1966, but only 784,500 in 1970. An unemployment wave is first hitting midwives, next it will affect kindergarten teachers, then school teachers, later all children's shops, and finally industry.

Experimentation on the Unborn Child

No morally depraved scientist could resist the opportunity which the Abortion Act has provided to experiment on the living foetus. Already in late abortion the foetal heart is monitored after intrauterine injections to see exactly the time and mode of its death. Some patients have objected when they have had to listen to the last heart beats of their own child, reproduced and amplified by ultrasonic techniques.(34)

Conservative M.P. Norman St. John Stevas exposed this racket in May, 1970, and reported on it in The Catholic Herald, 5 June. A doctor had written to him as follows: "This laboratory is in receipt

of fetuses aborted in this hospital. It is obvious from their size and development that their age is far beyond that stated by the mothers, and we have had occasion to make official complaint . . .

"Requests are sometimes made by other laboratories in this area for fresh foetal tissues, e.g. Liver, for research work. This means that the foetus must be dissected and the tissues removed as soon as possible after abortion, and in some cases the heart is still beating.

"Work is about to begin, in conjunction with a pharmaceutical firm, on the testing of drugs on the foetus in utero. Women presenting themselves for termination of pregnancy will be asked to co-operate by taking the drug which is to be tested. After the abortion the foetus will be examined for possible abnormalities, and tested for uptake of the drug. Once the premise of abortion is accepted all these follow as a logical consequence."

Dr. Lawrence Lawn, of Cambridge University, one of the leading workers in this new field, protested that he could not understand what all the fuss was about!

Future Obstetricians and Midwives

We can be certain that no decent young doctors or nurses will take on midwifery if it means being involved in aborting. Already one small group of nurses in Stockport, England, has revolted and refused to have anything more to do with this dirty work. According to The New Zealand Herald of June 17, 1970, their corporate cry was "No more human beings into the dustbin!" Unfortunately so few nurses, and fewer doctors, have the courage of their convictions.

The writer(35) sent a Letter to the Editor asking if it was actually true that before young doctors are appointed to resident posts in British obstetrical and gynaecological hospitals they are asked explicitly or implicitly whether they will be willing to co-operate in the unit's abortion programme. If they are opposed to abortion, would they be excluded from these appointments? Personal letters from several house surgeons, registrars, and even one professor of obstetrics and gynaecology confirmed that this is indeed the actual situation. Several later letters to the Editor confirmed these facts.

In the issue of June 26, Dr. C. K. Vartan, an eminent London specialist, complained about colleagues who were "unwilling to avail themselves of the (legal) permission to terminate unwanted pregnancies". He thought they should keep out of obstetrics and gynaecology, and asked "should not those who will not terminate (abort) train for some other branch of medicine?" In the July 31 issue Dr. C. J. Carr wrote about the plight of the trainee gynaecologist with conscientious objection to abortion: ". . . at the end of his training he is likely to have to face the choice of leaving either the specialty or the country."

The situation therefore is that the specialty becomes closed to those with clear moral principles, and your daughters obstetricians and gynaecologists in the future will be, in effect, abortionists.

7. A COMPREHENSIVE ASSESSMENT

The most striking feature of the world situation is the rejection by the millions of the Commandment "Thou shalt not kill". Many accept its validity, but their other philosophical error is to reject the ancient principle "The end does not justify the means". Pragmatic morality is the source of our present problems, even if it is called by different names, such as "situational ethics", "existentialism", or simply "Doing your own thing" - in fact, anything except doing God's will.

The rot started a hundred years ago when so many Western countries introduced secular education and kicked God out of the schools, with the result that the fourth generation later is almost agnostic. Legal abortion is a triumph for humanism (atheism), which has spawned such bodies as the Abortion Law Reform Association and the International Planned Parenthood Federation. They preach freedom, especially in the sexual field, and this is a most attractive theory for those without an authoritative church to guide them.

The Catholic Church and Orthodox Judaism both adhere to the Mosaic Commandment, but it is sad to relate that many of our brethren in other churches do not see the principles so clearly.

The Anglican position, which was expressed by the Church Assembly Board,(36) 1965, sanctioned abortion if the medical indications were thought to exist. The National Congress of Free Churches(37) expressed similar views in 1965. According to Dr. Guttmacher,(33) of the International Planned Parenthood Federation, the liberal Jewish practice is equally permissive. He added: "It was only after the firm establishment of the Protestant Movement that medically indicated interruption of pregnancy was given religious, ethical and legal sanction by any Christian group." The quotation makes one realise the difficulties which confront the ecumenical movement.

