

ETHICS OF ABORTION

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A MEETING of the Medico-Legal Society was held in the B.M.A. Hall on Saturday evening, 25th February, 1933, and was made the occasion of the reading of a paper by Dr. Arthur E. Brown.

The President of the Society, Dr. Mollison, said that the subject of the paper, "The Ethics of Abortion," was perhaps a thorny one. It might be said that, being immoral to many, and to all illegal, it was not a proper subject for discussion. The Society, however, was eminently one where a subject of that kind could be discussed. It must be recognized that abortions were brought on in hundreds, and perhaps thousands, each year in this State, leaving in many instances sequelae of disease and death in their train. In the related subject of birth-control, there was an altered opinion. Episcopal sanction had even been given to it, and in the future it was possible there might develop an altered public opinion and sentiment regarding abortion.

The President then introduced Dr. Brown, who said:—

Mr. Chairman and Gentlemen,—May I please make a few introductory remarks before presenting my paper to you?

This paper was originally written for the purpose of reaching a purely medical audience; and more particularly still, of reaching that section of the medical profession to whom the problems it discusses are matters much affecting their consciences in the course of their everyday work: namely, the general practitioners in country and suburban practices. With that aim, I made several attempts to reach that audience through the medium of their professional journal and their professional meetings. These endeavours failed; the leaders of the profession deciding against them, not, I believe, on the grounds of faults in my presentation of the subject, but on the wider grounds that any open discussion by the medical profession of this subject from any other than a clinical standpoint was not wise nor desirable, in view of the possible effect it might have on outside

public opinion. With that decision I beg leave to state my entire disagreement, but that is not what makes me make this explanation now.

When your Secretary, Dr. Kingsley Norris, invited me to read this paper at one of your monthly meetings, I was naturally pleased and a little flattered. But I realized at once that I was going to present it before an entirely different audience from that for which I wrote it. Many medical members of your Society, by reason of their professional status, and the special lines their work follows, do not come into the same intimate conscience-searching contact with the problem as do the mass of general practitioners. And your legal members must necessarily view the whole subject from a rather different angle also. I know I should have struck a responsive note in the minds of ninety per cent. of my fellow-practitioners. I am not sure that I shall strike the same responsive note with you. But I could not alter my paper. I have not the special knowledge to enable me to speak to the jurists among you on equal terms on their aspect of the subject, nor to the gynaecologists on theirs. My paper then remains purely concerned with the ethics of the problem. And if you find, when the time for discussion of it comes, that it contains very little matter on which the teeth of either jurists or gynaecologists can bite, please pardon me, and regard my paper in the light in which it was written — as an attempt to review a question of ethics simply.

Dr. Brown then read the following paper:—

The ordinary daily life of all nations and all races is governed by certain definite and generally accepted principles, without which it is believed that the daily life could not go on. They are based on two main foundations, which are traditional to the race from its earliest tribal times. One is its need for security and certainty of continuance; the other is its instinctive desire for its own improvement and betterment. Of these, the first, the need for safety and certainty of its continuance, is the older of the two, and by far the most deeply ingrained, and to ensure the maintenance of conditions compatible with it, the community and

its individuals have divided all their activities and mental processes into two opposing classes, according as to whether they are advantageous to, or inimical to, this principle. Those which are advantageous are classed as "good" or "right," and those things and actions which are inimical are known as "wrong" or "evil." The whole framework of society, from its most primitive beginnings to its most complex developments, is built up round this conception; and owing to its fundamental importance there have been evolved rules, whereby the good and right things shall be done, and the wrong and evil things shall not be; and the rules have been supported by the addition of certain sanctions which have been added to ensure their enforcement. Of these sanctions, the two most obvious are the legal and the religious systems—the one binding the community itself to mete out punishment for individuals who transgress the rules, or who behave, as it is nowadays called, in an anti-social manner; the other promising, through the chosen spokesman of the race, on behalf of a Higher Power, rewards for the good and punishment for the evil in a future state of life after death. These two systems are so evident and visible, that the supporters and propounders of each of them are very much inclined to consider that the whole structure of society depends on them alone, and that without them the whole fabric of the community would disintegrate. Actually, however, they are no more than buttresses supporting the real and main force which keeps the rules in being and obeyed. And that main force, less visible, but more powerful and more permanent than either of its supports, is the moral sense of the people.

This moral sense of the people is a very real thing, and is, roughly speaking, the sum of the instinctive desires of all the individuals for the good of the herd, in which their own security and happiness are definitely bound up. It is a sense essentially bound up in mass psychology, and subject to the action of mass suggestion. The chief symptoms of its healthy existence are, on the one hand, among those who keep the law a feeling of superiority, and a distaste for those who break it; and on the other, among those who do

not observe it, a feeling of inferiority and a sense of shame. It is most delicately reactive to changes of environment, in so far as these changes affect the security of well-being of the herd; and in these reactions it will often discard principles which have hitherto been held sacrosanct both by law and by religion, and adopt others which are ordinarily frowned upon by both these forces. Striking witness to the truth of this, is the reaction of a nation to the call to war, when it feels, or is told, that its security is threatened. The sanctity of human life and property, which the buttresses of law and religion so strongly support in ordinary times, is thrown aside wholeheartedly, and the buttresses are left supporting thin air, so far as the prosecution of the war is concerned. Similarly, the sanctity of child life is in many countries cast aside in time of famine, to regain its old position when food again becomes plentiful.

In all cases, therefore, where an age-long principle, backed by the moral approval of the whole people, is obviously being discarded, one has to consider whether the discarding of it is due to a slackening of the moral sense, a true decadence; or whether it is due to a healthy reaction of the moral sense to changing conditions, in which reaction the less delicately balanced legal and religious sanctions may well be expected to lag behind.

This consideration is most evidently due to-day to the whole subject of reproduction. In primitive times, when food is plentiful, but must be sought and procured, and when enemies are also plentiful, population is the primary asset of any tribe. As long as every working member of the community is an asset by his work and his productive powers, the production of children is of unquestioned benefit to the community, and the moral sense strongly disapproves of any action taken to check it. When, however, an excess of population occurs, and the maintenance and feeding of new individuals becomes a burden which outweighs the benefit to the community of their probable productiveness, the value of their birth to the State or the family becomes doubtful, and the attitude of the moral sense of the community towards the duty of producing them weakens and

alters. And that the manner in which the moral sense of the people regards this duty is profoundly altering to-day is abundantly shown in the public attitude towards contraception and abortion.

On the matter of birth control I need hardly dilate now. The medical profession has little special concern with its ethics, but only with its details and technique. There is no legal sanction to overcome in our country at any rate. And the moral sense of the people as a whole has so greatly altered that it is quite generally and openly left to be a matter of individual rather than mass judgment. The religious condemnation of it, too, has so greatly weakened that the Protestant Churches are frankly divided on the subject. The absolute prohibition of the Catholic Church still obtains, but even among the adherents of that Church it is widely disregarded in practice.