On the other hand Dietrich Bonhoeffer, the noted Protestant theologian who was hanged by the Nazis in April, 1945, and later revered as a martyr, wrote in his book "Ethics": "Destruction of the embryo in the mother's womb is a violation of the right to life which God bestowed upon this nascent life. To raise the question whether we are here concerned already with a human being or not is merely to confuse the issue. The simple fact is that God certainly intended to create a human being, and that this nascent human being has been deliberately deprived of his life. And that is nothing but murder."

Two other eminent German Protestant theologians who opposed Hitler at the risk of their lives made the following statements.(39)

Professor Helmuth Thielecke of the University of Hamburg: ". . . once conception has taken place it is no longer a question of whether the persons concerned have responsibility for a possible parenthood; they have already become parents."

Professor Karl Barth of Basel came to the conclusion: "He who destroys germinating life kills a man."

For an Orthodox Jewish statement we should turn to Rabbi Dr. Immanuel Jakobovits:(40) "Based on these principles and precedents, present day rabbis are unanimous in condemning abortion, feticide, or infanticide to eliminate a crippled being, before or after birth, as an unconscionable attack on the sanctity of life."

8. PLAN OF ACTION

This is a desperate struggle which highlights the feebleness of the Christian witness in society, and the timidity of the Church militant. As Malcolm Muggeridge puts it, our motto seems to be "Backward Christian Soldiers"! We should try to fire people's imagination with the reality of battle, and to let them see that this is the most worthwhile campaign they will ever be able to join. The Crusades were pale shadows when compared with the nobility of this clearcut issue. What does it matter if we are a minority? It takes only a handful of good men to revitalise society. One saint could support a million ordinary citizens by his courage and holiness. Christ started out as a minority of one and within three years He turned the world upside-down. He will help us do the

same, but the opposition is diabolical and, as He once said, some devils are cast out only by prayer and penance. This is therefore the foundation of our defence of the unborn child - more prayer, and, I regret to say, more penance. Only a resurgence of true religion in the churches and the schools will save society from the consequences of practical paganism.

The Hierarchy in Britain have established December 28, the Feast of the Holy Innocents, as a day of prayer and reparation for the evil of abortion. It would be a simple matter to introduce this special remembrance of the children slaughtered by the irrational Herod into every diocese. Surely the children of Bethlehem will come to the aid of the suffering children in the modern world. Considering the population of Bethlehem at the time and the probable age distribution of the citizens, it is thought that Herod slaughtered about 30 male children under the age of two. Today induced abortion is estimated to total about 30 million throughout the world each year.

Education

We should lose no opportunity to educate the community to the realities of abortion. This applies particularly to the young. They will be fascinated to learn about the life of the child within the uterus, to hear a recording by an ultrasonic technique of the foetal heart at three months maturity, to find from the researches of Professor Liley and others that the baby responds to many stimuli even at the three to four months stage. It feels pain, it moves about and swallows its own amniotic fluid. If the fluid is sweetened by glucose it drinks more; if an unpleasant tasting iodised solution is injected it will hardly drink at all. If a sudden screeching noise is turned on via an intrauterine device, the baby gets a fright and its heart races. Microphones tell us that the womb is a noisy place, with a noise level of about 85 decibels. This is as loud as a small factory, or a diesel bus accelerating past your door. A library has a noise level of about 5 decibels. The baby hears the thumping of its mother's heart, bowel sounds, conversation, laughter and singing.

It is acquainted with all these sense impressions at a time when many people claim it is not a human being, and therefore a fit subject for abortion.

The main education should be directed to human rights and duties, and their derivation from God.

The Social Campaign

We must present to society a picture of purity and justice before and within marriage. In every union courage and love are expected from the partners, and their fidelity should shine like a beacon in a darkening world. Childbearing should be honoured, and when neighbours are in difficulties assistance should be arranged. There may be problems of health, or poverty, or an unmarried predicament. Most governments provide reasonable social services, but there are always gaps in the organisation. Financial assistance to families could well be expanded with increased maternity allowances, family benefits, and income tax deductions for children and their health or schooling expenses. Domestic help for mothers and cheap holidays for families also deserve more governmental backing. At present young mothers with children are often treated like outcasts, but they should be honoured by society with such titles as Mother of the Year, or Family of the Year. The Church is also in the position to hand out honours, but it rarely does so.

The debate with pro-abortionists is likely to go on for years, but we must not avoid our duty to teach the truth, "in season and out of season, welcome and unwelcome". St. Paul was a tireless debater for Christ.

Is Contraception the Answer?

One of the commonest fallacies in the abortion debate is the statement that if we had more contraception we would have fewer unwanted pregnancies, and therefore fewer abortions. This is repeated endlessly by the news media, the Royal College of Obstetricians and Gynaecologists, and, of course, the Family Planning Association, and probably the majority of the community accept without question that the abortion scandal demands a great drive on popularising contraception.