Abortion, however, is in quite another category. The prevention of conception is an individual act, which may vary in its technique from ascetic abstinence to the most complicated contraceptive procedures. No law against it could possibly be enforced, and the practice of it is so closely bound up with the question of individual liberty, that even moral reprobation of it has proved impossible to keep alive. Abortion, however, demands an overt act by a third party; an overt act requiring skill and training for its safe performance. The whole basis of the practice of procuring abortion lies in the hands of the medical profession, and it is well that we should take careful stock of our position towards it. Of the moral attitude of the general public towards it; that of the men and women who desire to have recourse to it, or whose friends have had recourse to it, it need only be stated to be agreed that it has tremendously weakened from its old commanding position. A practising midwife abortionist to-day need not greatly fear a trial. It is more than likely that the sympathies of a jury will secure her acquittal; and the trial, instead of being a source of shame to her for ever, frequently serves only as a useful advertisement. The same arguments which have made birth-control a subject for ordinary newspaper discussion, act just

as strongly in favour of terminating an unwanted pregnancy, which only an ignorance of the effective technique of birth-control has brought about. To the man oppressed by the thought of having another child whom he cannot properly support; to the woman oppressed by the prospect of months of pregnancy, followed by years of nursing; or to the girl oppressed by the dread of the shame attending an unmarried pregnancy and confinement; the distinction between preventing conception from occurring, and correcting it after it has occurred, appears to be a fine point of which they take no serious note. And all medical men will bear me out in saying that it is not only the wasters of a community who come asking for relief in early pregnancy. Often the suppliant is one of the finer types of citizen, for whose actions and outlook in general we cannot help feeling respect and esteem. These latter in most cases pay us the compliment of accepting our statement that to procure abortion would be immoral as well as illegal, and that no decent man or woman would consider it. Can we, as medical men, however, justify that statement to ourselves? It appears to me to be of the greatest importance to both our status and to our self-respect, that in making it we should not lie open to any accusation of hypocrisy, either by ourselves or by others.

There is no doubt that the sense of inferiority and feeling of shame on the part of those who break the law, which is one of the chief symptoms of an active moral sense in regard to any course of conduct, is fast disappearing among the general public in respect to the deliberate termination of pregnancy. But among ourselves, the rank and file of the medical profession, the active opposition to laxity is still there. Our ordinary status as men and women forces us to sympathize with the altered moral attitude of other men and women towards this matter. But our professional training and instincts still rebel most actively against it. The two aspects of our lives are bound to produce a conflict in us; and we must either strengthen our intolerance of it by logical reasoning, or abandon it, and fall into line with the general mass of our fellow-citizens. I confess I shirk

the issue myself. When a woman whom I respect comes to me with a story which cannot fail to enlist my sympathies, and begs to be "fixed up," I take refuge in the statement that I could not consider such a thing; that it is illegal and wrong; and that I further advise her to take no steps towards obtaining the relief she desires, because no decent doctor would do it for her, and those who would, doctor or midwife, would be such as to endanger her safety. If she presses me for a reason as to why it is wrong (fortunately they very seldom do), I am rather nonplussed for an answer, and have to retreat to the safer grounds of the legal position and of her safety. I am not a bit satisfied with this answer myself; more particularly since I know well that the lady in question could at once be recommended to a man of reasonably good skill and repute, who would do what she wants with all aseptic precautions, in a hospital which makes almost a specialty of the business. Some men, I am informed, dodge the issue in another way, equally unsatisfactory. They refuse the risk and danger to their own status, but carefully coach the patient in a history which, when retailed to a gynaecologist, will involve an exploratory curettage, and pass her on to an unsuspecting, or possibly unquestioning practitioner, whose conscience is thus absolved when he finds out his mistake. Others, again, definitely take on the job, cover themselves from its risks as far as they can, and try to keep hidden from the knowledge of their colleagues the dark fact that they are "abortionists." None of these ways of escape seem to me to be dignified or worthy of the members of a liberal profession. Yet one or other of them has to be adopted by every man in general practice every week or every month of his life. It is well worth while considering our position in the light of the various sanctions which might apply to it.

The legal position is perfectly clear. It is a straight-out, flat, downright prohibition; and any man who undertakes the practice of abortion does so knowing well that he is running the risk of penal servitude, or even a trial for murder, should his case "go wrong." He also puts himself into the hands of possible ill-disposed persons who may be

tempted to blackmail him. And these are serious penalties for anyone to face. But, as I have said previously, the legal penalty is only a buttress to the real prohibition which lies in moral censure. Actually, the privileges medical men enjoy, of the right to decide absolutely what treatment is necessary unquestioned, and the necessary air of privacy which surrounds medical and surgical work, protect them so much from legal attack, that legal consequences of illegal acts would, and do, follow very infrequently, and if legal censure were the only deterrent, far more men than now do so would cheerfully undertake the termination of pregnancies, urged thereto by their human sympathies for the patient.

The religious position is equally clear. Among Catholics, the prohibition is even more definite than is that of the law. It is based on the sin of taking life from any infant from the moment of conception onwards, and forbids, equally with abortion for non-therapeutic reasons, every abortion for whatever therapeutic reason, and also theoretically at least the removal of an ectopic pregnancy. Naturally this law is frequently broken in those cases, and respect for it is materially lessened in its more basic aspect. I am afraid it would not be maintained that Catholic women wanting this relief are less numerous than are non-Catholics. And I do not think it would be an easy position to maintain that abortionists are predominantly Protestant. The Protestant Churches equally unanimously condemn the practice of terminating pregnancy for convenience. Among these, however, their voice is far more uncertain as to its authority than in the Catholic Communion. Their influence on the daily affairs of men and women is much more confined in its action to stimulating the moral sense rather than to the issue of edicts and rules, with any hope of enforcing them. And, in any case, medical men as a whole have developed an intrinsic self-reliance in deciding on the merits or otherwise of medical or surgical measures, and are not inclined to lend a very willing ear to the dictates of any other than their own ethical standards. I cannot but feel that the religious buttress would prove a rather feeble support on

which to lean in our refusal to relieve women from their impending disaster or discomfort.

But, apart from the buttresses of law and religion, the main edifice of moral sense inside the medical profession against the indiscriminate production of abortion still stands. It stands less firmly than it did. Its foundations are sapped by the swinging tide of outside feeling. It is conscious of conflict at its base even among its strongest supporters. But it still stands erect, and is a guide to conduct to the great majority of medical practitioners. Many breaches of the law, from the consumption of alcohol after the statutory hours, to the kindly action of assisting sufferers from carcinoma, in their last agonizing stages, over the border with a timely overdose of morphia, are committed by self-respecting men, who feel no shame, and will openly discuss their actions with their confreres. But a man who procured abortion for any but definite therapeutic reasons would still be very careful to pick his company before mentioning it, and would strenuously deny it if challenged with the fact. Some men carry their abhorrence of it to extremes. I have known a medical man give a most reluctant consent to assisting with an abortion which was indicated on the clearest therapeutic grounds, supported by the written advice of a consulting gynaecologist. I have personal knowledge of another case in which a practitioner flatly refused to give an anaesthetic for his partner for a necessary abortion, after a consultant had completely agreed as to its necessity. Among young men coming fresh from their training hospitals, both in this country and in England, the standard of ethics is very high indeed, a fact of which we have every right to be very proud. The commercial side of their future is never mentioned to them during their training, and the whole atmosphere of their lives in hospital is one in which the excellence of their work is the only consideration which weighs with their fellows and their teachers. When the young doctor emerges into the stress of practice and its competitions, his ideals are subjected to pretty rough usage; but, fortunately, the great majority of us never quite lose them. We are admittedly running

commercial businesses in our practices; but none the less, the stressing of the commercial side, by advertising, by tout-ing for patients, canvassing, giving or getting commissions, no less than the worst form of medical crime to which all these in the end lead, the giving of advice and treatment to patients for our own financial benefit instead of for the good of the patient, are all barred among us. Barred not merely by the rules of "professional etiquette," nor by the regulations of our professional organizations and associations, but barred by our own sense that indulgence in them will inevitably destroy that confidence in our integrity which we must be able to command from our patients if we are to do our best work for them.

But what of that ideal which we bring out from our schools—that abortion is an abomination, and that the abortionist is, *ipso facto*, a low dog? Most of us hold fast to that, too. It is so much part of our tradition that we are not willing to, dare not, give it up; but unless we can base that tradition on the solid grounds of reason as we can with commercialism in its various forms, more and more decent men among us will hold to it less and less firmly, and will finally discard it altogether. What will be the effect of that? And what are to be the solid grounds of reason on which we are to reinforce this particular tradition of our ethics? I find it very hard to discover an answer to those questions which will satisfy myself. Disregarding the religious and the legal aspects of the matter for the reasons set out, why do we look on the procuring of abortion as the lowest depths of professional degradation? One thinks of various arguments which might fit the case. It takes away a deterrent, the fear of exposure, from young people who are inclined to live irregularly. People who have flouted the social code of behaviour must be prepared to face the consequences. Or the much stronger argument, that it will be playing into the hands of the lazy folk—those who wish to have all the pleasures of life without its responsibilities—and may thus have a serious effect on the birth-rate. All these arguments would have been valid, and would have satisfied the conscience of most of us 50 or even 20 years ago. But since the

general acceptance of the principles of contraception and birth-control, and the wide recognition of the permissibility of teaching and advocating, as well as of practising these, the arguments set out can have no real weight at all. How should it be right to teach men and women how to enjoy the pleasures of sexual congress without the fear of conception; and at the same time wrong to stop the progress of conception, when once, through faulty technique, it has occurred? In a girl, for instance, who has been the victim of the passions of an obviously undesirable man, of whose children she certainly does not wish to be the mother? In a case where the mental and moral attributes of one or both parents are such that the birth of children to them is certainly not desirable for social reasons, and whose unwanted children will almost certainly be a burden on the community during the whole of their lives? Or when the parents have already produced as many children as they can possibly support, or launch on the world with even reasonable prospects of happiness or prosperity? The stock arguments set forth are based on an appeal to the sentiments of the public on a matter of which it has already decided to take no notice, so far as contraception goes. In the question of abortion, however, there is a further vital argument based on a vital principle, the principle being the right to life of the new-formed ovum. And in discussing the attitude of the medical profession towards it, I am particularly thinking of the attitude of that proportion of them who are not sustained by the authority of the Catholic Church, but who have to make their own decisions as to right and wrong. They are a sufficiently large proportion of the profession to exercise a decisive influence on the whole body. In Soviet Russia, of course, all suggestion of reverence to this principle has been discarded. In Central European countries there has been a phenomenal increase in the amount of abortion performed. In all countries of the world, in fact, there has been a steady increase in it, along with the growth and spread of physiological knowledge. In our own country lip-service is still paid to the older tradition; but this is very seldom of sufficient strength to prevent the ordinary man and woman from

urgently demanding the procuring of abortion when they are personally in need of it; and they generally find very little difficulty in obtaining it, in spite of the official attitude. As far as the general public are concerned, in fact, we are confronted with a condition rather than a theory. Abortion is more and more desired by them, and less and less abominated by them, than it used to be. And on the shoulders of the medical profession is cast the burden of decision as to whether this is a true moral decadence, or a normal reaction of the public conscience to changing economic conditions. On that decision rests our future attitude. Whether we are to stand as a bulwark against a tide of decadence, or are to accept the public conscience as a guide to our own.

On the principle involved the attitude of the Catholic Church is a strictly logical one. Once fusion of the spermatozoon with the ovum has occurred, and imbedding has taken place, a new life has been created, which from that moment has all the privileges and rights of life which full-grown individuals have. The public definitely do not accept that position, at any rate when it comes in conflict with their personal desires. We as a profession do not accept it when it comes into conflict with the safety or well-being of a pregnant woman, in which case we treat the developing embryo as we would a tumour or a parasite, and destroy it. What logical position are we to substitute for it? At what stage of the development of the child are we logically to admit its full rights? We certainly regard it with more consideration as it becomes visible; but none the less we do not hesitate to sacrifice it if such sacrifice is necessary to the mother's safety. Everyone is agreed as to the child's sanctity and its rights once it emerges from its mother's body. But suppose that imaginable future economic stresses should cause such further alteration in the moral sense of the people, that on the plea of economic necessity of the parents they could look on the strangling of the newborn infant as justified? Particularly in cases of the same class who now engage our sympathies with regard to abortion, but who failed, through ignorance, to get abortion done? Such an alteration of moral attitude would be entirely

parallel with the one which is now occurring in respect to abortion, but carried to an extreme which we would have no difficulty in recognizing as decadent. It is very difficult indeed to find a logical substitute for the position taken up by the Catholic Church, and yet our attitude is different, as is that of the public generally. They, and we also, do not regard the early ovum as having the same right to development as has the newborn child to growth and life. The accepted therapeutic reasons on which we empty the pregnant uterus with entirely clear consciences, and with the expressed approval of the law, are evidence enough of that. Our position is not logical. If we do not base our refusal to countenance abortion on the grounds of the sanctity of the ovum, on what grounds do we base it? Is our position morally, even though not logically, tenable? And if it is, on what grounds do we justify our continuance in regarding the abortionist with contempt?

It is undoubtedly the fact that the abortionist among us is a person of low ideals and poor in principle. That is because he is recruited from among those members of our profession who put their own financial gain before their professional ethics, and do not mind sacrificing the respect of their professional colleagues, if by so doing he can make a few, or many, guineas. Most of us value our professional standing and our professional ethics too highly to flout them in that way, and are therefore constantly subjected to mental conflict when we are asked to set forth the reasons for our faith. This conflict must be faced, and those reasons clarified. Nothing is to be gained by dodging the issue. It is harmful to our self-respect even if it were not so transparently foolish. A profession which seriously and openly discusses the problem of the sterilization and segregation of the unfit as a means of controlling the propagation of undesirables; which as a whole prides itself on adopting a liberal attitude on the matter of birth-control; and which yet fears to indulge in open discussion of such a kindred problem as the ever-present and ever-prominent one of abortion, cannot fail to do harm to itself in its own eyes, as well as in those of its critics.

It is usual, when writing articles for medical journals, to make a final paragraph under the heading of "Conclusions." I cannot do that, because I am frankly unable to arrive at any conclusions. I am conscious of conflict in our behaviour and our mode of thought in this matter. I have a feeling that all is not as it should be. The thoughts I have set out in this paper are those over which I have to meditate whenever I refuse to arrange for an abortion in a case where my human sympathies incline me towards doing it. And I am confident that most of the men who take their profession and its responsibilities seriously must feel the same. I have never given way to any patient's entreaties, either to perform an abortion on her myself, or to arrange for someone else to do so, for other than a clear therapeutic reason. And thereby I have certainly been instrumental in making many women persist in bringing forth into the world an unwanted or even a tainted child. Have I done well or ill by my patients? Have I, and those who act as I do, done well by society generally? Have we been opposing our weight properly against the decadent modern trend, or have we merely been supporting an outworn tradition?