This is an attractive theory which deludes many otherwise intelligent people. There is no need to speculate as to whether it will work out correctly in the future. We already have sufficient experimental evidence drawn from the past three decades to test whether the theory is fallacious. Scores of countries have introduced contraceptive policies since the Second World War. We should therefore expect to find that as contraceptive knowledge is disseminated abortion incidence goes down. But there is not one country in which this has happened. In fact the reverse is the truth.

Japan introduced legal abortion and contraception soon after 1946, and has one of the highest abortion rates in the world. Eastern European Communist countries and Scandinavia have had a similar experience. In Britain the Family Planning Association opened its 1,000th clinic in 1971, and the abortion rate instead of declining soars steadily higher.

Whatever the good intentions of the F.P.A. might be, the facts are that contraception does not discourage abortion, and indeed it seems that a generation of contraceptive acceptance is a necessary prelude to the introduction of legal abortion. Governments which plan a contraceptive drive might therefore spare the taxpayers the expense if they can be convinced that there will be no protection against abortion. The awkward question is: show me even one country which has achieved this promised aim?

This failure should not surprise sophisticated observers of the social scene. Despite all the sentimental things said about the unwanted child, his rejection is not the main reason for abortion. The root of the matter is sexual freedom which modern man is determined to achieve at any cost. The correct philosophical assessment is to view these great human social tensions as pro-life or anti-life.

In the pro-life complex are concepts of God, love, justice, purity, courage and fidelity; permanent marriage, childbearing and family life. Anti-life is derived from agnosticism and the decay of spiritual life. It spills over into war and euthanasia. In the field of reproduction it is manifested by the various facets of what I call the syndrome of disordered sexuality - fornication, adultery, divorce, contraception, sterilisation, abortion, homosexuality, sadism and masochism. It is folly, therefore, to imagine that one facet (contraception) will be a protection against another (abortion). Many will find it hard to accept this thesis, but it will be found to be true. Ask a pro-abortionist and you will find he is afflicted with all the other facets of the disease. Ask a contraceptionist, and cut through all the euphemisms - he will favour premarital intimacies "provided they are afforded with love in a psychologically rewarding relationship without exploitation (cash)"; taking a second marriage partner is "an honest decision" if the initial marriage is "dead", whatever that may mean; other perversions are not to be condemned if they are between consenting adults in private; and so on.

Here is an extraordinary observation: patients who use the natural method of family limitation, based on ovulation detection, do not accept abortion. Their philosophy is a pro-life one.

The Political Campaign

The best thing is for good men to get into public life and not have to go begging to the representatives we have now. All political candidates should be asked their views on legalised abortion, and present representatives should be told by their constituents that they are opposed to this new barbarism. As Mrs. Jill Knight, M.P., M.B.E., from the House of Commons. London, has stressed, the thing which impresses parliamentarians more than anything else is individual letters from their people. All readers should therefore immediately send brief letters to their local Members, telling them that they would be ashamed if this country were to pass an Act which would permit the killing of the unborn child. A brief letter without rancour is best: even add "No reply expected".

Join a Society

An individual without the help of an organisation is a voice crying in the wilderness. To be really effective you must join one of the many societies which have sprung up since 1969 to defend the unborn child. If thousands of good citizens were to become members this would demonstrate to the politicians the strength of the anti-abortion feeling and they would think twice before enacting permissive legislation.

England: The original organisation was the Society for the Protection of Unborn Children, 47 Eaton Place, London, S.W.1.

U.S.A.: Each State has some form of organisation, but the main co-ordinating body is The National Right to Life Committee, P.O. Box 9365, Washington, D.C., 20005.

Australia: There are several organisations. Brisbane: The Right to Life Association, G.P.O. Box 1507, 4001. Sydney: The Human Life Research Foundation, P.O. Box 51E, St. James; P.O. Sydney, 2001, N.S.W. Melbourne: The Human Life Research foundation, D,O, Box 294, South Carlton, 3053. Adelaide: P.O. Box 94, Woodville, 5011, S.A.

New Zealand: The Society for the Protection of the Unborn Child has about 17,000 members and 25 branches in different towns and cities. These are the main sources of information. Auckland: P.O. Box 9518, Newmarket. Wellington: P.O. Box 12-286, Wellington North. Dunedin: P.O. Box 5385.

1. Aust. N.Z.J. Obstet. Gyn. (1970), p. 244.
2. Cameron J. M. and Dayan A.D. (1966). Association of brain damage with therapeutic abortion induced by amniotic fluid replacement, a report of two cases. Brit. Med. J., I, 1010-1013.
3. Wagatsuma, T. (1965) Intra-amniotic injection of saline for therapeutic abortion. Amer. J. Obstet. Gynec., 93, 743-745.
4. Death of a Baby: Inquiry in Glasgow. Brit. Med. J. (1969), 14 June, p.704-705.
5. Liley, A. W. (1963). Brit. Med. J., 2. 1107.
6. Rex v. Bourne (1938), 3 All E.R., 615.
7. Bourne, A. (1960). The Observer, Oct. 30, corresp.
8. Medical termination of pregnancy bill. (1967). Brit. Med. J., 1, 182.
9. Aust. N.Z.J. Obstet. C;gn. (1970) p. 244.
10. Muller, C. (1967). Personal communication.