What is to be the attitude of the profession in the future? Are we destined to oppose abortion successfully, or are we going to bend with the stream? Or is it our hope that contraception is going to be so well and thoroughly taught in the future, that only wanted babies will be conceived, and the art of the abortionist relapse into the ranks of other obsolete handicrafts? I cannot give an answer to these questions. I very much doubt if any individual man can. Until more clarity in the position appears, we must, perforce, go on doing as we have done—and go on feeling uneasy about it, too. I invite discussion and consideration of this question by the profession, in the fullest and frankest manner possible, believing that it is very important to us that we should solve it, and solve it rightly.

DISCUSSION

Mr. Barry said then he desired to congratulate Dr. Brown upon his courage in bringing forward for discussion such a

highly controversial subject. Abortion was as old as humanity, and it had not always been necessary to practise it in fear of punishment by the law. In the London "Morning Post" of April, 1780, there appeared an advertisement which he would read to them:—

PREGNANCY:

To the Ladies:

"Any lady whose situation may induce her to seek or require a temporary retirement may be accommodated agreeable to her wishes in the house of a gentleman of eminence in the profession, where honor and secrecy may be depended on, and where every vestige of pregnancy is obliterated; or any lady who wishes to become pregnant may have the causes of sterility removed in the safest manner."

"Letters (post paid) addressed to A.B., No. 23, Fleet Street, will be attended to."

He did not introduce that advertisement with any flippant intention, but to show what public opinion was in the 18th century. Apparently abortion in those days was sufficiently prevalent and tolerated to cause an advertisement to be published on the back sheet of a newspaper which had a very wide circulation. In England until the year which saw the end of the reign of William and the commencement of the reign of Queen Victoria (1819), it was a common law misdemeanour to bring about the abortion of a quick child. But in those days to prove that a child was quick was rather a difficult matter—it was practically impossible. That is probably the reason why Hawkins' Pleas of the Crown Law and Coke's Institutes, while stating abortion to be a common law misdemeanour, give little information about successful indictments for that crime. In 1819, however, there was enacted a measure which, with a later amendment, governs the position in Victoria to-day. It was the Act which prohibits the unlawful administration of any noxious substance for the purpose of procuring an abortion, and also prohibits the use of any instrument for that purpose. The Act prohibited the use of abortifacients either by the pregnant woman or by a third person. In 1844 the old Act was re-enacted with the addition of words which made it an offence for a third party to administer an abortifacient, whether the woman was pregnant or not. These Acts have been copied in Victoria, and with another section that makes the supplying of poisons or instruments for the procuring of an abortion an offence, constitute the law upon the subject in this

State. It will be seen that the result of this legislation is that any third party who uses or administers or sells the instrument or poison or drug for the woman to use commits a crime, even if the woman is not pregnant, but only fancies she is. If the woman is not pregnant, even if she believes she is, it is not a crime, however, for her to have recourse to abortifacients. The relevant section of the Crimes Act, 1928, uses the word "unlawful." In 1920 Mr. Justice Salter, at a meeting of the British Medico-Legal Society, had propounded the view that, as the section had used the word "unlawful," that necessarily connoted that there were some forms of abortion which were lawful. The lawful abortions are those to which Dr. Brown referred as being considered justifiable by the medical profession, abortion in cases where the life of the mother was in danger. Theologically, abortion can never be justifiable. The theological attitude seemed to him to be based upon the idea that, conception having taken place, there is a soul brought into being. That soul is tainted with original sin and can attain salvation only when that taint is removed. The way provided to remove that taint is baptism, which can only take place when the head can be sprinkled or immersed. Abortion prevented baptism, and thus precluded the soul from having an opportunity to attain salvation. There are other considerations involved in the theological attitude, but those stated seem to be the most relevant to the discussion. Obviously, if theological premises are sound, that attitude is right. At any rate, it is the view of the churches, and before any real alteration in the present position can take place there must be an alteration in that view. Apart from theological considerations, the solution of the problem may lie in the answer to the questions: "Has the unborn child a right to live?" "Has an embryo any right as an individual?" Once it was granted that it has, then abortion is wrong. Whether the reason be the health of the mother, or economic necessity, is only a matter of degree. Any departure from the principle, on whatever ground, throws the whole principle overboard. If the medical profession found that the termination of the pregnancy was at times necessary in the interests of the mother's health, then it seemed just as reasonable that it should be because economic circumstances were unfavourable, or for other sufficient reasons. He considered that this matter was one upon which this generation would not see any real change. It must be admitted, however, that the position has already arrived that abortion is not regarded by the public with that disapprobation that was

once felt. One nation, Russia, had apparently left altogether the standards that obtain in other countries; it had abandoned the attitude that abortion was altogether wrong. He had hoped to have some information upon the legal position in Russia, but the Russian Year-Book was quite unenlightening upon the subject, making no reference to any law bearing on it. But the position there, as he understood it, was that any woman who desired to be aborted up to the third month, whatever the reason for the abortion might be, was aborted under the best possible conditions. If that practice was good in one nation, which seemed very much more advanced than others in this matter, then the time might be approaching when people of other nations would consider that practice worthy of adoption. Reverting to the purely legal aspect, he pointed out that the legal position, so far as the unborn child was concerned, was that it had no existence unless it was born alive. An unborn child cannot be murdered, for the crime of murder requires that the life taken should be that of a person in being. A gift could be made to an unborn child, but the gift did not vest unless the child was born alive. The question, What is a live birth? was, in law, not difficult. Legally, the body of the child must be extruded completely from the mother, and the child must have a separate existence from its mother. The legal view thus seemed to deny the child any rights as an embryo before its birth. If that view were correct, the main matter for discussion, and it was a matter of very great importance and very great difficulty, was in what circumstances and for what reasons abortions should be permitted. In that consideration, the rights of the mother, so far as they are consistent with the welfare of the community, would seem to be of first importance.

Professor Marshall Allan said that Dr. Brown had dealt rather severely with certain aspects of the question. But it should not be imagined that teachers and members of the honorary staffs of the public hospitals did not also have their troubles. A visit any day to the Women's Hospital would show that they had. Those troubles may be submitted differently to men in private practice, but still their genesis was the same. The result was that the gynaecologist was always on the lookout for trouble. Since contraception has been more or less tacitly accepted, and has almost equally failed in its results, the question of abortion has come very much more to the front, and last year one speaker in London divided those in favour of it into three

groups. The first group comprised the social workers who came into contact with the evils associated with over-population. That group heard many of the tales, or details which Dr. Brown had referred to. The second group expressed the opinion much prevalent in Germany at the present time—that the foetus had no separate existence, and that the mother, therefore, had a perfect right to decide, and is therefore right in deciding, whether the pregnancy is to go on or not. The father's opinion on the matter did not seem to count at all. He did not know what the legal position was, but in the opinion of this group apparently the father had no rights. Then there was the third group, of which he had had more than a little personal knowledge. That group consisted of women who thought that two in family were quite sufficient, and that after the second in family they should stop having children. The arguments of all those groups may have a certain force, but one did not want to go into them to-day. The pledge with reference to criminal abortion in the Hippocratic oath is still subscribed to by the medical profession, and the profession still holds and teaches that only for good medical reasons should a pregnancy be interrupted. Every case must be considered properly. In the first instance, a thorough examination, with the aid of a consultant where possible, must take place. The views of the patient, which are generally actuated by self-interest, were not to be taken. In other words, the pregnancy was only to be interrupted on strict medical grounds, the mother's health being the first consideration. If that procedure was universally adopted, very few pregnancies would be interrupted, and this would particularly be so if the terminations were done only in public hospitals where there is no profit to the doctor. It was impossible not to admit that change of opinion with regard to abortion had taken place in the profession during recent years, for the figures published during the past few years proved that it had. Still he could say that the majority of the profession still maintained its traditions and teaching. The preservation of the national health was a particular obligation placed on the profession, and it was convinced that it would not be serving the best interests of the community by just bowing to the whims of patients. Mr. Barry, in his remarks, made reference to Russia. It was always assumed, when the matter of abortion was discussed, that the procedure was a perfectly easy and natural one; that it did not interfere with the health of the woman, and that, provided it was done by skilled hands, there were no serious sequelae. Those were

not the views of the gynaecologists, who were never without serious forebodings as to what might happen in the case of abortion, even if performed with the utmost skill. Russia had now had about 8 years' experience with legalized abortion, and recently a medical congress met in Kief to consider the influence that legalized abortion had had in the Ukraine. The results had not yet been published in English, but during the last few weeks they had been published in German. Some very interesting facts bearing on legalized abortion were disclosed. The first thing noticeable in the report was that, whereas it was customary to assume the rate of abortion to be four or five to a hundred deliveries, in the latest records it was about 80 to the hundred deliveries. In Moscow the ratio of abortions to normal deliveries was about equal. To such a degree had the right to be aborted been availed of, that the birthrate was diminishing to such an extent that a serious situation was developing. Russia apparently adopted legalized abortion with the desire to use women in industry, endeavouring to provide at the same time for a satisfactory birthrate by enacting very advanced laws, in which provision was made for pregnant women to get pensions for long periods before and after confinement. But in spite of the generous provision made for child-bearing and nursing women, there was a distinct disinclination to have children, and this was so despite the mortality as a consequence of abortion being greater than the mortality following upon normal childbirth. The next point noticed was that the sequelae were certainly no better than they were known to be here. In Russia the aborted woman remains in an institution three days and then goes out. What happens afterwards is not entered up against the abortion figures. The effect of these abortions on women between twenty and thirty years of age through infections and other causes was also interesting. It showed that it led in many instances to complete sterility. Much evidence is accumulating on the effect of abortion upon the endocrine system, and it was beginning to dawn on members of the profession that any interruption of the processes of nature may lead to secondary conditions in the mother later on. Russia was realizing that now. Naturally there were better opportunities in Russia for seeing results than the profession had here. Bearing a child brings a woman to full maturity. How few women would reach that state in Russia would be realized when it was understood that after the third abortion a woman is usually sterile, and in most cases this occurred before a viable child was born. Two types of

women patients are well known to the profession — the woman gone to seed and covered with fat, and the other the thin and nervy type, the type that caused the German congress to pay particular attention to the results—the type recognized as suffering from a psychic disturbance. Abortions to the number of 140,000 were being done every year in Russia, and there were therefore each year 140,000 potentially sick women. Information regarding the effect on future labours was also interesting and very illuminating. The incidence of abnormality was tremendous. It is now ten times as high as it was before legalized abortion was practised. Labours are also twice as long as they normally were, and the rate of still-births was also increasing. Those are the results quoted after eight years—the results of men working under the best conditions. These facts were submitted to the German congress which was called to combat a similar movement in Germany. *Vorwärts*, commenting on the proceedings of the conference, said that the facts disclosed were appalling, and asked what the medical men were going to do in the matter of giving the people a lead. The questions to which the profession must address itself were: Whether it was simply going to follow public opinion and allow people to do what they wanted, or whether it was going to render a service to the community by using all the knowledge and influence it possessed in explaining to the people the dangers and risks of abortion, and, as Dr. Brown suggested, do everything in its power to tighten up the moral fibre of the people. The profession should not drift along with the tide, doing what the uninformed public wished it to do. It was along those lines that he was teaching students at the present time.

Mr. P. D. Phillips said: Some reference has been made by previous speakers to the rights of the mother, and then, in passing, casual mention has been made of the rights of the father. His own experience was comparatively limited, but from that experience, and a good deal of hearsay evidence, admittedly from members of his own sex, he rather thought that any burdens connected with childbirth and upbringing were practically limited to matters that concerned the male sex very little. With the rights of the father, therefore, he was not very much impressed. The father's interests were entirely in the nature of privileges. That brought him to the very centre of the discussion—about the meaning of the word rights; not as the lawyer understood it, or as doctors understood it, but as the ordinary citizen had to understand

it. An investigation of the meaning of that word would drive them back to quite fundamental considerations about society, and what are supposed to be the rights of individuals. Many of the difficulties that embarrass the well-being of humanity would vanish if people were to discuss these things in terms of duties, if the community was to think that nobody had any rights except such rights as were necessary for the individual to enable him to perform his duties. He was aghast at the idea that people were still thinking socially in the terms of rights, and not thinking of the social organization which depended upon people performing their duties and being given proper rights to enable them to perform those duties. The relevance of this consideration is that the unborn child has not been given any duties to perform in society, and it is inconceivable that an unborn child should be given any duties. He could, therefore, not understand how such a person could have any rights at all. That seemed to be logical statement of what people felt instinctively about the subject. They felt that a deal of talk about the rights of the unborn child was sheer cant. It was necessary for people to ask themselves what caused it to be imagined that these rights existed, and to get an answer it was necessary to look back on that part of social history referred to in Dr. Brown's paper in which he suggested the cause of the change of opinion regarding abortion and infanticide. A consideration of the changed conditions in which society lived from time to time therefore seemed to be the line along which discussion must tend. It had been suggested that the permissible limits of a free secular discussion of the questions of birth control, abortion, and infanticide should not be unduly wide. But history showed that such practices were controlled by fundamental social forces which resulted from the conditions in which society lived. When nature had been bountiful, or if for some other reason it was to society's advantage to increase its numbers, the result was the existence of an ideology in favour of all those forms of conduct which would increase numbers. In a society in which increased numbers were a danger, the resulting ideology would be in favour of conduct to reduce numbers. A close examination of the forces which prompted these urging and restraining practices will prove them to be not exactly instinctive. Ordinary individuals do not base their conduct in such matters on a close examination of cause and effect, but nevertheless a thorough examination of the history of society in relation to its numbers will show that

the prevailing ideology has been a reflection of the circumstances in which that society lived. Such subjects as instinctive morality were not discussed when society was increasing its population to satisfy a potential shortage, nor when the increase gave evidence of assuming a danger and prompted usages to decrease numbers. What was it that prompted the conduct to increase and decrease numbers? Whether it was an instinctive urge or not, a clear idea of the basis of that conduct should be reached. Dr. Brown's remark that society was living in a state of flux had impressed him very much. Society had arrived at a period when accepted principles and traditions did not hold good, and society was freeing itself from those principles and traditions. No doubt they were of assistance when a different set of circumstances prevailed — when increasing numbers was an advantage. That period created an "increasing" ideology. But society was now beginning to embark on a period of social growth in which that set of circumstances did not apply; when that ideology did not suit the facts. Society was not sure whether that ideology should be rejected merely because other circumstances were indicated; but, as had been suggested, there was no doubt that society should be able to test the validity of those ideas. But he would be very loath to accept the position that medical reasons of greater or less gravity alone should answer the question for society. It was not the duty of doctors to say that because they believed the process of abortion to be harmful the profession must stand firm by the existing ideology of this community. No more was it the duty of lawyers to say that, because harmful results were likely to follow an alteration in the law thought desirable by the community, they, as lawyers, were going to defeat that law. The duty of doctors should be to say: "We are not concerned with the validity of the change of your ideas, but if you are contemplating a change of them there is certain knowledge which we can put forward, and which you must consider before you encourage or restrain those changes." Nothing more undesirable could be conceived than for the skilled professions to adopt the attitude that because they know certain harmful results will flow from a change of social ideas, they will stand aloof from and refuse to recognise the change. That, he considered, was an important phase of the matter under discussion — the right of the medical profession to try to check a social change. It seemed to be the clear duty of the profession to say: "We can give you particular knowledge and ask you to consider it. Hav-