11. Moore, J. and Randall, C. L. (1952). Trends in therapeutic abortion: a review of 137 cases. *Amer. J. Obstet Gynec.*, 62, 28.
12. Rovinsky, J. J. and Gusberg, S. B. (1967). Current trends in the therapeutic termination of pregnancy. *Amer. J. Obstet. Gynec.*, 98 11-17.
13. Gorenberg, H. and Chesley, L. C. (1948). Heart disease in pregnancy, *Obstet. Gynec.*, 1, 15.
14. O'Driscoll, M. K., Barry, A. P. and Drury, M. L. (1957). Rheumatic heart disease complicating pregnancy. *Brit. Med. J.*, Nov. 9, 1090-91.
15. Chesley, L. C. (1967) Rheumatic cardiac disease and pregnancy long follow-up of women with severe cardiac impairment. *Obstet. Gynec.*, 29, 560-570.
16. Ueland, K. (1965). Cardiac surgery and pregnancy. *Amer. J. Obstet. Gynec.*, 92, 148-162.
17. Cade, Sir S. (1964). Carcinoma in pregnancy. *J. Obstet. Gynaec. Brit. Comm.*, 71, 341-348.
18. Williams, T. J. and Brack, C. B. (1964). Carcinoma of the cervix in pregnancy. *Cancer*, 17, 1486-91.
19. Peters, M. V. and Meakin, J. W. (1965). The influence of pregnancy in carcinoma of the breast. *Progress in Clinical Cancer*. New York. Grune & Stratton Ltd., Vol. I, 471-493.
20. Oken D E (1966) Chronic renal diseases and pregnancy: a review. *Amer. J. Obstet. Gynec.*, 94, 1023-43.
21. Mackay, E. V. (1963). Pregnancy and renal disease. *Aust. N.Z. J. Obstet. Gynaec.*, 3, 21-34,
22. Ingram, J. M., Treloar, H. S. B., Thomas, G. P. and Rood, E. B. (1967). Interruption of pregnancy for psychiatric indications - a suggested method of control. *Obstet. Gynec.*, 29, 251-255.
23. Sim, M (1963). Abortion and the psychiatrist. *Brit. Med. J.*, July 20, 145-148.
24. Simon, A. (1964). Psychiatric indications for therapeutic abortion and sterilization. *Clinical Obstet. Gynec.*, 7, 67-81.
25. Rosenberg, A. J. and Silver, E. (1965). Suicide, psychiatrists and therapeutic abortion. *Calif. Med.*, 102, 407-411.
26. Dunn, H. P. (1970). 3,000 Personal Obstetric Cases. *N.Z. Med. J.*, 72, 308-310.
27. Dunn, H. P. (1971). Unmarried Pregnancies, *N. Z. Med. J.*, 73 (Nov.).
28. Heffernan, R., and Lynch, A. 1953 *Amer. J. Obstet. Gynec.*, 66, 335.
29. Pitt. D (1965). A prospective study in *Med. J. of Aust.*, 1965, p. 647.
30. Scott, J. T. (1966). Termination of pregnancy bill. *Brit. Med. J.*, 2, 1654.
31. *British Medical Journal* (1968), 1, 3. Ethics and abortion. Leading article.
32. Ingelman-Sundberg. A. and Huldt, L. (1967). Twenty-five years of legal abortion in the Stockholm region. *Vth World Congress of Gynaceology and Obstetries*. Sydney: Butterworth Ltd., 784-787

33. Legalised Abortion: Report by the Council of the Royal College of Obstetricians and Gynaecologists. *Brit. Med. J.* (1966), 1, 850-854.
 34. Jeffcoate, T.N.A., (1960). *Brit. Med. J.*, 27 February.
 35. Edmiston, S. (1971). A Report on the Abortion Capital of the Country. *The New York Times Magazine*, 11 April.
 36. Dunn, H. P. (1971). *Brit. Med. J.*, May 22, corresp.
 37. Church Assembly Board. *Abortion - an Ethical Discussion*. London 1965.
 38. National Congress of Free Churches (1965). *The Times*, 23 March. *tal. Surg. Clin. North Amer.*, 37, 459-469.
 39. Guttmacher, A. F. (1957). Therapeutic abortion in a large general hospital.
 40. *Linacre Quarterly*, (1970), 37, 274.
 41. "Abortion and the Law", ed. David T. Smith, Cleveland, The Western Reserve University Press. 1967.
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