ing done so, we have discharged our duty." The duty of the doctor is not to decide the life of the community because he has a particular kind of knowledge. He may offer that knowledge to the community in order that it may go right or wrong according to its own views. But doctors or lawyers were not entitled to interfere in any way with the community's desires. The short answer to Professor Allan's criticism may be this: "Supposing it is known to the medical profession that there are some risks associated with abortion, and that abortion may be prejudicial to future health, if that knowledge were to become widely known, and particularly the harmful sequelae mentioned as now appearing in Russia, the submissions for abortion would become very much rarer." Surely the right way to approach the problem is to make the knowledge so widespread that there would not be the desire for the same number of abortions. And surely the wrong way is to say that, because it is believed that abortions are harmful, their carrying out will be prevented, and that the discussion of the matter at present must take place behind closed doors, because it is contrary to medical ethics. Very few lawyers approved of the law as a legal rule. They view the law governing the practice of abortion as citizens, and they do not like that particular kind of law, because it is not the kind of law that works well. Obviously the present legal sanction only results in abortions being performed by improper persons, and every lawyer feels the growing gap between public sympathies and the existing statute. When there is that gap it is bad. It must be remembered that public opinion makes the law, and that judges and lawyers are only concerned in its administration. And in the long run the system reacts tremendously to the will of the community. If it was said that hereafter there would be no law against abortion, lawyers would be relieved. As lawyers they felt that the kind of rule applied to and taught by the medical profession was unsatisfactory as law, for it was the kind that worked prejudicially against respect for the law. It did something which the public did not desire it to do. It was not for lawyers to say that the law should be changed; it is only for citizens to say that—including among citizens lawyers in their capacities of citizens. Glancing back at Dr. Brown's paper, he was rather impressed by the fact that, whether from a proper modesty or from deliberate design he did not know, curiously very little was said about his own feelings or conclusions. He merely asked questions. But Dr. Brown did not discharge his duty in merely asking a question, and

not attempting to give an answer to it. It was rather surprising that there was so little attempt to ascertain what was the fundamental basis of that ethical rule determining the conduct of the profession, and what was the reason for its fundamental basis. To ascertain that, it was necessary to study the conditions in which communities lived, the consequent regulations, and the ideology produced. Those conditions have changed, and therefore the ideology has changed. To understand the reason for the change it is necessary to determine what existing society thinks, not because of any special knowledge as doctors or lawyers, about the prevailing ideas concerning abortion, and why does it so think? If the collective opinion was ascertained, it would be found that it was not unlike that of earlier societies when an increase in numbers was realized to be a danger, and steps were taken to decrease numbers. It would be found that all the evidences to-day were that in the world there was an excess of numbers, or at any rate there was no dropping-off of numbers, and that therefore the beliefs in the rights of the soul of the unborn child had been modified. He desired to make a final comment that had reference to the attitude that the problem rests upon religion. The problem was not so simple, for there were two sides to it. The patient may be a person of a particular religion, or the doctor may be. If the patient alone is, the position is simple. But if the doctor is, or the doctor and patient both are, the position is not so easy, for while the patient may require the abortion, the doctor, because of his religious persuasion, would feel disinclined to carry it out. Then there was the position of a patient not of a particular religious persuasion applying to a doctor who was. If all the doctors of any one religious group did not desire to dictate to the whole community, but only expressed the desire to regulate their own lives, the difficulty of the religious aspect may be eased, but there would still be the social aspect. The doctor's ethics, if unchanged, would then present a serious difficulty. An examination of the matter *de novo* was therefore required. Lawyers are incapable of satisfactorily carrying out such an examination, because they always have a tendency to favour the existing rule or law as being good. For the lawyer, always the existing law is the best law. It is always difficult for the lawyer to understand that the rule or law is not as good as it seems. Because the law is there, there is always a disinclination to say: "Let us begin with a society where the existing law does not exist," and then ask why the existence of the law? Only when the matter is

looked at in that light will a satisfactory conclusion be arrived at.

Dr. Felix Meyer said the Society was indebted to Dr. Brown for giving what was a valuable contribution to a very interesting problem. He had been frank in presenting his paper, and the Society should be frank also in dealing with it. If Dr. Brown's illuminating paper had been presented to a purely medical audience, he would venture to say that majority verdict would be that the obstetrical solution of the problem was the one which would satisfy the ethical and moral demand. By the obstetrical solution was meant that, in dealing with this matter, the idea uppermost in the mind of the medical man who was ethical, and whose humanitarian instincts had been given free play, was that the mother must be considered before the child. That would be the opinion of the majority. But there was a certain number of men whose adherence to the teaching of a particular Church would prevent them carrying out the tenets of the obstetrical solution. He believed, however, that if the paper was addressed to medical men, exclusive of that particular Church, the verdict would be final. A great deal had been said by Mr. Phillips about the change of thought with regard to abortion. He (the speaker) did not wish to go into the history of the subject, which seemed to be the basis of Mr. Phillips' argument, but he urged that before accepting that changed opinion as final they should consider how far it might take them. If history was to be looked to for guidance, there was no doubt that with many early races abortion was considered a normal procedure. It was openly practised by the Carthaginians, the Persians, and the Arabs, but the Jews had always been opposed to both abortion and contraception. During the Assyrio-Babylonian period abortion was considered a crime; among the Greeks, Plato and Aristotle both admitted the practice. Hippocrates laid down that abortion was not to be practised. And so on through the ages there have been changes with regard to the practice. It was in the sixteenth century that the Roman Catholic Church laid down the rights of the unborn child, and made abortion anathema; it has held that position to the present day, and those who believe in the tenets of the Church will remain of that opinion. In that respect the Church had been most consistent. However, he had not intended to go into the question of the rights of the unborn child, or that of preserving those rights; the question he was considering was one of the ethics of medical practice.

Professor Marshall Allan had mentioned the danger and disabilities that follow on abortion. In 1820, France had a population roughly of 30 millions, and Germany of 38 millions. During and following the Napoleonic wars France suffered great loss of population, but she also practised the restriction of families. The result was that her population remained static. Germany, on the other hand, went along increasing her numbers. What was the result? In 1914 the position was that Germany had a population of something like 65 millions, and France 37 millions—utterly disproportionate populations. The result of race suicide in that instance was well known. If the idea was going to continue, that the economic consideration is to be the final one in the question of abortion, it was right to speculate as to what must be the result of restricting the population. About 1867 the mining population in the north of England were living simple lives, and the rule was families of five or six children. Certain child protective legislation was then enacted which altered the whole situation. The age of child labour was raised to 12 or 13 years. Along with this legislation came the teaching of Bradlaugh and Besant. Parents, as soon as they saw that children had ceased to be of assistance to them, and a valuable asset, decided upon a limitation of family, and this practice of limitation has been going on since. These facts were mentioned because the question must be considered from the plain point of *vox populi*. It was quite easy to say that *vox populi* was *vox Dei*, but was it so? The individual did not see far enough, and it should be realized in advance that if the *vox populi* was going to be privileged to make its laws, it was quite right and proper that the burden of them should not fall upon the medical and legal professions. Neither the people nor the medical profession could be legislated for as a whole on such a matter. At present the medical profession legislated in regard to abortion through its own conscience. There were some men who said that the rights of the unborn child were determined by its period of intra-uterine life. They did not mind emptying the uterus two weeks after conception, or, for the matter of that, aborting a one or two months' foetus; but their conscience would not let them empty it at three months. Just when did their conscience begin to function for intervention, and for what reason, it would be interesting to know. On the whole, it was a question determined by some medical men by conscience and obstetrical teachings, and by others by religious teaching. Those whose action was dictated by their religion had the

satisfaction of knowing that what the Roman Catholic Church taught was the result of years of consistent thought and experience. Those who were not guided by religious teaching relied upon their obstetrical and ethical training, which taught them not to lose sight of the humanitarian aspect. He had always been, and still was, a strong believer in what was called therapeutic abortion, where the interests of the mother were to be regarded as paramount to those of the child. But even ideas on therapeutic abortion had grown considerably more conservative in the last thirty years. And these ideas will grow more conservative still, for it is now realized that there has been a tremendous waste through obstetrical ignorance. Craniotomy on the living child, which was once accepted as quite a usual thing, has ceased, and properly so. With an advance of obstetrical knowledge, a maximum point of conservatism would be reached. Some day interference with pregnancy, and the resulting disabilities, may cease. Until that day arrived he did not see how the profession could sanction action other than it did at the present time. Therapeutic abortion, of which Dr. Brown said very little, should be performed only on the advice of two or three men of wide experience, in circumstances requiring intervention. Therapeutic abortion, as far as he could see, was the only kind of abortion that could be performed without violating moral and ethical standards. But the whole question, no doubt, was one which deserved the most serious consideration. The existing law, he thought, should remain until a congress representative of the Church, the medical and legal professions, had met, and thoroughly thrashed the matter out. The opinion of the general public would not help towards a solution, for it is guided by economics and not ethics. Professional opinion could therefore not reflect public opinion. Each member of the profession must remember that he is the guardian of his own conscience, that he has received certain teaching on the subject which should be a guide to him in his conduct in the matter.

Dr. Paul Dane said that personally he thought the unborn child had the right to develop, but if society had for any reason got to interfere with that right, it was a matter for society. There was in the human mind, and in society, a vague feeling that something wrong was done in killing an unborn child, or killing a child after it was born. The law said it was wrong, and the law embodied all human knowledge and intelligence of that particular aspect. Getting

away from the social aspect altogether, however, what was it that gave that vague feeling that it was wrong to kill a child, born or unborn? That was a question to answer which must transcend all economic considerations. With regard to the psychological aspect, it was well known that all females suffered from the feeling that they had been deprived of the organ which gave great joy to the male. The female had in that connection a castration complex tremendously developed, and he therefore had no doubt that the added extraction consequent upon abortion would have a profound effect on the mentality and health of a great number of women, and lead to a great deal of ill-health.

Dr. G. R. Weigall said that the point he gathered from the learned remarks of Mr. Phillips was that the embryo had no rights, because it had no duties and no existence; that one only had rights by virtue of the duties one performed, and that, an embryo having no duties, it had no rights. An embryo had very real duties. In developing from the conception stage to its exodus from the uterus was a whole-time duty, and a very real and necessary one, and the duty of society was to leave it unmolested for the period it required for the performance of its important duty. Dr. Felix Meyer had expressed himself troubled because some men considered it reasonable to terminate a pregnancy after a fortnight but not after two months. The one act they regarded as permissible, and the other as criminal. Why it should be so he had often wondered too. Perhaps the solution was that there was a greater realization of what it was that was being taken away. When a woman, having unwantedly conceived, perhaps after only two or six weeks' pregnancy, a certain sympathy was felt towards her. Her trouble was an embryo which had not yet taken shape. But after three months it had a face and limbs, it moved, and it may cry. That, perhaps, is the explanation of Dr. Meyer's difficulty.

Dr. D. Rosenberg said that Dr. Brown had mentioned in outlining his paper that it had been written originally for the enlightenment of and discussion among country practitioners and men in general practice. For some years he had been engaged in an industrial suburb, and he lived in a suburb where there were at the moment seventeen hundred families on sustenance. As a result of the existing conditions, all those people and many others found themselves living the barest existence. The basic wage for men was £3/0/8 per week, and women, on the average, got 54 per

cent. of that. During the past fortnight two women had come to see him, and to illustrate the problem which confronted the profession he would cite their cases. One was a woman with two children, whose husband had been out of employment for a long period. Working in a woodwork factory, she was subjected to the harmful vibration of heavy machinery. The other woman, in the same circumstances, was employed tending a machine of enormous size in a factory in Richmond. At their work both these women had to stand. In pleading their case, they both said they could not see how, if their children were born, the future held them any possible chance. What was the use of talking of the rights of those unborn children? Economic conditions would deprive them of all rights. And, in any case, surely those women had some rights; surely they were entitled to claim the right to exercise some control over their own bodies and their own progeny. As an ethical medical man he explained to those women that he could not do what they wished, and furthermore that the law was against it. He also pointed out that what they suggested involved risks to themselves. Their answer was that continuing the pregnancy not only involved risks to themselves but a crime against the children to which they would give birth; and if he would not do it somebody else would. These women solved their problem, because somebody else did for them what he refused to do. Over these cases he had many prickings of conscience. These women, he felt, had rights, and they were respecting the rights of the unborn child by not producing it. And until such times as economic conditions had so changed that women were provided against the necessity of going into industry eight months before and for a long time after confinement, he considered that they were entitled to every consideration and sympathy from the medical profession for any act they may take.

Dr. W. G. Cuscaden said that the following true story would illustrate the attitude that everybody seemed to have towards the question. Two or three doctors were having morning tea at the Women's Hospital. One of the doctors told the experience of a general practitioner who was approached in connection with the trouble of a young girl, for whom every sympathy could be felt. The young boy responsible for her condition wanted the doctor to abort her, but he said he couldn't. "Well, if you won't do it, can you tell me of anyone who will?" asked the boy. The doctor said he wouldn't. Seeing the doctor some weeks later, he

asked him how he had ultimately dealt with the situation. "I lent the boy ten pounds towards it," was the doctor's reply. Was that doctor's position any better because he lent the ten pounds rather than do the abortion? He told the story because it illustrated the profession's attitude.

Dr. Wettenhall said that he took it that Dr. Brown had come to the meeting to try and get help from an academic discussion. An expression of opinion from such a body as the Medico-Legal Society was a good idea. Personally, he agreed absolutely with the attitude of the Roman Catholic Church. The position was that by abortion life was destroyed, and society rightly objected to the taking of human life. From an economic point of view it may be said that many people are in trouble, and that because of it the procuring of abortion was justified. If that could be argued, then it could be argued that any wrong is right under certain circumstances. It was obvious that the law in regard to abortion was not going to be altered. Respect of the law was essential to any country's well-being, and the disobeying of any law brought disrespect of the whole legal system.

Dr. John Dale said that he was glad that discussion had taken place on the subject of abortion. There were one or two points to which he would like to call attention. The first was in regard to Dr. Brown's statement that he had failed to get a hearing through the profession's own paper—the "Medical Journal of Australia." That Dr. Brown had failed was a clear indication that the profession required to put its mental house in order. An ethical discussion on such a subject must hinge largely on definitions. Dr. Brown referred to the moral sense of the people without in any way defining what that implied. It appeared to him (Dr. Dale) that moral sense on the whole was mainly an expression of traditions and prevailing customs. Traditions at times remained adequate and respected over a long period, but at others merely for a generation or so. The evidence was that the traditions with regard to abortion were becoming outworn. Mr. Phillips' talk about rights and duties had been interesting, and it was well that the rights of the unborn should be considered in relation to those of the living. His idea was that the living should have more rights than present conditions were allowing them. The medical profession had a duty to call attention to the facts, and as members of a scientific body it was their duty to first inform themselves by investigation what were the facts. It was not sufficient to merely point out the damage following on abortion.

Deaths, very many of women and girls, were occurring every year from septic cases, but only a small percentage of the abortions performed became septic. The medical profession should enlighten the public as to the number of abortions which were being performed. The discussion had proceeded too much along subterranean channels. He would like it to be discussed in public, whether the existing law regarding abortion should not be abolished, and thought that Dr. Brown's address should be given a wide publicity.

Mr. Victor Hurley, referring to the aspects raised with regard to the attitude of the B.M.A. Council towards Dr. Brown's paper, said that unless some explanation was made a wrong inference might be drawn. Furthermore, the legal men present would not be familiar with the position. When the paper was submitted to the Council it was realized that the subject dealt with was highly controversial. Any paper read and discussed at a medical meeting must, according to procedure, be given publicity in "Medical Journal of Australia," which is circulated through most of the public press in the Commonwealth. It was felt that probably such a presentation would bring forth a discussion of medical and legal aspects in a way that they should not be presented to the public. But it was recognized that it was eminently a subject for discussion by the Medico-Legal Society. He agreed with what Dr. Dale indicated in his concluding remarks, that while it is very comforting to have a rigid code drawn up by some recognized body, it was necessary at times for that code to be considered in relation to the exigencies of changed conditions. He had expected that that aspect would have been more freely discussed.

Dr. Brown, in replying to the discussion, said that many points had been raised which called for a reply. To get such a discussion on this rather tabooed subject was the idea which caused him to write the paper. He would not like Mr. Hurley and those present to get the impression that he was complaining against the B.M.A. He realized that the attitude it had taken up may have been necessary. He certainly disagreed with that attitude, but he was quite prepared to accept it. The more fully and widely this matter was discussed, the better it would be for the profession and its patients. His idea was to feel the pulse and get the opinions of his fellow-practitioners on a subject that was causing them a great deal of anxiety. It had been said that he had reached no conclusions, and he had contented himself with asking questions. And he might say that even after

listening to the discussion he still had reached no conclusions. The fact that doctors had to refuse to do what they wanted to do, and could find no valid reason for not doing it, was a cause of grave misgiving. Granted that each case could be decided according to the dictates of conscience, disregarding breaches of the law as the profession already did without any qualms of conscience, there remained a doubt in their minds—probably the result of their medical training—and an instinctive feeling of abhorrence and disgust of the abortionist; a feeling that he was a man who had put himself out of the line of their respect. That was the feeling prevalent in the minds of decent men practising in the country towards men undertaking abortion commercially. It was felt that these men were letting down the profession. There was a feeling, too, that even when it was done not for profit, it was something entirely contrary to the ethics of the profession, and that in doing it very likely the profession would be let down. It was that feeling that prevented doctors from acting according to their conscience, as was suggested they should. But did the medical profession feel the same abhorrence and disgust of the abortionist they did in the past? He had to confess that he, personally, had got from the discussion very little that would help him to give a reason to a patient for refusing to abort her. He had hoped that when Professor Marshall Allan stated that the custody of the public health was entrusted to the profession he would have something to offer. However, in that he was disappointed, for he could not help thinking when the Professor was speaking that if he were a woman requiring abortion he would much rather have it done by Professor Marshall Allan than by a back-street "nurse." And that is the essence of the position to-day. There were thousands and thousands of women getting abortions done, and in the stress of circumstances which leads them to take such a step, which even they realize is injurious, they continue to take the risk. They talk to friends who have been through the experience and were apparently none the worse for it—and there were thousands and thousands done under the very worst conditions. If in discussing the matter the public's health does not intrude itself, then those responsible for the public's health should provide better facilities for doing abortions than were available at the present time. He still felt in conflict with the "public health view" as being a real justification for refusal. At present he supposed the profession would go on refusing, but he thought he could recognize a certain altering of the

rigidity of the standard. But he was not sure in his own mind of the correctness of that altered attitude, and because he was not, he felt that a great deal more information would have to be secured before any doctor could be sure whether the change was a good one, or one due merely to a general slackening of morals. There were obviously disadvantages in loosening the rigidity of the bonds of ordinary sex morals in the interests of abortion. At the same time it had apparently become evident recently that there were some grounds, more or less sound, for the change, and able men had not apologized in acknowledging that the change was a permanent step forward. Still it may be that they did not know, and that was why he put no conclusion to his paper. His desire was to test the profession and the people, and to make the profession and the people think, and to bring to the profession his doubts for open discussion on them. He was most grateful to the Society for giving him the opportunity for such a discussion.

Mr. Wilbur Ham, K.C., said that he had much pleasure, on behalf of the meeting, in thanking Dr. Brown for his very interesting and stimulating paper. The solutions offered, so far as he was able to gather, were three. The dogma of the Church was the first, but that was no solution for an ethical problem. If men were prepared to take their ethics from the dogmas of the Church, there was no discussion. The dogmas of any Church could influence no educated man. The second solution was the prohibition of the law. The law, it must be understood, was not made by lawyers. They merely assist in its interpretation and administration, and the law, it must be remembered, is merely a reflection of the opinion of a majority of the people in some period of the past, and it is subject to the changes of opinion of the people. Therefore, the prohibitions of the law could not solve any ethical problem. The only other solution was that the growth of public opinion could solve the ethical problems. It may seem a difficult and thankless task for medical men and lawyers to impress on the public their ideas of what is right. Would the public be prepared to say: "That is right, the lawyers and medical men say so, and we are prepared to assent to it"? All he could say was that Dr. Brown, by stimulating the discussion, had spread some knowledge among a body whose function was to endeavour to mould public opinion. He asked those to join with him in a vote of thanks for a most instructing and stimulating paper.

Dr. Weigall, in seconding the vote of thanks, said that Dr. Brown's paper had opened up a field for possible abortion, on the ground that the moral law depended entirely upon economic conditions. That, at all events, was enlightening. There were cases when it was fair and reasonable that a pregnancy should not be allowed to go on—the result of unions between brothers and sisters, women in the family-way as the result of criminal rape. Before agreeing to terminate a pregnancy medical men should ask themselves the question: "Would I do this for nothing?" The knowledge of what their answer would be to that question would help them to arrive at a fairer judgment. He, too, would like to thank Dr. Brown on behalf of the meeting for his courage in coming to the meeting with such a controversial and far-reaching subject. He had great pleasure in seconding the vote of thanks.